aan

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

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

lacktriangle 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

2021

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year begir	nning 07/	01/2021	and endin	g		06/3	0/20	22	
ъ.			C Name of organization				ı	D Employer ide	entificati	ion num	ber	
D 0	heck if ap		DALLAS MUSEUM OF ART									
	Addre		Doing Business As					75-0808	774			
	Name	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite	- 1	E Telephone nu	ımber			
	Initia	return	1717 NORTH HARWOOD ST	•				(214)92	22-12	200		
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code	,							
	Amer		DALLAS, TX 75201				- 10	G Gross receipt	s \$	47,	612	,802.
		cation	F Name and address of principal officer:	AGUSTIN ARTE	AGA		ŀ	H(a) Is this a grou	ip return f	or	Yes	X No
	pond	9	1717 NORTH HARWOOD ST.	, DALLAS, TX 752	201			subordinates? H(b) Are all subordi		led?	Yes	☐ No
ī	Tax-ex	empt sta) (insert no.)	4947(a)(1)	or 527	7	If "No," attac	h a list. (s	ee instruc	tions)	
J	Websi	ite: 🕨		, , , , , , , , , , , , , , , , , , , ,				H(c) Group exemp	otion numl	ber >		
K	Form	of organ	ization: X Corporation Trust	Association Other	;	L Year of	formatio	n: 1940 M	State of	legal dor	micile:	TX
$\overline{}$	art I		nmary	1		I						
	1		describe the organization's mission o	r most significant activities	: THE D	DALLAS MI	JSEUM	OF ART 1	IS A	SPAC	E OF	
ø	-		DER AND DISCOVERY WHERE	-								
anc												
ern	2	Check	this box if the organization d	iscontinued its operation	s or dispose	ed of more tha	n 25% c	of its net assets	: `			
Governance	3		er of voting members of the governing	•				1	3			65
	4		er of independent voting members of t						4			65
ties	5	Total	number of individuals employed in cale	endar vear 2021 (Part V. li	ne 2a)				5			335
Activities &	6		number of volunteers (estimate if neces						6			357
Act	_	Total	unrelated business revenue from Part V	'III. column (C) line 12					7a			
			nrelated business taxable income from						7b			
_		1101 01	included business taxable income from	1 01111 000 1, 11110 04				Prior Year		Curre	ent Ye	ar
	8	Contri	butions and grants (Part VIII, line 1h)				-	16,025,10	5			,620.
Jue	9	Progra	em service revenue (Part VIII, line 2a)		COP	Y FOR	-	818,53				,677.
Revenue	10	Invoct	am service revenue (Part VIII, line 2g) ment income (Part VIII, column (A), line	as 3 1 and 7d)	PUBLIC IN	NSPECTION		9,901,40				,524.
æ	11		revenue (Part VIII, column (A), lines 5,					145,46				,589.
	12		revenue - add lines 8 through 11 (must					26,890,50				, 410.
_	13		s and similar amounts paid (Part IX, colu					32,25		50,		,500.
	14								ONE			
	4.5		its paid to or for members (Part IX, colues, other compensation, employee bene				-	15,380,08	-	1 [275	NONE
Expenses	160						-		ONE	10,	373	,516.
ben	10a	Total	ssional fundraising fees (Part IX, columr fundraising expenses (Part IX, column (T(A), little TTe)	25 000			11/0	лип			NONE
Ĕ	17							7,760,39	0	1 5	612	,142.
			expenses (Part IX, column (A), lines 11				,		-			
	18		expenses. Add lines 13-17 (must equal					23,172,73				<u>,158.</u>
- S	19	Reven	ue less expenses. Subtract line 18 fron	n line 12			Poginni	3,717,77 ing of Current Y			of Yea	<u>, 252.</u>
Net Assets or Fund Balances	20	T-4-1	t- (Deat V. Burn 40)				<u> </u>		_			
\sse Bala	20							27,815,93	-			,467.
a et	21		iabilities (Part X, line 26)					10,752,01				,808.
			ssets or fund balances. Subtract line 21 gnature Block	from line 20			3.	L7,063,91	9.	∠00,	9/8	<u>,659.</u>
	art II		of perjury, I declare that I have examined th	io return including ecompo	anvina aabadı	ulaa and atatam	onto on	d to the best of	mu kno	wlodao		liof it io
tru	e, corre	ect, and	complete. Declaration of preparer (other than	n officer) is based on all inform	mation of whi	ich preparer has	s any kno	wledge.	IIIy KIIC	wieage	and be	ilei, it is
Sig	ın		Signature of officer					Date				
He			orginatare or smoot					24.0				
			Type or print name and title									
		<u> </u>	Type preparer's name	Preparer's signature		Date			; PTII	N		
Paid	t	'''''	Type preparers name	i reparer a signature		Date		Check	".		40-	
	parer							self-employe	≠u P(00047	431	
	Only	Firm's	name > BRUCE E BERNSTIE				F	Firm's EIN				
				RESSWAY STE 1040 DALLA		1	F	Phone no.	214	-706		$\overline{}$
			cuss this return with the preparer show	`	5)					X Ye		<u>No</u>
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.						Forn	ո 990	(2021)

