## **Return of Organization Exempt From Income Tax**

Form **990** 

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2020

Open to Public Inspection

AF	or th	e 202	o calendar year, or tax year begin	<b>ining</b> 07/	01, 2020,	and en	uing	1		/30,20 21	
<b>B</b> c	neck if ap	oplicable:	C Name of organization DALLAS MUSEUM OF ART					D Employer id	lentific	ation number	
	Addre		Doing Business As					75-080	8774	<u> </u>	
	7 '	change	Number and street (or P.O. box if mail is	not delivered to street address	s) [	Room/sui	te	E Telephone r	number	-	
	†	return	1717 NORTH HARWOOD ST					(214) 92	22-1	200	
	Termi		City or town, state or province, country, a	and ZIP or foreign postal code				,			
	Amen	ided	DALLAS, TX 75201					<b>G</b> Gross receip	ots \$	43,244	,320.
		cation	F Name and address of principal officer:	AGUSTIN ARTEA	GA			H(a) Is this a gro			X No
	_ pendi	ng	1717 NORTH HARWOOD ST					subordinate: <b>H(b)</b> Are all subor		$\vdash$	No
_	Тах-ех	empt st	<u> </u>	) <b> </b>	4947(a)(1) o	r	527	1 ' '		. (see instructions)	
		<u>'</u>	WWW.DMA.ORG	) (IIISERTIO.)	4347 (a)(1) 0		321	H(c) Group exen			
			nization: X Corporation Trust	Association Other		I Vo	ar of format		•	of legal domicile:	TX
	art I		mmary	Association Other		<b>L</b> 10	ai oi ioiiiiai	11011. 13 10 101	State	or regar dorniche.	
			y describe the organization's mission o	r most significant activities	. THE DA	T.T.AS	MIISEIIM	I OF ART I	SA	SPACE OF	
•	'		DER AND DISCOVERY WHERE								
ü				ART COMES ADIVE							
rus	•										
Governance			k this box  if the organization d	•	•				1 1		59.
			per of voting members of the governing						3		59.
Activities &			per of independent voting members of t						4		301.
viti			number of individuals employed in cale						5		
cti			number of volunteers (estimate if necess	**					6		357.
1			unrelated business revenue from Part V						7a		0
	b	Net u	nrelated business taxable income from	Form 990-T, line 34					7b	2 (1)	
	_							Prior Year	7.4	Current Y	
e ne	8	Contri	ibutions and grants (Part VIII, line 1h)		COPY	FOR	$\neg$	28,862,1		16,025	
Revenue			am service revenue (Part VIII, line 2g)		PUBLIC IN:	_	л I	2,691,48	_		3,531
Re			tment income (Part VIII, column (A), line	es 3, 4, and 7d)			<b>┚</b>	6,321,60			1,407
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)				469,4	_		5,465
			revenue - add lines 8 through 11 (must					38,344,70		26,890	
			s and similar amounts paid (Part IX, colu					11,6		32	2,250
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)					0.		0
es			es, other compensation, employee bene					15,921,18		15,380	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column	ı (A), line 11e)					0.		0
ă	b	Total	fundraising expenses (Part IX, column (I	D), line 25) $\blacktriangleright$ 2 , 5	536,536.						
ш	17	Other	expenses (Part IX, column (A), lines 11	a-11d, 11f-24e)				16,916,90			399
	18	Total	expenses. Add lines 13-17 (must equal	Part IX, column (A), line 2	25)			32,849,7	51.	23,172	
	19	Rever	nue less expenses. Subtract line 18 from	n line 12				5,494,9	58.	3,717	7,774
Net Assets or Fund Balances							Begin	ning of Current	Year	End of Yea	ar
sets	20	Total	assets (Part X, line 16)				2	273,794,88	35.	327,815	5,938
t As	21	Total	liabilities (Part X, line 26)					13,519,99	93.	10,752	2,019
Fe	22	Net as	ssets or fund balances. Subtract line 21	from line 20			2	260,274,89	92.	317,063	3,919
Pa	rt II	Si	gnature Block								
Und	der per	nalties o	of perjury, I declare that I have examined th	is return, including accompa	nying schedul	es and st	atements, a	and to the best of	f my k	nowledge and be	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than	onicer) is based on all inform	nation of whic	n prepare	r nas any ki	nowleage.			
Sig			Signature of officer					Date			
Hei	e										
			Type or print name and title								
		Print/	Type preparer's name	Preparer's signature		Date		Check	if F	PTIN	
Paid								self-employ	١ ١	P00047431	
	oarer	Firm's	s name ▶ BRUCE E BERNSTIE	N & ASSOCIATES				Firm's EIN			
Use	Only		s address > 10440 N CENTRAL EXPRESS		x 75231			Phone no.	214	-706-0840	
May	the II		scuss this return with the preparer show							. X Yes	No
			Reduction Act Notice, see the separat	`	<u>,</u>			<u> </u>		Form <b>99</b> (	
	. upu			······································						1 01111 001	- (-020)

Page 2 Form 990 (2020)

Pa	irt III			vice Accomplishmer		Part III	
1			organization's mi				
	Did the	organizatio	n undertake anv	significant program s	services during the	year which were not listed	on the
_	prior Fo	rm 990 or 9					Yes X No
3	services'	?				n how it conducts, any pr	
4	Describe expense	e the organs. Section	nization's progran 501(c)(3) and 50	n service accomplisi	s are required to i	of its three largest program report the amount of grants	
4a	(Code: _ ATTA	CHMENT		13,586,896. includir	ng grants of \$	) (Revenue \$	181,155)
4b	_			2,680,860. includir	ng grants of \$	32,250. ) (Revenue \$	187,584)
	ATTA	CHMENT	3				
4c	(Code: _		_) (Expenses \$	includir	ng grants of \$	) (Revenue \$	)
	(Expens	es\$		g grants of \$	) (Reve	nue \$ )	
JSA	Total pro	ogram servi	ce expenses <b>&gt;</b>	16,267,756	· .		Form <b>990</b> (2020)

Form 990 (2020)
Part IV Page 3

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	•		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
U	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
7		7		Х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II			21
8		8	х	
_	complete Schedule D, Part III	0	- 1	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			Х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Λ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a		
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			**
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2020)
Page 4

Par	Checklist of Required Schedules (continued)		V	Na
22	Did the experiencian variety may then CE 000 of exerts as other assistance to as for democial individuals an		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	21	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	21	
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	-		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
<b>2</b> 5 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			3.7
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	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.	38	Х	
Part		30		
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Shook in Concount C Contains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Form 990 (2020)

Page 5

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 301			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		37
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			v
_	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		Х
	required to file Form 8282?	7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <del>9</del> 7 h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7.11		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	1.4-		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Λ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		21
16		16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	10		
	, the second			

Form 990 (2020) DALLAS MUSEUM OF ART 75-0808774 Page **6** 

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

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

01	in A. Conserving Books and Management					Λ
Sect	ion A. Governing Body and Management				Yes	No
			Ε0		Yes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	59			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar					
	committee, explain on Schedule O.		Ε0			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	59			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re	lations	ship with			
	any other officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or un	nder t	ne direct			
	supervision of officers, directors, trustees, or key employees to a management company or other			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was f	led?.		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to e	ect o	appoint			
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions und	ertake	n during			
	the year by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot					
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	ernal	Revenue	Code		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such	chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before f	ling th	e form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	that c	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	-				
	describe in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review at	nd app	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	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		-			v
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps to					
Cooti	organization's exempt status with respect to such arrangements?			16b		
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed	00-	1000			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable). (3)s only) available for public inspection. Indicate how you made these available. Check all that applicable is a contract of the contract of th	990, nlv	and 990-T	(Sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on So		e (O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing docur		,	f into	oct r	oliov
19	and financial statements available to the public during the tax year.	nenis,	COMMICE O	ı ıııter	εδι β	oncy,
20		nnoke	and record	c <b>-</b>		
20	State the name, address, and telephone number of the person who possesses the organization's sally pietsch 1717 North Harwood St. dallas, tx $75201$	200K2	ana i <del>c</del> colu	J 🖊		

Form **990** (2020)