Form 990 (2021) Page **2**

		ns a response or note to any line in this Part	Ⅲ	
	Briefly describe the organization's mi	ssion:		
	SEE SCHEDULE O			
2	Did the organization undertake any	significant program services during the year	ar which were not listed on t	he
	If "Yes," describe these new services	on Schedule O.		
3		cting, or make significant changes in h		
	services? If "Yes," describe these changes on S	shadula O		Yes X No
4		n service accomplishments for each of it	s three largest program ser	vices as measured by
•		01(c)(4) organizations are required to rep		
		y, for each program service reported.		
4a	(Code:) (Expenses \$	20,727,392. including grants of \$) (Revenue \$	908,248.
	SEE SCHEDULE O			
4b	(Code:) (Expenses \$	2,282,077. including grants of \$	33,500.) (Revenue \$	316,785.)
	SEE SCHEDULE O			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on	Schedule O.)		
_	(Expenses \$ includir		\$	
46	Total program service expenses ▶		,	

JSA 1E1020 1.000 Form 990 (2021)
Part IV Checklist of Required Schedules

GI.	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	2	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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,	_		21
Ū	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4.0		
4.4	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more		- 21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
c	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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
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		X
t	Was the organization included in consolidated, independent audited financial statements for the tax year? If	126	3.7	
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	v
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
_	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		_	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.		3.7
20	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
21	olf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021)
Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)		1/	
			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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		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		
·	· · · · · · · · · · · · · · · · · · ·	240		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			Δ.
20				
	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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-		21
J-T		24	v	
25-	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	X	
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	Х	
	reperture gaining (gaineing) withings to prize withers:	10	77	L

DALLAS MUSEUM OF ART

75-0808774 rm 990 (2021)

Form	990 (2021)		-	age 3
Par	t V 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 335			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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).	F		37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions?	- Ou		21
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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			
	eroes receipte, included on Ferni eee, Fart Viii, into 12, for pasie dee of class facilities			
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	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		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		Х
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		21
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
.,	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Voe " complete Form 6060			

Part VI Governance, Management, and Disc

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

	Check if Schedule O contains a response of note to any line in this Part VI				• • •	X
Sect	ion A. Governing Body and Management				V	
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	65			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	65			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	ship with			
	any other officer, director, trustee, or key employee?			2	Х	
3	Did the organization delegate control over management duties customarily performed by or un					
	supervision of officers, directors, trustees, or key employees to a management company or other p			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele					
	one or more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval					
	stockholders, or persons other than the governing body?	• /		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under					
	the year by the following:	riano	ii aaiiig			
а	The governing body?			8a	Х	
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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte	rnal	Revenue	Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	•		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Ū				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t					
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po-	olicy?	If "Yes,"			
	describe on 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 an	d app	roval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and o	decision?			
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila	r arra	ngement			
	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					
	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 ▶					
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 applicable of the companion of the compan	oly.		(sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	ents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's believed being a person of the person who possesses the organization's believed being a person of the person of the person of the person who possesses the organization's believed by the person of the per	ooks	and record	s >		

214-922-1200

Form **990** (2021)

Form 990 (2021) DALLAS MUSEUM OF ART 75-0808774 Page **7**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos neck ss pe	rson	e than one is both an tor/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DOROTEO AGUSTIN ARTEAGA	40.00									
EXECUTIVE DIRECTOR	NONE			Х				641,014.	NONE	19,584.
(2) TAMARA WOOTTON-BONNER	40.00							011/0111	1101112	15/301.
DEPUTY DIRECTOR	NONE			Х				279,476.	NONE	12,842.
(3) CYNTHIA CALABRESE	40.00									
DIRECTOR OF DEVELOPMENT	NONE				X			231,422.	NONE	10,670.
(4) AMIR TABEI	40.00							,		
CHEIF INFORMATION OFFICER	NONE				X			155,402.	NONE	12,315.
(5) SARAH SCHLEUNING	40.00									
TMARGOT B PEROT SENIOR CURATOR	NONE					Х		136,191.	NONE	16,868.
(6) KEN BENNETT	40.00									
DIR. OF FACILITY OPERATIONS	NONE					Х		119,865.	NONE	12,883.
(7) NICOLE MYERS	40.00									
CHIEF CURATORIAL&RESEARCH OFFI	NONE					Х		123,822.	NONE	6,707.
(8) JEFFREY BROWNLEE	40.00									
SENIOR APPLICATION DEVELOPER	NONE					X		116,620.	NONE	6,494.
(9) MARIA STAUFFER	40.00									
DIRECTOR OF COLLECTIONS MGMT	NONE					X		107,152.	NONE	5,521.
(10) SARAH PIETSCH	40.00									
CFO	NONE			Х				19,538.	NONE	1,018.
(11) SHERYL ADKINS-GREEN	1.00									
VICE PRESIDENT	NONE	Х		Χ				NONE	NONE	NONE
(12) FLAUREN BENDER	1.00									
TRUSTEE (DMA FAMILY FORUM)	NONE	Х						NONE	NONE	NONE
(13) VICTOR ALMEIDA	1.00									_
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) TARA BOND-FREEMAN	1.00									
TRUSTEE (DMA LEAGUE)	NONE	X						NONE	NONE	NONE