Form 990 (2020) DALLAS MUSEUM OF ART 75-0808774 Page **7** 

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	not ch unles	Pos ieck s pe	more rson	e than of is both cor/trust employee	an	(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
						۵				
(1)DOROTEO AGUSTIN ARTEAGA	40.00									
EXECUTIVE DIRECTOR	0.			Х				612,193.	0.	18,784.
(2) TAMARA WOOTTON-BONNER	40.00									
DEPUTY DIRECTOR	0.			Х				266,706.	0.	9,839.
(3) CYNTHIA CALABRESE	40.00									
DIRECTOR OF DEVELOPMENT	0.				Х			221,096.	0.	9,704.
(4)AMIR TABEI	40.00									
DIR. OF TECHNOLOGY & DIGITAL	0.					X		148,334.	0.	11,366.
(5) SARAH SCHLEUNING	40.00									
CHIEF CURATOR. SR. CURATOR O	F 0.					X		140,390.	0.	16,954.
(6) CLAIRE MOORE	40.00									
DIR. OF CTR. FOR CREATIVE CO						X		126,068.	0.	16,274.
(7)KEN BENNETT	40.00									
DIR. OF FACILITY OPERATIONS	0.					X		109,895.	0.	12,060.
(8) KERSTA HURST	40.00									
CHIEF MARKETING&COMMUNICATION	0.					X		108,319.	0.	13,239.
(9) JOHN TRAHAN	40.00									
CFO	0.			Χ				76,602.	0.	240.
10) SHERYL ADKINS-GREEN	1.00									
TRUSTEE	0.	X						0.	0.	0.
11)ELAINE AGATHER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
12)VICTOR ALMEIDA	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
13)NIELS ANDERSKOUV	1.00								_	
TRUSTEE	0.	X						0.	0.	0.
14) THADDEUS ARROYO	1.00							_	_	_
TRUSTEE	0.	X						0.	0.	0 .

Form **990** (2020)

R ang Form 990 (2020)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and F	lig	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			(	C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	heck ss pe	erson	e than of the tor/trust Highest compensated	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) BRIAN BOLKE	1.00									
TRUSTEE (ART BALL)	0.	Х						0	0.	C
16) SHONN BROWN	1.00									
TRUSTEE	0.	Х						0	0.	(
17) STUART M. BUMPAS	1.00									
TRUSTEE(LEGAL AFFAIRS)	† <u>-</u> 0.	Х						0	. 0.	(
18) LELAND BURK	1.00									
TRUSTEE(CULTURAL AFFAIRS COMMI	† <u>-</u> 0.	X						0	0.	(
19) J. TIMOTHY BYRNE	1.00									
TRUSTEE	† <del>-</del> 0.	Х						0	0.	(
20) THOMAS C. CAMPBELL	1.00							-		
TRUSTEE	† <del>-</del> 0.	Х						0	0.	(
21) J.E.R CHILTON	1.00									
TRUSTEE (BENEFACTOR)	0.	Х						0	0.	(
22) MATTHEW CICCONE	1.00							-		
TRUSTEE(DMA JUNIOR ASSOCIATE)	0.	Х						0	0.	(
23) MARY MCDERMOTT COOK	1.00							-		
TRUSTEE(PRESIDENT, MAF)	1 0.	Х						0	0.	(
24) EDWIN L. COX	1.00								·	
TRUSTEE (HONORARY)	10.	X						0	0.	(
25) NANCY DEDMAN	1.00	21								
TRUSTEE	1.00	X						0	0.	(
		21						1,809,603.	0.	108,460
1b Sub-total								0.	0.	0
c Total from continuation sheets to Part VII, S	_		• •	• •				1,809,603.	0.	108,460
d Total (add lines 1b and 1c)					• • In accord	-				100,400
2 Total number of individuals (including but not reportable compensation from the organizatio		nose 14		ed a	DOV	e) wno	o re	eceived more than	\$100,000 01	
										Yes No
<ul> <li>3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched</li> <li>4 For any individual listed on line 1a, is the</li> </ul>	ule J for su	ch ina	livid	ual						3 X
organization and related organizations gr individual	eater than	\$15	0,0	00?	? It	"Yes	5, "	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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

Page 8 Form 990 (2020)

Part VII Section A. Officers, Directors, Ti	rustees, Ke	y En	plo	ye	es,	and I	ligl	hest Compensat	ed Employees (d	continu	ed)	
(A) Name and title	(B)  Average hours per week (list any	,		Pos heck		e than c		(D)  Reportable compensation from	(E) Reportable compensation from related		(F) Estimated mount or other	
	hours for related organizations below dotted line)	1				r/tru Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f orç ar	mpensati from the ganization nd related ganization	on d
26) SHELLY HOGLUND DEE TRUSTEE	1.00	X						0	0.			0
27) BARBARA DURHAM TRUSTEE	1.00	X						0	0.			0
28) JOHN R. EAGLE TRUSTEE	1.00	X						0	0.			0
29) WALTER ELCOCK TRUSTEE (FORMER PRESIDENT)	1.00	X						0	0.			0
30) JEFFREY S. ELLERMAN TRUSTEE	1.00	X						0	0.			0
31) TOM FAGADAU TRUSTEE	1.00	Х						0	0.			0
32) AMY FAULCONER TRUSTEE	1.00	Х						0	0.			0
33) MELISSA FOSTER FETTER TRUSTEE(FORMER CHAIRMAN)	1.00	Х						0	0.			0
34) ARLENE FORD TRUSTEE	1.00	Х						0	0.			0
35) KELLI FORD TRUSTEE	1.00	Х						0	0.			0
36) NANCY HALBREICH TRUSTEE	1.00	Х						0	. 0.			0
1b Sub-total c Total from continuation sheets to Part VII, and Total (add lines 1b and 1c)	_						<b>&gt; &gt; &gt;</b>	0.	0.			0.
Total number of individuals (including but no reportable compensation from the organization)	t limited to t	hose	liste				o re	eceived more than	\$100,000 of			
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Schee										3	Yes	No X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gindividual	reater than	\$15	50,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	4	X	
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individual	5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest cor compensation from the organization. Report											ζ	

year.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

Form 990 (2020)

Page 8

Part VIII Specified A Officers Directors Trustops Kov Employees and Highest Componented Employees (continued)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
37) KATHRYN W. HALL TRUSTEE	1.00	Х						0	0.	0
38) THOMAS HARTLAND-MACKIE	1.00	Λ						0	. 0.	0
TRUSTEE	0.	Х						0	0.	0
39) KATHERINE HASKEL	1.00									
TRUSTEE(JUNIOR LEAGUE)	0.	Х						0	0.	0
40) ANN HOBSON	1.00	· ·						0	0.	C
TRUSTEE 41) ERIC JOHNSON	1.00	Х						0	. 0.	C
TRUSTEE (MAYOR, CITY OF DALLAS	0.	X						0	0.	C
42) SOPHIA JOHNSON	1.00								, , , , , , , , , , , , , , , , , , ,	
TRUSTEE	0.	Х						0	0.	C
43) ELISABETH KARPIDAS	0.									
TRUSTEE	0.	Х						0	0.	C
44) JUN IL KWUN	1.00									
TRUSTEE	0.	X						0	0.	C
45) WILLIAM M. LAMONT, JR.  CHAIRMAN	1.00	Х		Х				0	0.	C
46) NICOLETTE LAMONT TRUSTEE (DMA FORUM)	1.00	X						0	0.	(
47) GEORGE T. LEE, JR.	1.00									
TRUSTEE(FFA)	0.	X						0	0.	(
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)							<b>&gt; &gt;</b>	0.	0.	0.
2 Total number of individuals (including but not reportable compensation from the organization				d al	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	0,00	00?	' If	"Yes	5,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	on f	fron	n any	un	related organization	on or individual	5 X
Section B. Independent Contractors										

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors, Tr	1	y∟n	тріо			and F	ııgı		· · · · ·	ontinue		
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	rson	e than o	an	( <b>D</b> ) Reportable compensation from	(E)  Reportable compensation from related	am	( <b>F)</b> timated lount of other	
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation the anization direlated in the anization in the	n d
48) BARBARA THOMAS LEMMON	1.00											
TRUSTEE	0.	X						0	0.			0
49) THOMAS W. LENTZ	1.00											
TRUSTEE	0.	X						0	0.			0
50) CAROL R. LEVY	1.00	,										
TRUSTEE	0.	X						0	0.			(
51) BRENDAN MCGUIRE	1.00	37							0			_
TRUSTEE 52) VENU MENON	1.00	X						0	0.			
TRUSTEE	1.00							0	0.			C
53) JESSICA NOWITZKI	1.00	X						0	. 0.			
TRUSTEE	1.00	X						0	0.			(
54) EDITH O'DONNELL	1.00	Λ						0	. 0.			
TRUSTEE (BENEFACTOR)	1.00	X						0	0.			(
55) LUCILO PENA	1.00	Λ						0	. 0.			
TRUSTEE	1.00	X						0	0.			(
56) ADRIANA PERALES	1.00	21						0				
TRUSTEE	<del>-</del>	X						0	0.			(
57) KELLI QUESTROM	1.00											
TRUSTEE	<del>-</del>	X						0	0.			(
58) CINDY RACHOFSKY	1.00								, ,,,			
TRUSTEE(CO-HOST, TTA)	† <del>-</del>	Х						0	0.			(
								0.	0.			0
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •	• •								
d Total (add lines 1b and 1c)	_				• •							
2 Total number of individuals (including but not							re	ceived more than	\$100,000 of			
reportable compensation from the organizatio		14		<b>.</b>		,			Ψ. σσ,σσσ σ.			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations gr individual	sum of repeater than	ortab \$15	ole c 50,0	com 00?	pen	satior "Yes	n aı ;,"	nd other compens	sation from the	4	Х	
										_		
for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors  1. Complete this table for your five highest com	noncoto-!		- h al -	4			1	hat received	than \$100,000 -	ı		

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2020) Page **8** 

(A)	(B)			(C	<b>;</b> )			(D)	(E)		(F)	
Name and title	Average			Posi	sition			Reportable	Reportable	Es	timated	
	hours per	,				than o		compensation	compensation from	amount of		
	week (list any hours for	ı				is both or/trust		from	related		other pensati	on
	related							the organization	organizations (W-2/1099-MISC)		om the	J11
	organizations	dire	ititu	fice	Key employee	hes	Former	(W-2/1099-MISC)	(11 2/1000 111100)	_	anizatio	
	below dotted line)	ual	tion	.	nplo	st co /ee	_	,			d related Inization	
	illie)	Individual trustee or director	Institutional trustee		yee	Highest compensated employee				orga	ıı iizalibi	13
		iee	ıste			esne						
			0			ted						
59) CAROLYN RATHJEN	1.00											
TRUSTEE	0.	X						0	0.			(
60) HARRY ROBINSON, JR.	1.00											
TRUSTEE (AFRICAN AMERICAN MUSEU	0.	Х						0	0.			(
61) NICOLE RODRIGUEZ	1.00											
TRUSTEE(JUNIOR LEAGUE)	0.	Х						0	0.			(
62) MARGARET J. ROGERS	1.00											
TRUSTEE (BENEFACTOR)	0.	Х						0	0.			(
63) NANCY C. ROGER	1.00											
TRUSTEE	0.	Х						0	0.			(
64) CATHERINE MARCUS ROSE	1.00											
PRESIDENT	0.	Х		Х				0	0.			(
65) DEEDIE P. ROSE	1.00											
TRUSTEE	0.	Х						0	0.			(
66) THERESE ROURK	1.00											
TRUSTEE (DMA LEAGUE)	0.	Х						0	0.			(
67) DANIEL ROUTMAN	1.00											
TRUSTEE	0.	Х						0	0.			(
68) ADRIAN SADA	1.00											
TREASURER	0.	Х		Х				0	0.			(
69) PEGGY SEWELL	1.00											
SECRETARY	0.	Х		Х				0	0.			(
1b Sub-total							•	0.	0.			0
1b Sub-total c Total from continuation sheets to Part VII. S	ection A			• •	• • •		•					
d Total (add lines 1b and 1c)	-						•					
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of			
reportable compensation from the organizatio		14				,			,,			
											Yes	No
3 Did the organization list any former office	er directo	r or	tru	ster	اد	CEV E	mn	olovee or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		Х
4 For any individual listed on line 1a, is the organization and related organizations groups												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y										5		X
Section B. Independent Contractors	co, comple	.5 501	.cau		, ,,	34011	,,,,,,	~~···				
1 Complete this table for your five highest com	nanaatad i				4		(	hat as a Sandana		,		

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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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

Forn	n 990 (2020)										Page <b>8</b>
Pa	rt VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	yee	es,	and F	lig	hest Compensat	ed Employees (d	continued)
	(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	ss pe	ition more	e than o is both tor/trust	an	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
70		1.00									
	TRUSTEE	0.	X						0	0.	0
71	SOGAND SHOJA	1.00								_	_
	TRUSTEE	0.	X						0	0.	0
72	AMANDA SHUFELDT	1.00									
	TRUSTEE	0.	X						0	0.	0
73	NANCY SHUTT	1.00									
	TRUSTEE	0.	X						0	0.	0
74		1.00									
	TRUSTEE	0.	X						0	0.	0
75	MICHELLE THOMAS	1.00									
	TRUSTEE	0.	X						0	0.	0
76	VAUGHN O. VENNERBERG II	1.00									
77	TRUSTEE	1.00	X						0	0.	0
77	SHARON YOUNG TRUSTEE	0.	X						0	0.	0
	IRUSIEE	0.	Λ						0	0.	0
1b	Sub-total							$\blacktriangleright$	0.	0.	0.
c	Total from continuation sheets to Part VII, S	ection A						$\blacktriangleright$			
	Total (add lines 1b and 1c)							<b>&gt;</b>			
2	Total number of individuals (including but not reportable compensation from the organization		hose 14		d al	bove	e) who	o re	eceived more than	\$100,000 of	
-											Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3 X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual										
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Yo										5 X
Se	ction B. Independent Contractors										
1	Complete this table for your five highest com compensation from the organization. Report of year.										

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2020) DALLAS MUSEUM OF ART 75-0808774 Page **9** 

### Part VIII Statement of Revenue

Par	t VIII	Statement of Revenue Check if Schedule O contains a respon	oco or noto to an	v line in this Port \	/111		
		Check if Schedule O Contains a respon	ise of note to an	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	992,271.				
פֿפֿ		Fundraising events 1c					
fts, r A	d	Related organizations 1d					
igi ila	e	Government grants (contributions) 1e	4,122,307.				
ns, sim	_	All other contributions, gifts, grants,	1,122,307.				
tio S r	t		10 010 507				
bn			10,910,527.				
Ę	g	Noncash contributions included in	004 221				
Sol		lines 1a-1f		16 005 105			
	n	Total. Add lines 1a-1f		16,025,105.			
ø)			Business Code				
Program Service Revenue	2a	AUXILIARY REVENUE	900099	630,947.	630,947.		
ser ue	b	EDUCATION REVENUE	900099	187,584.	187,584.		
n S 'en	С						
rar ?ev	d						
Pog F	е						
₫	f	All other program service revenue					
	g	Total. Add lines 2a-2f	▶	818,531.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	3,831,927.			3,831,927.
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties	▶	0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets	. ,				
		other than inventory <b>7a</b> 21,270,225.	983,333.				
40	<b>L</b>	outer unail inventory 14					
venue	b	Less: cost or other basis and sales expenses <b>7b</b> 16,184,078.					
Ş.		and dated expended 1.1. The	002 222				
Re	C	Gain or (loss)	983,333.	6 060 400			6,060,400
Other R	d	Net gain or (loss)		6,069,480.			6,069,480.
Ċ.	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	0.				
	b	Less: direct expenses 8b	0.				
	С	Net income or (loss) from fundraising events.	▶	0.			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	254,796.				
	b	Less: cost of goods sold	169,734.				
	C	Net income or (loss) from sales of inventory		85,062.	85,062.		
·C			Business Code				
ous *	44.	MISCELLANEOUS REVENUE	900099	60,403.	60,403.		
ne	11a			30,103.	30, 103.		
elle Vel	b						
Miscellaneous Revenue	C	All sales as assumed					
Ξ	d	All other revenue		60 400			
		Total. Add lines 11a-11d		60,403.	062.006		0.001.407
	12	Total revenue. See instructions		26,890,508.	963,996.		9,901,407.