Form **990** (2021)

Form 990 (2021) Page **8**

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both	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
15) THADDEUS ARROYO	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
16) GONZALO BUENO	1.00 NONE	37						NONE	NONTE	NONE
TRUSTEE 17) SHONN BROWN	1.00	X						NONE	NONE	NONE
TRUSTEE	NONE	x						NONE	NONE	NONE
18) LUCY BURNS	1.00							110112	110112	210212
TRUSTEE	NONE	Х						NONE	NONE	NONE
19) LAUREL BUSH	1.00									
TRUSTEE(DMA JUNIOR ASSOCIATES)	NONE	Х						NONE	NONE	NONE
20) JOHN W. CARPENTER III	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
21) JENNIFER CHANDLER	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
22) LEIGH ANNE CLARK TRUSTEE(ART BALL)	1.00 NONE	X						NONE	NONE	NONE
23) J. PATRICK COLLINS	1.00	_ ^						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
24) MARY MCDERMOTT COOK	1.00							2102/-		
TRUSTEE(PRESIDENT, MAF)	NONE	Х						NONE	NONE	NONE
25) BELA COOLEY	1.00									
TRUSTEE(ART BALL)	NONE	X						NONE	NONE	NONE
1b Sub-total							ightharpoons	1,930,502.	NONE	104,902.
c Total from continuation sheets to Part VII, S	-							NONE		NONE
d Total (add lines 1b and 1c)					<u></u>		<u> </u>	1,930,502.	NONE	104,902.
2 Total number of individuals (including but not reportable compensation from the organization		nose	liste	d al		e) who 15	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 Sched.										3
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	oortab \$15	ole o 50,0	om 00?	per	sation	n a	nd other compens	sation from the	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual	5
Section B. Independent Contractors										
1 Complete this table for your five highest com	noncated i	ndone	ndo	nt	con	tracto	re t	hat received more	than \$100 000 o	f

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 (2021)