JSA 0E1051 1.000 Form 990 (2020) DALLAS MUSEUM OF ART 75-0808774 Page **10** 

### 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).

Chec	k if Schedule O contains a respo	onse or note to any line	in this Part IX		
Do not include am 8b, 9b, and 10b o	nounts reported on lines 6b, 7b, f Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other	assistance to domestic organizations				
and domestic gov	vernments. See Part IV, line 21	0.			
2 Grants and	other assistance to domestic	20.050	22 250		
individuals. See	e Part IV, line 22	32,250.	32,250.		
3 Grants and	other assistance to foreign				
organizations,	foreign governments, and	0			
-	uals. See Part IV, lines 15 and 16	0.			
	o or for members	0.			
•	of current officers, directors, ey employees	1,977,139.	685,153.	1,070,004.	221,982.
	not included above to disqualified				
•	ined under section 4958(f)(1)) and				
persons describe	d in section 4958(c)(3)(B)	0.			
7 Other salaries	and wages	10,505,670.	7,603,564.	1,486,286.	1,415,820.
	ccruals and contributions (include				
section 401(k)	and 403(b) employer contributions)	406,259.	297,936.	44,702.	63,621.
9 Other employe	e benefits	1,615,939.	1,261,354.	180,446.	174,139.
10 Payroll taxes .		875,078.	598,119.	160,213.	116,746.
11 Fees for service	es (nonemployees):				
a Management		0.			
		146,745.	67,608.	79,137.	
		103,243.		103,243.	
		0.			
	draising services. See Part IV, line 17.	0.			
f Investment ma	nagement fees	407,035.	406,315.		720.
g Other. (If line 11	g amount exceeds 10% of line 25, column				
(A) amount, list line	11g expenses on Schedule O.)	1,842,029.	908,663.	884,651.	48,715.
12 Advertising and	d promotion	564,582.	558,957.		5,625.
13 Office expenses	s	475,390.	131,312.	54,053.	290,025.
14 Information ted	chnology	0.			
15 Royalties		0.			
16 Occupancy		0.			
17 Travel		10,139.	10,070.	69.	
18 Payments of t	ravel or entertainment expenses				
for any federal	, state, or local public officials	0.			
19 Conferences, of	conventions, and meetings	64,322.	797.	2,344.	61,181.
		173,019.		173,019.	
21 Payments to af	filiates	0.	1 010 100		
	depletion, and amortization	1,165,755.	1,049,180.	120 406	116,575.
23 Insurance		467,225.	328,729.	138,496.	
	. Itemize expenses not covered				
	cellaneous expenses on line 24e. If				
	at exceeds 10% of line 25, column				
	line 24e expenses on Schedule O.)	1 004 505	1 204 525		
aART PURCHA		1,294,525.	1,294,525.	160 516	16 212
	EOUS EXPENSES	642,256.	456,428.	169,516.	16,312.
	EQUIPMENT RENTAL&MA	814,165.	495,481.	318,684.	
	IABILITY ADJUSTMENT	-550,932.	01 215	-550,932. 54 511	E 07F
e All other expen		140,901.	81,315.	54,511.	5,075.
	expenses. Add lines 1 through 24e  Complete this line only if the	23,172,734.	16,267,756.	4,368,442.	2,536,536.
organization re from a combi	eported in column (B) joint costs ned educational campaign and				
-	citation. Check here   if  98-2 (ASC 958-720)	0.			
	/	٠ ا	I I		

Form 990 (2020) Page **11** 

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	7,636.	1	18,246.
	2	Savings and temporary cash investments	16,309,320.	2	22,634,236.
	3	Pledges and grants receivable, net	12,493,210.	3	7,754,824.
	4	Accounts receivable, net	2,501,961.	4	1,321,238.
	5	Loans and other receivables from any current or former officer, director,	,		, - ,
	3	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined	<u> </u>	J	3.
	0	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
G	_		0.	7	0.
Assets	7	Notes and loans receivable, net	387,217.	8	329,922.
ASS	8	Inventories for sale or use	739,401.	9	677,712.
	9	Prepaid expenses and deferred charges	737,401.	9	077,712.
	TUA	Land, buildings, and equipment: cost or other hasis. Complete Part VI of Schedule D. 25, 442, 892.			
	L-	basis. Complete Fait Vi of Concadio B	9,668,044.	10-	9,618,017.
		Less: accumulated depreciation	142,907,722.		214,085,603.
	11	' '	88,424,395.	11	71,178,677.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	355,979.	15	197,463.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	273,794,885.	16	327,815,938.
	17	Accounts payable and accrued expenses	7,831,596.	17	2,559,299.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	468,958.	19	338,771.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons	0.	22	0.
_	23	Secured mortgages and notes payable to unrelated third parties	2,834,439.	23	6,295,746.
	24	Unsecured notes and loans payable to unrelated third parties	2,385,000.	24	1,136,051.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0		400 150
		of Schedule D	0.	25	422,152.
	26	Total liabilities. Add lines 17 through 25	13,519,993.	26	10,752,019.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	19,456,327.	27	27,237,129.
ä	28	Net assets with donor restrictions	240,818,565.	28	289,826,790.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ř.	32	Total net assets or fund balances	260,274,892.	32	317,063,919.
Net	33	Total liabilities and net assets/fund balances	273,794,885.	33	327,815,938.
_	JJ	ו טומו וומטווונופט מווע וופנ מטטפנט/ועווע טמומוועפט, , , , , , , , , , , , , , , , , , ,	2/3//94/003.	აა	Eorm <b>990</b> (2020)

Form **990** (2020)

DALLAS MUSEUM OF ART 75-0808774

Form 990 (2020) Page **12** 

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		26,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,1			
3	Revenue less expenses. Subtract line 2 from line 1	3			17,7		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		60,2			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	3	17,0	63,9	19.	
Part	<u> </u>						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.			_		37	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			0.	х		
b	Were the organization's financial statements audited by an independent accountant?			2b	Λ		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a				
	separate basis, consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_		2c	x		
	the audit, review, or compilation of its financial statements and selection of an independent accounts			20			
	If the organization changed either its oversight process or selection process during the tax year, e.	xpıaın	on				
•	Schedule O.	.a	d.				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	tne	3a		Х	
ь	Single Audit Act and OMB Circular A-133?	oras	tho	Ja			
a	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	_		3b			
	required addit of addits, explain with on somedule O and describe any steps taken to dindergo such a	Juilo .		JU			

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

75-0808774

Department of the Treasury Internal Revenue Service

DALLAS MUSEUM OF ART

Employer identification number

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,338,540.	20,813,656.	37,660,150.	28,862,174.	16,025,105.	121,699,625.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	3,447,663.	3,388,685.	3,004,018.	2,801,740.	2,983,404.	15,625,510.
4	Total. Add lines 1 through 3	21,786,203.	24,202,341.	40,664,168.	31,663,914.	19,008,509.	137,325,135.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						9,745,473.
_6_	Public support. Subtract line 5 from line 4						127,579,662.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	21,786,203.	24,202,341.	40,664,168.	31,663,914.	19,008,509.	137,325,135.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,339,829.	4,341,168.	5,468,136.	4,168,038.	3,831,927.	21,149,098.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	206,485.	149,032.	218,851.	123,480.	60,403.	758,251.
11	Total support. Add lines 7 through 10						159,232,484.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	15,437,292.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>					
Sec	tion C. Computation of Public Supp						
14	Public support percentage for 2020 (lin	. ,				14	80.12%
15	Public support percentage from 2019					15	82.09 <b>%</b>
16a	331/3% support test - 2020. If the org	janization did n	ot check the box	k on line 13, an	nd line 14 is 33	1/3 % or more, cl	
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part VI how the organization meets t			<del>-</del>	=	-	
	organization						
b	<b>10%-facts-and-circumstances test - 2</b> 15 is 10% or more, and if the organiz	ation meets the	e facts-and-circu	ımstances test,	check this box	and stop here	. Explain
	in Part VI how the organization meets			•	•	•	
18	Private foundation. If the organization	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions					obodulo A (Form 0	