33) ALLISON GAUGHAN	Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (d	continue	d)	
26) MACEY DAVIS TRUSTER (CITY OF DALLAS OAC) NONE X NONE NONE NONE TRUSTER NONE X NONE NONE NONE RONE TRUSTER NONE X NONE NONE NONE TRUSTER NONE X NONE NONE NONE 29) JOHN R. FAGLE 1,00 TRUSTER NONE X NONE NONE NONE 30) WALTER ELCOCK 1,00 TRUSTER E (PORMER PRESIDENT) NONE X NONE NONE NONE NONE 31) JEFFREY S. ELLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER S. ALLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER S. FALLERMAN 1,00 TRUSTER (JUNIOR LEAGUE DALLAS) NONE X NONE NONE NONE 33) ALLISON GAUGHAN 1,00 TRUSTER (JUNIOR LEAGUE DALLAS) NONE X NONE NONE 35) KELLI FORD TRUSTER NONE X NONE NONE NONE NONE 36) KAPHR'N W. HALL 1,00 TRUSTER NONE X NONE NONE NONE TRUSTER NONE X NONE NONE NONE 36) KAPHR'N W. HALL 1,00 TRUSTER NONE X NONE NONE NONE TRUSTER NONE X NONE NONE NONE 36) KAPHR'N W. HALL 1,00 TRUSTER NONE X NONE NONE NONE 37) TRUSTER NONE X NONE NONE NONE 38) KELLI FORD TRUSTER NONE X NONE NONE NONE TRUSTER NONE NONE NONE 36) KAPHR'N W. HALL 1,00 TRUSTER NONE X NONE NONE NONE TRUSTER NONE NONE NONE 36) KAPHR'N W. HALL 1,00 TRUSTER NONE X NONE NONE NONE TRUSTER NONE NONE NONE TRUSTER NONE NONE 37) ALTRUSTER NONE NONE NONE TRUSTER NONE NONE TRUSTER NONE NONE 36) KAPHR'N W. HALL 1,00 TRUSTER NONE NONE NONE TRUSTER NONE NONE NONE 30) ALTRUSTER NONE NONE NONE NONE TRUSTER NONE NONE NONE NONE TRUSTER NONE NONE NONE NONE NONE NONE NONE NO		Average hours per week (list any	box,	unle:	Pos heck ss pe	more erson	is both or/trust	an ee)	Reportable compensation from	Reportable compensation from related	am	timated ount of other	f
TRUSTEE (CITY OF DALLAS OAC) NONE X NONE NONE NONE NONE NONE 27). SHELLY HOGLIND DEE 1.00 TRUSTEE NOME X NONE NONE NONE NONE NONE NONE NONE N		organizations below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	orga and	anization I related	b
27) SHELLY HOGLUND DEF 1.00 X		+							17017	17017			
TRUSTEE NONE X NONE NONE NONE NONE NONE 28) BRENT ENGLISH 1,00			X						NONE	NONE			NONE
28) BRENT ENGLISH		+							NONE	NONE		7	NT (NTT
TRUSTEE			X						NONE	NONE			NONE
29		+							NONE	NONTE		,	NT//NTT
TRUSTEE NONE X NONE NO									NOINE	NOINE			MOM
30) WALTER ELCOCK TRUSTEE (FORMER PRESIDENT) NONE X NONE NONE CHAIRMAN NONE X X NONE NONE NONE CHAIRMAN NONE X X NONE NONE NONE 32) GELA GALLARDO 1.00 TRUSTEE NONE X NONE NONE TRUSTEE (JUNIOR LEAGUE DALLAS) NONE X NONE NONE NONE NONE TRUSTEE NONE X NONE NONE NONE NONE TRUSTEE NONE X NONE NONE NONE TRUSTEE NONE X NONE NONE NONE TRUSTEE NONE X NONE NONE NONE TRUSTEE NONE X NONE NONE NONE TRUSTEE NONE X NONE NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE NONE TRUSTEE NONE X NONE NONE TRUSTEE NONE NONE NONE NONE TRUSTEE NONE NONE NONE NONE TRUSTEE NONE NONE TRUSTEE NONE NONE NONE NONE NONE NONE NONE NO		+	v						NONE	NONE		1	NIONII
TRUSTEE (FORMER PRESIDENT) NONE X NONE NONE N			21						NONE	IVOIVE			NOIVI
31) JEFFREY S. ELLERMAN 1.00 X X NONE NONE NONE NONE NONE NONE NONE		+	x						NONE	NONE		1	NONE
CHAIRMAN NONE X X NONE NONE NONE 32) GELA GALLARDO 1.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE									1,01,2	1,01,2			
32) GELA GALLARDO		+	x		X				NONE	NONE		1	NONE
TRUSTEE NONE X NONE NO									_				
TRUSTEE (JUNIOR LEAGUE DALLAS) NONE X NONE NONE NONE NONE NONE NONE NONE NON		+	Х						NONE	NONE		1	NONE
34 ARLENE FORD 1.00 NONE X NONE	(33) ALLISON GAUGHAN	1.00											
TRUSTEE NONE X NONE NONE NONE 35) KELLI FORD 1.00 TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	TRUSTEE(JUNIOR LEAGUE DALLAS)	NONE	Х						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE 36) KATHRYN W. HALL TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	(34) ARLENE FORD	1.00											
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	TRUSTEE	NONE	Х						NONE	NONE		1	NONE
TRUSTEE NONE X NONE NONE NONE NONE NONE NONE	(35) KELLI FORD	1.00											
TRUSTEE NONE NONE NONE NONE NONE NONE NONE N	TRUSTEE	NONE	Х						NONE	NONE]	NONE
total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5	(36) KATHRYN W. HALL	1.00											
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5	TRUSTEE	NONE	X						NONE	NONE		I	NONE
c Total from continuation sheets to Part VII, Section A	1b Sub-total							\blacktriangleright					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								\blacktriangleright					
reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual			hose	liste	d a	bov	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation from the organizatio	n ▶											
employee on line 1a? If "Yes," complete Schedule J for such individual												Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											3		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	organization and related organizations gr	eater than	\$15	0,0	00?	. If	"Yes	5,"	complete Schedu	le J for such	1		
for services rendered to the organization? If "Yes," complete Schedule J for such person											7		
											5		
	Section B. Independent Contractors	os, comple	10 001	iout	1100	, 101	Sutil	ρσι	3011		J		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of	-	nancatad :	ndana	and.	ant.	con	tracto	re t	hat received more	than \$100 000 a	\f		

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 ▶

Part VII Section A. Officers, Directors, T		y ⊏II	ipioy			пıg					
(A)	(B)			(C)			(D)	(E)		(F)	
Name and title	Average	(do i		ositio	on ore than	one	Reportable	Reportable		mated ount of	
	hours per week (list any	,			on is both		compensation from	compensation from related		ther	
	hours for	office			ector/trus		the	organizations	compe		on
	related	Indi or c	Inst	Officer	E eng	Former	organization	(W-2/1099-MISC)		n the	
	organizations below dotted	vidu	ituti	6 g	nest oloye	ner	(W-2/1099-MISC)		-	nizatior related	
	line)	Individual trustee or director	Institutional	Officer						ization	
		uste	l trustee	ď	npe						
		ď	stee		Highest compensated employee						
37) THOMAS HARTLAND-MACKIE	1.00				+ -						
TRUSTEE	NONE	X					NONE	NONE		I	NONE
38) GENE JONES	1.00										
TRUSTEE	NONE	Х					NONE	NONE]	NONE
39) ANN HOBSON	1.00										
TRUSTEE	NONE	X					NONE	NONE		1	NONE
40) ERIC JOHNSON	1.00										
TRUSTEE (MAYOR, CITY OF DALLAS	NONE	X					NONE	NONE		I	NONE
41) SOPHIA JOHNSON	1.00										
TRUSTEE	NONE	X					NONE	NONE]	NON
42) FERN JOHNSON	1.00										
TRUSTEE	NONE	X					NONE	NONE]	NON
43) JUN IL KWUN	1.00										
TREASURER	NONE	X		X			NONE	NONE]	NONE
44) WILLIAM M. LAMONT, JR.	1.00										
TRUSTEE	NONE	X					NONE	NONE		I	NON
45) AASEM KHALIL	1.00										
TRUSTEE	NONE	X					NONE	NONE]	NONE
46) GEORGE T. LEE, JR.	1.00										
TRUSTEE (FFA)	NONE	X					NONE	NONE]	NONI
47) BARBARA THOMAS LEMMON	1.00										
TRUSTEE	NONE	X					NONE	NONE]	NON
1b Sub-total						>					
c Total from continuation sheets to Part VII,	Section A										
d Total (add lines 1b and 1c)						>					
2 Total number of individuals (including but no reportable compensation from the organization)		hose	listed	labo	ve) wh	o re	eceived more than	\$100,000 of			
									,	Yes	No
3 Did the organization list any former off	ficer, directo	or, or	trus	stee.	key	emp	oloyee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sche	edule J for su	ch ina	lividu	al .					3		
4 For any individual listed on line 1a, is the	sum of re	oortah	ole co	mne	ensatio	n a	nd other compen	sation from the			
organization and related organizations of											
individual	•						•		4		

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated		
	employee on line 1a? If "Yes," complete Schedule J for such individual	3	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	

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 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 (2021) Page **8**

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and H	lig	hest Compensat	ed Employees (c	ontinu	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	aı	stimated nount of other npensation	f
	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)	org an	rom the ganizatio d related anization	b
48) CHRISTINA LYNCH	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
(49) CAROL R. LEVY	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
(50) BRENDAN MCGUIRE	1.00											
TRUSTEE	NONE	X						NONE	NONE			NONE
(51) VENU MENON	1.00											
SECRETARY	NONE	X		Х				NONE	NONE			NONE
(52) JESSICA NOWITZKI	1.00	-										
TRUSTEE	NONE	X						NONE	NONE			NONE
(53) LOUIS MARSH	1.00	-										
TRUSTEE(DMA FAMILY FORUM)	NONE	X						NONE	NONE			NONE
(<u>54) ADRIANA PERALES</u>	1.00	-										
TRUSTEE	NONE	X						NONE	NONE			NONE
(55) KELLI QUESTROM	1.00	-										
TRUSTEE	NONE	X						NONE	NONE			NONE
(56) CINDY RACHOFSKY	1.00	-										
TRUSTEE(CO-HOST, TTA)	NONE	X						NONE	NONE			NONE
(57) HARRY ROBINSON, JR.	1.00	-										
TRUSTEE (AFRICAN AMERICAN MUSEU	NONE	X						NONE	NONE			NONE
(58) CATHERINE MARCUS ROSE	1.00											
TRUSTEE (FORMER PRESIDENT)	NONE	X						NONE	NONE			NONE
1b Sub-total							ightharpoons					
c Total from continuation sheets to Part VII, S							>					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheoo										3	Yes	No
4 For any individual listed on line 1a, is the organization and related organizations grandividual	eater than	\$15	50,0	00?	· 11	"Yes	3,"	complete Schedu		4		
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i> Section B. Independent Contractors										5		

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** (2021)