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

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

500	tion A Bublic Support			· · ·	•	,	
	tion A. Public Support	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2017	(6) 2010	(u) 2019	(e) 2020	(i) iotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
ŭ	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•			•	
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Supp	ort Percenta	age				
15	Public support percentage for 2020 (line 8,	column (f), divid	ded by line 13, colu	mn (f))		15	%
16	Public support percentage from 2019 Sche					16	%
Sec	tion D. Computation of Investment	t Income Per	centage				
17	Investment income percentage for 2020 (lin					17	%
18	Investment income percentage from 2019	Schedule A, Part	t III, line 17			18	%
19 a	331/3% support tests - 2020. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2019. If the orga	anization did no	t 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 331/3 %, check	this box and s	stop here. The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 🔣
20	Private foundation. If the organization of	lid not check	a box on line 1	4, 19a, or 19b,	check this box	and see instruc	ctions <b>&gt;</b>

JSA 0E1221 1.000

Schedule A (Form 990 or 990-EZ) 2020

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
ng			
by			
	1		
JS			
ed			
	2		
er			
	3a		
nd			
пе			
	3b		
3)			
,	3с		
If			
	4a		
jn			
on			
	4b		
n			
ed			
B)			
•	4c		
5, "			
, N			
n;			
n			
	5a		
dy			
-,	5b		
	5c		
o			
d			
or			
	6		
or			
ty			
,	7		
?			
•	8		
re			
าร			
	9a		
:h			
•••	9b		
fit			
	9с		
n			
ed			
<b>-</b>	10a		
to			
	10b		

Part	IV Supporting Organizations (continued)			i age o
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
01	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		Vaa	Na
			res	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		<i>-</i>	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
2 a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in <b>Part VI</b> ). See						
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization			
-	(see instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish ex		1				
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	zations	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	tion E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2020		Underdistribution	ıs	(iii) Distributable Amount for 2020		
_1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						

Schedule A (Form 990 or 990-EZ) 2020

B Breakdown of line 7:

a Excess from 2016...

b Excess from 2017...

c Excess from 2018...

d Excess from 2019...

e Excess from 2020...

Schedule A (Folili 990 ol 990-EZ) 2

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

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

**Employer identification number** Name of the organization DALLAS MUSEUM OF ART 75-0808774 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990. 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule of Contributors

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization DALLAS MUSEUM OF ART

Employer identification number 75-0808774

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization DALLAS MUSEUM OF ART

Employer identification number 75-0808774

art II	<b>Noncash Property</b>	(see instructions	). Use duplicate c	opies of Part II if ad	ditional space is needed.
--------	-------------------------	-------------------	--------------------	------------------------	---------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization DALLAS MUSEUM OF ART **Employer identification number** 75-0808774 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I

Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

## SCHEDULE D (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

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

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DAI	LAS MUSEUM OF ART	75-0808774
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fun	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (for example, recreation or education)  Preservation of	f a historically important land area
	Protection of natural habitat Preservation of	f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	ated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	-
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing of	conservation easements during the year
_	A constant of constant and the constant of the form of the form of the first of the	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	Does such consequentian accompany reported on line 2/d) above setisfy the requirements of section	~ 170/h)/4)/D)/i)
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation easements in its revenue and organization.	Yes No
9	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	·
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, of service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
b	art, historical treasures, or other similar assets held for public exhibition, education, or researched the following amounts relating to these items:	arch in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under FASB ASC 958 relating to these items:	3 / 1
а	Revenue included on Form 990, Part VIII, line 1	<b></b> ▶\$
b	Assets included in Form 990, Part X	▶ \$

Schedule D (Form 990) 2020 Page **2** 

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, d	or Other	Similar Assets (	continu	ed)	
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	<b>a</b> $X$ Public exhibition $X$ Loan or exchange program								
b	X Scholarly research		e Other						
С	X Preservation for future gener	ations							
4	Provide a description of the organ	nization's collections	and explain how	they furthe	er the or	ganization's exemp	t purpo	se in	Part
	XIII.								
5	During the year, did the organizatio					_			1
	assets to be sold to raise funds rath		ained as part of the	organizatio	on's collec	ction?	Yes	X	No
Ра	rt IV Escrow and Custodial Al Complete if the organiza 990, Part X, line 21.		es" on Form 990, F	Part IV, Iin	ne 9, or r	eported an amou	nt on F	orm	
1a	Is the organization an agent, trust	tee, custodian or o	ther intermediary for	or contribu	utions or	other assets not			
	included on Form 990, Part X?		•			_	Yes		No
b	If "Yes," explain the arrangement in								-
						Amount			
С	Beginning balance			10	С				
d	Additions during the year			10	d				
е	Distributions during the year				е				
f	Ending balance								
	Did the organization include an am						Yes		No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the explanation	has been	provided	on Part XIII			
Pa	Endowment Funds.	tion anawarad "Va	o" on Form 000 [	Dort IV/ lin	20.10				
	Complete if the organiza					(d) Three ware book	(2) [2]		h a alı
		(a) Current year 231,601,944.	<b>(b)</b> Prior year 220, 389, 475.	(c) Two ye		(d) Three years back 193,925,247.	(e) Fou 174,		
	Beginning of year balance	3,744,651.	13,263,983.		5,058.	3,358,797.			322.
	Contributions	3,744,031.	13,203,703.	1,55	3,030.	3,330,737.		055,	<u> </u>
С	Net investment earnings, gains,	61,989,327.	7,146,549.	11.73	0,548.	20,052,823.	26.	961.	273.
_1	and losses	01/202/01/	, , _ 10 , 0 15 .			20,002,023		, , ,	
	Grants or scholarships								
е	Other expenditures for facilities and programs	7,719,670.	8,838,957.	7,96	4,924.	8,308,074.	8,	159,	965.
f	Administrative expenses	405,822.	359,106.						
g	End of year balance	289,210,430.	231,601,944.	220,38	9,475.	209,028,793.	193,	925,	247.
2	Provide the estimated percentage	of the current year	end balance (line 1g	column (a	ı)) held as				
a	Board designated or quasi-endowm	ent ▶7.1400	_%	(3.	.,,				
	Permanent endowment ▶ 55.0								
С	Term endowment ▶ 37.8000	%							
	The percentages on lines 2a, 2b, a	nd 2c should equal	100%.						
3a	Are there endowment funds not in	the possession of th	ne organization that	are held a	and admir	nistered for the	1		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
_	(ii) Related organizations						3a(ii)		X
_	If "Yes" on line 3a(ii), are the relate	•	•				3b		
4	Describe in Part XIII the intended until Land, Buildings, and Equ		tion's endowment ful	nds.					
Pa	<b>Land, Buildings, and Equ</b> Complete if the organiza	ation answered "Y	es" on Form 990,	Part IV, lir	ne 11a. S	See Form 990, Pa	art X, Iir	ne 10	
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Acc	cumulated (d	d) Book v		
1 2	Land	(inves	unent) (C	ther)	depr	eciation			
ı a b	Buildings		18.5	535,276	. 10.4	90,543.	8.0	44,7	33.
U.	Leasehold improvements		10/5	, _ ,		,		,,	
d	Equipment		3.2	215,401	. 2,5	76,061.	6	39,3	340.
	Other			288,025		54,081.		33,9	
	I. Add lines 1a through 1e. (Column							18,0	

Schedule D (Form 990) 2020 Page **3** 

Part VII	Investments - Other Securities.  Complete if the organization answered	"Ves" on Form 990	Part IV line 11h See Form 990	Part Y line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
	al derivatives			
	held equity interests			
(3) Other_	PORATE BONDS&OTHER DEBT SEC	39,009,838.	FMV	
	ERNATIVE INVESTMENTS	32,168,839.	FMV	
(C)	EKNATIVE INVESTMENTS	32,100,039.	FMV	
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	71,178,677.		
Part VIII	Investments - Program Related.	,		
T art viii	Complete if the organization answered	"Yes" on Form 990	). Part IV. line 11c. See Form 990	. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua	
			Cost or end-of-year mark	ket value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I alt ix	Complete if the organization answered	"Yes" on Form 990	. Part IV. line 11d. See Form 990	. Part X. line 15.
		scription	,	(b) Book value
(1)				. ,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)	<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered line 25.	l "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	ral income taxes			
(2) DUE	TO OTHER FUNDS-ART FACTS			422,152.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)			422,152.
2 Liability f	or uncertain tax positions. In Part XIII. provide the	text of the footnote to	the organization's financial statements t	hat reports the