Form 990 (2021) Page **8**

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ted Employees (d	continued)
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	1 '				e than o is both		compensation	compensation from	amount of
	week (list any hours for					tor/trust		from the	related organizations	other compensation
	related				T	en E		organization	(W-2/1099-MISC)	from the
	organizations	dire	l ti	Officer	Key employee	Highest co employee	Former	(W-2/1099-MISC)	(11 2, 1000 111100)	organization
	below dotted	ual	lion	,	nplo	ee /ee	¬			and related organizations
	line)	Individual trustee or director	a tn		yee) mg				organizations
		tee	Institutional trustee			: compensated ee				
			Ф			ated				
59) DEEDIE P. ROSE	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
60) DANIEL ROUTMAN	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
61) ADRIAN SADA	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
62) MANJUSHA SHANKARADAS	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
63) GOWRI SHARMA	1.00									
PRESIDENT	NONE	X		Х				NONE	NONE	NONE
64) MARCIA DUNN SOBEL	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
65) AMANDA SHUFELDT	1.00							-		-
TRUSTEE	NONE	X						NONE	NONE	NONE
66) NANCY SHUTT	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
67) GAYLE STOFFEL	1.00							110111	110112	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
68) MICHELLE THOMAS	1.00							110112		110111
TRUSTEE	NONE	X						NONE	NONE	NONE
69) VAUGHN O. VENNERBERG II	1.00							TOTAL	110112	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total	TIONE	1 25			l			NONE	110111	110111
c Total from continuation sheets to Part VII, S	oction A	• • •			• •					
d Total (add lines 1b and 1c)	-				• •					
2 Total number of individuals (including but not				d a	hov	e) who	re	ceived more than	\$100 000 of	
reportable compensation from the organizatio		11000		u u	DOV	o, w iik	, , ,	ocived more than	Ψ100,000 01	
	·									Yes No
3 Did the organization list any former office	or directo	or or	· tri	ıcto		kov c	mn	Novoo or highes	t componented	T C S INC
3 Did the organization list any former office employee on line 1a? <i>If "Yes," complete Sched</i>										3
4 For any individual listed on line 1a, is the										
organization and related organizations gr									lie J for such	4
individual										4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5
Section B. Independent Contractors	es, comple	te Sci	rieau	iie c	101	Sucri	per	SON] 3
Complete this table for your five highest com	inencated i	nden	ando	ant	con	tracto	re t	that received more	than \$100 000 o	of
compensation from the organization. Report of										
year.	.c.nponouti	J., 101		. Ju		.a. yo	<u>ی.</u> د		and organizatio	
<u> </u>							T	(5)		(6)
(A)								(B)		(C)

(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 ▶

Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olar	vee		and H	Hial	hest Compensat	ed Employees (a	Page 8
(A) Name and title	(B) Average hours per week (list any	(do i	not ch	(C Posit neck r	tion more	than c	ne an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	a Institutional trustee		Key employee	Highest compensated employee	e) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
70) DENNIS WONG	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
71) SHARON YOUNG	1.00	-								
TRUSTEE	NONE	X		-				NONE	NONE	NONE
72) ROBERT HALLAM, JR.	1.00								110117	370377
TRUSTEE	NONE	X		-	_			NONE	NONE	NONE
73) ARTHUR PRIMAS TRUSTEE	1.00 NONE							NONE	NONTE	MONI
74) CHASE PROCTOR	1.00	X		-				NONE	NONE	NONE
TRUSTEE (LEGAL AFFAIRS)	NONE	x						NONE	NONE	NONE
75) KATHERINE PEROT REEVES	1.00	21						110111	IVOIVE	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total	ootion A						>			
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)										
Total number of individuals (including but not reportable compensation from the organization)	limited to t						o re	ceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	er, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,00	00?	If	"Yes	5,"	complete Schedu	sation from the 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										
1 Complete this table for your five highest com- compensation from the organization. Report of year.										