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

Schedule D (Form 990) 2020 Page **4** 

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	า.	
1	Total revenue, gains, and other support per audited financial statements	1	83,687,993.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	56,797,485.
3	Subtract line 2e from line 1	3	26,890,508.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	26 000 500
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	26,890,508.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		06 002 551
1	Total expenses and losses per audited financial statements	1	26,903,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		2 721 027
е	Add lines 2a through 2d	2e	3,731,037.
3	Subtract line 2e from line 1	3	23,1/2,/34.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	4.	
c	Add lines 4a and 4b	4c 5	23,172,734.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	э	25,172,754.
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	raft V,	line 4; Part X, line

Schedule D (Form 990) 2020 DALLAS MUSEUM OF ART 75-0808774 Page **5** 

#### Part XIII Supplemental Information (continued)

SFAS 116 EXCLUSION OF ART AND HISTORICAL TREASURES

FORM 990, SCHEDULE D, PART III, LINE 1A:

ALL WORKS OF ART ACQUIRED BY THE MUSEUM EITHER THROUGH PURCHASE OR GIFT ON OR AFTER OCTOBER 1, 1984 ARE OWNED BY THE MUSEUM. HOWEVER, THIS DOES NOT INCLUDE WORKS OF ART ON LOAN FROM PRIVATE OWNERS, THE FOUNDATION FOR THE ARTS, THE MUNGER FUND, OR THE MCDERMOTT FOUNDATION. PURSUANT TO A CONTRACT BETWEEN THE FOUNDATION FOR THE ARTS AND THE MUSEUM, THE ART OWNED BY THE FOUNDATION FOR THE ARTS IS FOR THE SOLE USE OF THE MUSEUM.

ALL WORKS OF ART ACQUIRED PRIOR TO OCTOBER 1, 1984, ARE OWNED BY THE CITY OF DALLAS, TEXAS (THE "CITY").

WORKS OF ART ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENTS

OF FINANCIAL POSITION. PURCHASES OF WORKS OF ART ARE RECORDED AS

DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE

ACQUIRED OR AS TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO

PURCHASE THE ITEMS ARE RESTRICTED BY THE DONORS. CONTRIBUTED WORKS OF ART

ARE NOT REFLECTED ON THE CONSOLIDATED FINANCIAL STATEMENTS. PROCEEDS

FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN

THE APPROPRIATE NET ASSET CLASS.

THE MUSEUM'S WORKS OF ART ARE HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. WORKS OF ART ARE SUBJECT TO A POLICY THAT REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 DALLAS MUSEUM OF ART 75-0808774 Page **5** 

#### Part XIII Supplemental Information (continued)

COLLECTIONS OF ART

FORM 990, SCHEDULE D, PART III, LINE 4:

THE MUSEUM MAINTAINS AN ENCYCLOPEDIC COLLECTION OF ART TO PROVIDE ART

EXHIBITS, EDUCATIONAL SERVICES, LECTURES AND OTHER PROGRAMS TO FURTHER

ITS EXEMPT PURPOSE OF COLLECTING, PRESERVING, PRESENTING AND INTERPRETING

WORKS OF ART OF THE HIGHEST QUALITY.

#### ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4:

THE MUSEUMS ENDOWMENT FUNDS PROVIDE FUNDING FOR EXHIBITIONS, EDUCATIONAL PROGRAMS, PRESERVATION, ART ACQUISITIONS, MUSEUM OPERATIONS, SALARIES AND RELATED EXPENSES, PROPERTY AND BUILDINGS, AND SPECIAL PROJECTS.

FIN 48 (ASC 740)

FORM 990, SCHEDULE D, PART X, LINE 2:

FOLLOWING IS THE TEXT FROM THE FOOTNOTES OF THE DMA'S AUDITED

CONSOLIDATED FINANCIAL STATEMENTS:

THE MUSEUM IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE OF 1986 ("IRC"), AS AMENDED, AND AS A PUBLIC CHARITY DESCRIBED IN SECTION 501(C)(3) OF THE IRC. HOWEVER, INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE MUSEUM'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER THE IRC SECTION 511.

THE MUSEUM HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX BENEFITS RESULTING FROM CURRENT OR PRIOR PERIOD TAX POSITONS.

ACCORDINGLY, NO ADDITIONAL DISCLOSURES HAVE BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS REGARDING UNCERTAIN TAX PROVISIONS. THE MUSEUM, INCLUDING ITS UNDERLYING SUBSIDIARIES, DOES NOT HAVE ANY OUTSTANDING

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 DALLAS MUSEUM OF ART 75-0808774 Page **5** 

#### Part XIII Supplemental Information (continued)

INTEREST OR PENALTIES, AND NONE HAVE BEEN RECORDED IN THE CONSOLIDATED

STATEMENTS OF ACTIVIES AND CHANGES IN NET ASSETS FOR THE YEAR ENDED JUNE

30, 2021 AND 2020. HOWEVER, THE CONCLUSIONS REGARDING ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES ARE SUBJECT TO REVIEW AND MAY BE ADJUSTED AT

A LATER DATE BASED ON FACTORS INCLUDING, BUT NOT LIMITED TO, ONGOING

ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF.

THE MUSEUM'S RETURNS ARE GENERALLY SUBJECT TO EXAMINATION FOR THREE YEARS

AFTER THE LATER OF THE DUE DATE OR DATE OF FILING.

#### RECONCILIATON OF REVENUES

FORM 990, SCHEDULE D, PART XI, LINE 2D:

RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$169,734

REMOVAL OF ART-FACTS, INC. REVENUE: \$ 34,208

REIMBURSEMENT OF SHARED EXHIBITION COSTS \$279,305

TOTAL: \$483,247

#### RECONCILIATION OF EXPENSES

FORM 990, SCHEDULE D, PART XII, LINE 2D:

RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$169,734

REMOVAL OF ART-FACTS, INC. COST OF GOODS SOLD \$ 9,503

REMOVAL OF ART-FACTS, INC. EXPENSES: \$ 29,510

REIMBURSEMENT OF SHARED EXHIBITION COSTS \$279,305

TOTAL: \$488,052

### SCHEDULE I (Form 990)

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public Inspection

Name of the organization						Employer identification	on number				
DALLAS MUSEUM OF ART	MUSEUM OF ART  General Information on Grants and Assistance										
Part I General Information on Grants an	d Assistanc	е									
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proce</li> </ol>	ts or assistand	ce?					X Yes No				
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient to		-					es" on Form 990,				
(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance				
_(1)											
(2)											
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
(11)											
(12)											
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	•	•									

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

Schedule I (Form 990) 2020

0E1288 1.000

Schedule I (Form 990) (2020)

## Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 AWARDS TO ARTISTS	15.	32,250.		N/A	N/A
_2					
_3					
4					
5					
6					
7					

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

MONITORING THE USE OF GRANTS

FORM 990, SCHEDULE I, PART I, LINE 2:

AWARDS TO ARTISTS ARE GIVEN IN THE FOLLOWING CATEGORIES 1.) EXCEPTIONAL

TALENT AND PROMISE IN YOUNG VISUAL ARTISTS (15-25 YEARS OF AGE)2.) AWARDS

TO YOUNG TEXAS ARTIST 3.) AWARDS TO PROFESSIONAL ARTIST 30 YEARS OR OLDER

THAT ARE TEXAS RESIDENTS. APPLICATIONS ARE AVAILABLE ON OUR WEBSITE.

ARTIST MUST SUBMIT THE FOLLOWING: 1.) COMPLETED APPLICATION 2.) SIX IMAGES

OF THEIR WORK3.) RESUME 4.) TWO RECOMMENDATION LETTERS 5.) PROPOSAL AND

BUDGET TO USE THE AWARD. ARTIST IS CHOSEN BY A COMMITTEE OF FAMILY

MEMBERS THAT ESTABLISHED THE FUND, STAFF AND LOCAL ART PROFESSIONALS. THE

Schedule I (Form 990) (2020)

JSA 0E1504 1.000

5/17/2022 1:37:07 PM PAGE 40

Schedule I (Form 990) (2020)

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
1					

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

COMMITTEE DETERMINES GRANT AMOUNT BASED ON SUBMITTED BUDGET, NUMBER OF

QUALIFIED APPLICANTS, AND GRANT FUNDS AVAILABLE.

THE COMMITTEE AND RECIPIENTS HAVE NO FOLLOW UP REQUIREMENTS DUE TO THE

SMALL AMOUNTS OF THE GRANTS.

Schedule I (Form 990) (2020)

JSA 0E1504 1.000

5/17/2022 1:37:07 PM PAGE 41

#### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS MUSEUM OF ART

Part I Questions Regarding Compensation

Employer identification number

75-0808774

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
_				
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
J	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.			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			3.7
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Page 2

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DOROTEO AGUSTIN ARTEAGA	(i)	490,526.	80,000.	41,667.	11,400.	7,384.	630,977.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
TAMARA WOOTTON-BONNER	(i)	266,706.	0.	0.	8,994.	845.	276,545.	0.
2DEPUTY DIRECTOR	(ii)	0.	0.	0.				
SARAH SCHLEUNING	(i)	140,390.	0.	0.	6,160.	10,794.	157,344.	0.
3 <sup>CHIEF</sup> CURATOR. SR. CURATOR OF	(ii)	0.	0.	0.				
AMIR TABEI	(i)	148,334.	0.	0.	6,138.	5,228.	159,700.	0.
<b>4</b> DIR. OF TECHNOLOGY & DIGITAL	(ii)	0.	0.	0.				
CYNTHIA CALABRESE	(i)	221,096.	0.	0.	8,859.	845.	230,800.	0.
5 DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.				
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

#### 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.

BENEFITS PROVIDED TO LISTED PEOPLE

FORM 990, SCHEDULE J, PART I, LINE 1A

IN ADDITION TO EMPLOYEE'S BASE SALARY, EMPLOYEE SHALL BE ENTITLED TO

RECEIVE A HOUSING ALLOWANCE IN THE AMOUNT OF \$27,777.78 PER YEAR DURING

THE EMPLOYMENT PERIOD, PAYABLE IN ACCORDANCE WITH THE MUSEUM'S NORMAL

PAYROLL PROCEDURES. THIS ALLOWANCE SHALL BE SUBJECT TO ALL APPLICABLE

FEDERAL, STATE AND LOCAL WITHHOLDING TAXES.

Schedule J (Form 990) 2020

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

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

Employer identification number 75-0808774

DALLAS MUSEUM OF ART

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art	X		0.	N/A			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		94.	904,331.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
15	contribution - Historic							
	structures							
14	Qualified conservation							
14	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17								
	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
	Other ►( )							
29	Number of Forms 8283 received	-	= -					
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29		<b>V</b>	
	5						Yes	No
30a	During the year, did the organizat				_			
	28, that it must hold for at least the							37
_	to be used for exempt purposes for		olding period?			30a		X
	If "Yes," describe the arrangement i							
31	Does the organization have a						7.7	
	contributions?					31	X	
32a	Does the organization hire or use	•	•	• •	sell noncash		7,7	
	contributions?					32a	X	

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

**b** If "Yes," describe in Part II.

describe in Part II.

Schedule M (Form 990) 2020

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

Schedule M (Form 990) (2020) Page **2** 

**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.

CONTRIBUTIONS OF ART

FORM 990, SCHEDULE M, PART I, LINE 33:

DALLAS MUSEUM OF ART (DMA) RECEIVED CONTRIBUTIONS OF ART DURING THE YEAR. HOWEVER, AS ALLOWED UNDER SFAS 116 (ASC 958-360-25), THE MUSEUM DID NOT CAPITALIZE ITS COLLECTIONS AND REPORTED ZERO ON FORM 990, PART VIII, STATEMENT OF REVENUE, LINE 1G FOR THE CONTRIBUTIONS. AS SUCH, THE AMOUNT OF CONTRIBUTIONS OF ART REPORTED ON SCHEDULE M, PART I, LINE 1, COLUMN C EQUALS ZERO.

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B:

THE ORGANIZATION IS REPORTING THE NUMBER OF NON-CASH CONTRIBUTIONS RECEIVED DURING THE FISCAL YEAR FOR THE PROPERTY TYPES IDENTIFIED.

HIRE THIRD PARTIES TO PROCESS CONTRIBUTIONS

FORM 990, SCHEDULE M, LINE 32B:

A PROFESSIONAL AUCTIONEER WAS HIRED TO CONDUCT THE LIVE AUCTION PORTION OF SOME EVENTS.

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

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

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

▶ Attach to Form 990 or 990-EZ.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2:

THE FOLLOWING TRUSTEES HAVE FAMILY RELATIONSHIPS:

- DEEDIE ROSE & CATHERINE ROSE
- WILLIAM M. LAMONT, JR & NICOLETTE LAMONT

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11:

EACH BOARD TRUSTEE IS PROVIDED WITH AN ELECTRONIC COPY OF THE FORM 990 FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C:

ANNUALLY, ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES ARE
REQUIRED TO READ THE CONFLICT OF INTEREST POLICY AND SIGN A NEW CONFLICT
OF INTEREST DISCLOSURE FORM.

COMPENSATION REVIEW PROCESS

FORM 990, PART VI, LINE 15A & 15B:

THE MUSEUM'S COMPENSATION COMMITTEE IS RESPONSIBLE FOR ANNUALLY REVIEWING AND ESTABLISHING THE COMPENSATION OF SENIOR MANAGEMENT OF THE MUSEUM. IT UTILIZES VARIOUS SURVEYS AND BENCHMARKS, INCLUDING THE AAMD SURVEY TO ESTABLISH AND REVIEW DIRECTORS AND OTHER TOP MANAGEMENT COMPENSATION.

ADDITIONALLY, THE MUSEUM CONSIDERS FACTORS SUCH AS THE ANNUAL PERFORMANCE

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

REVIEW RATINGS AND THE COMPENSATION HISTORY OF FORMER EMPLOYEES IN THE POSITION.

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19:

THE DALLAS MUSEUM OF ART PROVIDES THE FOLLOWING DOCUMENTS UPON REQUEST,

AS WELL AS ON THE MUSEUM'S WEBSITE: GOVERNING DOCUMENTS, AUDITED

FINANCIAL STATEMENTS, FORM 990 (ALSO AVAILABLE ON GUIDESTAR). OTHER

DOCUMENT REQUESTS WILL BE CONSIDERED ON A CASE BY CASE BASIS.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE DALLAS MUSEUM OF ART IS A SPACE OF WONDER AND DISCOVERY WHERE ART COMES ALIVE. THE DMA WILL: - PLACE ART AND OUR DIVERSE COMMUNITIES AT THE CENTER AROUND WHICH ALL ACTIVITIES RADIATE - PURSUE EXCELLENCE IN COLLECTING AND PROGRAMMING, PRESENT WORKS OF ART ACROSS CULTURES AND TIME, AND BE A DRIVING FORCE IN CONTEMPORARY ART. - STRENGTHEN OUR POSITION AS A PROMINENT, INNOVATIVE INSTITUTION, EXPANDING THE MEANING AND POSSIBILITIES OF LEARNING AND CREATIVITY.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE DALLAS MUSEUM OF ART ORGANIZES AND PRESENTS INNOVATIVE

EXHIBITIONS AND PROGRAMS FOR THE ENRICHMENT OF THE DALLAS

COMMUNITY. LAST YEAR, 17 EXHIBITIONS WERE PRESENTED BY THE

MUSEUM, 12 EXHIBITIONS DRAWN PRIMARILY FROM ITS OWN COLLECTIONS OR

WITH LOANS, AND AN ADDITIONAL TWO NATIONALLY AND INTERNATIONALLY

TOURING EXHIBITIONS WERE PRESENTED AT THE DMA OR TOURING. THE

ATTACHMENT 2 (CONT'D)

COLLECTION INCLUDES OVER 24,000 OBJECTS SPANNING 5,000 YEARS OF HUMAN HISTORY ORIGINATING FROM CULTURES ON EVERY CONTINENT.