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

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 20 20

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a resp	onse or note to a	any line in this Part \	/III		
			'		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ខ្លួ	1a	Federated campaigns	1a	,				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
5 8	c	Fundraising events						
Σįς								
<u> </u>	d	Related organizations						
<u>3</u> .E	e	Government grants (contribu	, <u> </u>	0,037,217.				
20	Ť	All other contributions, gifts,	-					
he de		and similar amounts not include	· · · · · · · · · · · · · · · · · · ·	14,506,962.				
55	g	Noncash contributions include						
2 6		lines 1a-1f	<u>1</u> g	5 676,240.				
ם כ	h	Total. Add lines 1a-1f		<u> ▶</u>	22,992,620.			
				Business Code				
<u>ප</u>	2a	AUXILIARY REVENUE		900099	2,610,892.	2,610,892.		
Program service Revenue	b	EDUCATION REVENUE		900099	316,785.	316,785.		
ֻ בֻבֻ	c							
98	d							
200				_				
ĭ	e e	All other program comics	/ODLIO	-				
-	f	All other program service rev Total. Add lines 2a-2f			2,927,677.			
	<u>g</u>				2,721,011.			
	3	Investment income (include	-		11 225 402			11 225 400
		other similar amounts)			11,235,409.			11,235,409.
	4	Income from investment of	•	•	NONE			
	5	Royalties			NONE			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	С	Rental income or (loss) 6c	N	ONE NO	1E			
	d	Net rental income or (loss).		<u> </u>	NONE			
	7a	Gross amount from	(i) Securities					
		sales of assets						
		other than inventory 7a	8,325,3	24.				
a	b	Less: cost or other basis						
Revenue		and sales expenses 7b	-3,592,0	49. 29,258				
Ķ	_		11,917,3					
	C	` ,			11,888,115.			11 000 115
Other	d	Net gain or (loss)		<u> </u>	11,000,115.			11,888,115.
ŧ	8a	Gross income from f	·					
•		events (not including \$	948,054.					
		of contributions reported	on line					
		1c). See Part IV, line 18	8	a 1,021,054	<u>!.</u>			
	b	Less: direct expenses	8	b 664,248	3.			
	С	Net income or (loss) from fu	ndraising e <u>ver</u>	nts >	356,806.			356,806.
	9a	Gross income from	gaming					
		activities. See Part IV, line 19) 9	a NO	1E			
	b	Less: direct expenses	9	b NO	1E			
	c	Net income or (loss) from g			NONE			
	10a	Gross sales of inventor						
	ıva	returns and allowances	•)a 884,914	١.			
	1.			Ob 451,935				
	b	Less: cost of goods sold Net income or (loss) from sa	les of inventory		432,979.	432,979.		
		110t moonie or (1035) Holli Sa	.55 or inventory		732,979.	732,919.		
SES		VT00771 3 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Business Code	00= ===	25		
e e	11a	MISCELLANEOUS REVENUE		900099	225,804.	225,804.		
e la	b			_				
Se Se	С			_				
Miscellaneous Revenue	d	All other revenue			1			
	е	Total. Add lines 11a-11d		<u> ▶</u>	225,804.			
	12	Total revenue. See instruction	ns		50,059,410.	3,586,460.		23,480,330.

Form 990 (2021) 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).