PRIMARY TO THE MISSION OF THE MUSEUM IS THE STEWARDSHIP,

PROTECTION, AND DEVELOPMENT OF THE COLLECTION. TO ENGAGE VISITORS

TO THE COLLECTION, THE MUSEUM HAS DEVELOPED A GROWING REPOSITORY

OF DIGITAL RESOURCES ACCESSIBLE ON THE INTERNET THAT SERVES

RESEARCHERS, STUDENTS, EDUCATORS, AND ART ENTHUSIASTS. THE

COLLECTION ALSO IS AT THE CENTER OF THE EXHIBITION AND EDUCATION

PROGRAMS FOR VISITORS INCLUDING GALLERY TALKS AND ART-MAKING

ACTIVITIES.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

EDUCATION AND INTERPRETATION - AS THE PANDEMIC CONTINUED TO AFFECT OUR COMMUNITY IN FY21, THE DMA OFFERED ONLINE OFFERINGS AND TAKE HOME ART KITS WITH COMMUNITY PARTNERS, AND BEGAN REINTRODUCING SOME IN PERSON PROGRAMS DURING THE SPRING, RESULTING IN APPROXIMATELY 3,000 PROGRAMS CONNECTING VISITORS WITH THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS. PREK-12 STUDENT AND TEACHER PROGRAMS PROVIDED VIRTUAL TOURS, ART KITS, AND CREATIVE EXPERIENCES FOR OVER 23,800 STUDENTS AND TEACHERS FROM PUBLIC AND PRIVATE SCHOOLS IN DALLAS AND ITS SURROUNDING COUNTIES. THE DMA OFFERS PROGRAMS FOR VISITORS IN ALL STAGES OF LIFE, INCLUDING PROGRAMS AND LEARNING SPACES DEDICATED TO EDUCATING BABIES,

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

ATTACHMENT 3 (CONT'D)

CREATIVE EXPRESSION. WE ALSO ENGAGED OVER 5,200 INDIVIDUALS THROUGH ACCESS PROGRAMS, WHICH ARE SPECIFICALLY DESIGNED FOR VISITORS WHO ARE BLIND OR PARTIALLY SIGHTED; HAVE DEVELOPMENTAL DISABILITIES; HAVE EARLY STAGE DEMENTIA; OR ARE ON THE AUTISM SPECTRUM. IN ADDITION, THE DMA BUILDS RELATIONSHIPS WITH THE COMMUNITY THROUGH OUTREACH, SERVING OVER 13,800 INDIVIDUALS THROUGH PROGRAMS OUTSIDE OF THE MUSEUM, INCLUDING FESTIVALS AND PARTNERSHIPS WITH AREA CULTURAL AND COMMUNITY ORGANIZATIONS. THE GO VAN GOGH OUTREACH PROGRAM, WHICH SERVED APPROXIMATELY 8,700 STUDENTS THROUGH VIRTUAL PROGRAMS IN FY21, IS A SIGNATURE VEHICLE FOR THE MUSEUM'S OUTREACH TO DFW AREA STUDENTS. COMMUNITY PARTNERS INCLUDE DALLAS PARK & RECREATION, UT SOUTHWESTERN MEDICAL SCHOOL, DALLAS INDEPENDENT SCHOOL DISTRICT, RESOURCE CENTER - YOUTH FIRST, DANCE FOR PD, HEART HOUSE, VOX INVICTUS MENTORING, THE STEWPOT, DALLAS PUBLIC LIBRARY, OAK CLIFF CULTURAL CENTER, DALLAS SOUTHERN PRIDE, COALITION FOR AGING LGBT, THE DALLAS WAY AND MANY OTHERS.

#### ATTACHMENT 4

990. 1	PART VII-	COMPENSATION	OF	THE	FIVE	HIGHEST	PAID	IND.	CONTRACTORS
--------	-----------	--------------	----	-----	------	---------	------	------	-------------

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RENCOM TS, INC 1435 N ROCKWELL AVE#2650 OKLAHOMA CITY, OK 73127	INFORMATION TECH SVC	233,775.
CLEARBROOK INVESTMENT CONSULTING, LLC 40 EAST 25 ND STREET, 15TH FLOOR NEW YORK, NY 10022	FINANCIAL SERVICES	183,486.
SLINGSHOT LLC 20 N MARKET ST, SUITE 125	MARKETING SERVICES	161,874.

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

Name of the organization

DALLAS MUSEUM OF ART

To 5-0808774

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

DALLAS, TX 75202

BRIGHTVIEW LANDSCAPE SERVICES LANDSCAPE SERVICES 132,421.

2315 SOUTHWELL ROAD DALLAS, TX 75229

RESNICOW + ASSOCIATES PUBLIC RELATIONS SVC 110,470.

111 BROADWAY

NEW YORK, NY 10006

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION ENDING COST DESCRIPTION BOOK VALUE OR FMV

EQUITY SECURITIES 214,085,603. FMV

TOTALS 214,085,603.

#### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

DALLAS MUSEUM OF ART 75-0808774 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
						Yes	No
(1) FOUNDATION FOR THE ARTS 75-6036753							
1717 N HARWOOD ST. DALLAS, TX 75201	ACQUIRE ARTS	TX	501(C)(3)	12 TYPE III	N/A		
(2) MRS S I MUNGER ENDOWMENT TRUST 75-6006635							
1717 N. HARWOOD ST. DALLAS, TX 75201	ENDOWMENT FD	TX	501(C)(3)	12 TYPE III	N/A		
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	allocations?		Disproportionate		Disproportionate		Disproportionate		Disproportionate		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No									
(1)																				
(2)																				
(3)																				
(4)																				
(5)																				
(6)	_																			
<u>(7)</u>	_																			

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

(a) Name, address, and EIN of related organization	J	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	entity?
(1) MUSEUM SERVICES CORPORATION	75-2246413								Yes No
1717 N. HARWOOD DALLAS, TX 75201	75-2240413	HOLDING COMPA	TX	DMA	C CORP		1 000	100.0000	
(2) MUSEUM BEVERAGES, INC.	75-2246413	HODDING COMM	121	Di-II1	COM		1,000.	100.0000	
1717 N. HARWOOD DALLAS, TX 75201		INACTIVE	TX	DMA	C CORP			100.0000	
(3) ART-FACTS, INC.	75-2251274								
1717 N. HARWOOD DALLAS, TX 75201		RETAIL	TX	MUS SERV. CORP.	C CORP	34,208.	422,951.	100.0000	
(4) DALLAS ART MUSEUM LEAGUE									
1717 N. HARWOOD DALLAS, TX 75201		INACTIVE	TX	DMA	ASSOCIATION			100.0000	
<u>(5)</u>									
(6)									
<u>(7)</u>		_							

Page 3

Yes No

Χ

Schedule R (Form 990) 2020

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

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

	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		Χ	
d	Loans or loan guarantees to or for related organization(s)				1d		Χ	
	Loans or loan guarantees by related organization(s)				1e		Χ	
f	Dividends from related organization(s)				1f			
g g					1g		Х	
_	Purchase of assets from related organization(s).				1h		Х	
i	Exchange of assets with related organization(s).				1i		Х	
·	Lease of facilities, equipment, or other assets to related organization(s).				1j		Х	
,	20000 of facilities, equipment, of other account forciated organization(o),							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
ï	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	_	
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m	Х	_	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	_	
	Sharing of paid employees with related organization(s)				10	Х	_	
Ū	onaling of paid employees with related organization(s)							
n	Reimbursement paid to related organization(s) for expenses				1р	Х		
q Reimbursement paid by related organization(s) for expenses								
٦					1q			
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line, including cove	ered relationships and transa	action thres	sholds		_	
	(a)	4.5						
	\ <del>-</del> '/	(b)	(c)		(d)			
	Name of related organization	Transaction	<b>(c)</b> Amount involved	Method o	of dete	mining		
	Name of related organization					mining		
	Name of related organization	Transaction			of dete	mining	_	
(1)	Name of related organization  N/A	Transaction			of dete	mining		
<u>(1)</u>		Transaction			of dete	mining	_	
(1) (2)		Transaction			of dete	mining	_	
		Transaction			of dete	mining		
		Transaction			of dete	mining	_ _ _	
(2)		Transaction			of dete	mining	_ _ _	
(2)		Transaction			of dete	mining		
(2)		Transaction			of dete	mining		
(2)		Transaction			of dete	mining		
(2) (3) (4)		Transaction			of dete	mining		
(2) (3) (4)		Transaction	Amount involved		of deter	mining ved		

Part V

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

Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	icile eign income (related, unrelated, excluded from tax under sections 512 - 514)		e) partners ction (c)(3) cations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	( 1 11,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

Schedule R (Form 990) 2020

Page 4

Schedule R (Form 990) 2020 Page 5

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.