Total expenses	
and domestic governments. See Part IV, line 21	D) raising nses
2 Grants and other assistance to domestic individuals. See Part IV, line 22. 33,500. 30,500	
Individuals. See Part IV, line 22 33,500 3	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	
Foreign individuals. See Part IV, lines 15 and 16 NONE NONE	
## Benefits paid to or for members	
5 Compensation of current officers, directors, trustess, and key employees (Compensation not included above to disqualified persons (as defined under section 4958(0)(1)) and persons described in section 4958(0)(3)(8). 7 Other salaries and wages (Compensation and State	
trustees, and key employees	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(B). 7 Other salaries and wages. 10,660,756. 7,846,424. 1,533,656. 1, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits. 1,619,844. 1,241,631. 202,679. 927,322. 652,069. 160,356. 17 NONE 1 Payroll taxes. 1 NONE 1 Seption for exprises (nonemployees): a Management. NONE 1 Legal. 1 34,696. 81,210. 81,210. 81,210. 1 NONE 9 Professional fundraising services. See Part IV. line 17. f Investment management fees 9 Other. (if ine 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O). 1 Advertising and promotion. 1 Office expenses. 1 (74,356. 1 (7,846,424. 1,533,656. 1, 1,533,656. 1, 1,619,844. 1,241,631. 202,679. 1 (652,069. 160,356. 134,696. 81,210. 8	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8). 7 Other salaries and wages. 10,660,756. 7,846,424. 1,533,656. 1, 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 1,619,844. 1,241,631. 202,679. 10 Payroll taxes. 927,322. 652,069. 160,356. 1 Fees for services (nonemployees): a Management b Legal 134,696. c Accounting 10 Lobbying Professional fundraising services. See Part IV, line 17, NONE Professional fundraising services. S	231,422
7 Other salaries and wages	
7 Other salaries and wages	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits	
section 401(k) and 403(b) employer contributions) 9 Other employee benefits.	280,676
10 Payroll taxes	56,629
11 Fees for services (nonemployees): a Management b Legal	175,534
Management	114,897
b Legal	
c Accounting 81,210. 81,210. 81,210. d Lobbying NONE e Professional fundraising services. See Part IV, line 17. f Investment management fees 555,496. 555,603. 9 Other. (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule Q.) 3,027,186. 2,438,261. 437,069. 12 Advertising and promotion 1,062,210. 1,052,585. 13 Office expenses 674,356. 261,520. 76,405. 14 Information technology 447,257. 447,257. 15 Royalties NONE NONE NONE 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 19 Conferences, conventions, and meetings 439,598. 10,133. 15,712. 115,300. 125,427. 300. 115,300	
NONE NONE September Se	
e Professional fundraising services. See Part IV, line 17, f Investment management fees	
f Investment management fees 556,496. 555,603. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 3,027,186. 2,438,261. 437,069. 12 Advertising and promotion 1,062,210. 1,052,585. 13 Office expenses 674,356. 261,520. 76,405. 14 Information technology. 447,257. 447,257. 15 Royalties. NONE NONE NONE 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 439,598. 10,133. 15,712. 10 Interest 15,300. 115,300. 115,300. 21 Payments to affiliates. NONE 15,427. 39,797. 22 Depreciation, depletion, and amortization 1,195,193. 1,	
9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 3,027,186. 2,438,261. 437,069. 12 Advertising and promotion 1,062,210. 1,052,585. 13 Office expenses 674,356. 261,520. 76,405. 14 Information technology 447,257. 447,257. 15 Royalties NONE NONE NONE 17 Tavel 17 Tavel 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 115,300. 115,300. 115,300. 115,300. 121,939. 125,427. 39,797. 19 Conferences, conventions, and meetings 439,598. 10,133. 15,712. 115,300. 115,300. 115,300. 115,300. 115,300. 120,436. 24,456. 373,513. 150,943. 150,943. 150,943. 150,943. 150,943. 150,943. 150,943. 150,943. 150,943. 150,943. 150,943. 173,963	
(A), amount, list line 11g expenses on Schedule O.)	893
12 Advertising and promotion 1,062,210. 1,052,585. 13 Office expenses 674,356. 261,520. 76,405. 14 Information technology. 447,257. 447,257. 15 Royalties. NONE 1000 NONE 16 Occupancy NONE 125,427. 39,797. 17 Travel 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 10,133. 15,712. 19 Conferences, conventions, and meetings 439,598. 10,133. 15,712. 20 Interest 115,300. 115,300. 115,300. 21 Payments to affiliates NONE 1,195,193. 1,195,193. 22 Depreciation, depletion, and amortization 1,195,193. 1,195,193. 150,943. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on Schedule O.) 524,456. 373,513. 150,943. 3 MISCELLANEOUS EXPENSES 2,764,030. 2,333,438. 173,963. 4 ART PURCHASES 2,853,029. 2,853,029. 2,853,029.	
13 Office expenses	151,856
14 Information technology. 447,257. 447,257. 15 Royalties. NONE 16 Occupancy NONE 17 Travel. 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 19 Conferences, conventions, and meetings. 439,598. 10,133. 15,712. 20 Interest. 115,300. 115,300. 21 Payments to affiliates. NONE 22 Depreciation, depletion, and amortization. 1,195,193. 1,195,193. 23 Insurance 524,456. 373,513. 150,943. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,764,030. 2,333,438. 173,963. b ART PURCHASES 2,853,029. 2,853,029. 2,853,029.	9,625
NONE	336,431
NONE 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 439,598. 10,133. 15,712. 115,300. 115,300. 115,300. 115,300. 115,300. 127,000 128,000 129,000 1	
17 Travel 172,073. 125,427. 39,797. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials NONE 10,133. 15,712. 19 Conferences, conventions, and meetings 439,598. 10,133. 15,712. 20 Interest 115,300. 115,300. 21 Payments to affiliates NONE 22 Depreciation, depletion, and amortization 1,195,193. 1,195,193. 23 Insurance 524,456. 373,513. 150,943. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,764,030. 2,333,438. 173,963. b ART PURCHASES 2,853,029. 2,853,029. 2,853,029.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings	
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2 MISCELLANEOUS EXPENSES 2 ART PURCHASES 2 10,133 10,133 115,712 115,300 115,300 115,300 115,300 115,300 115,300 115,300 115,300 115,300 12,495,193 1,195,193 1,195,193 1,195,193 1,195,193 1,195,193 1,195,193 2,24,456 373,513 150,943 173,963 2,764,030 2,333,438 173,963	6,849
19 Conferences, conventions, and meetings	
20 Interest	412 752
21 Payments to affiliates NONE 22 Depreciation, depletion, and amortization 1,195,193 1,195,193 23 Insurance 524,456 373,513 150,943 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,764,030 2,333,438 173,963 a MISCELLANEOUS EXPENSES 2,764,030 2,333,438 173,963 b ART PURCHASES 2,853,029 2,853,029	413,753
22 Depreciation, depletion, and amortization 1,195,193. 1,195,193. 23 Insurance 524,456. 373,513. 150,943. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 2,764,030. 2,333,438. 173,963. a MISCELLANEOUS EXPENSES 2,764,030. 2,853,029. 2,853,029.	
23 Insurance 524,456. 373,513. 150,943. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS EXPENSES 2,764,030. 2,333,438. 173,963. b ART PURCHASES 2,853,029. 2,853,029.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS EXPENSES b ART PURCHASES 2,764,030. 2,333,438. 173,963. 2,853,029. 2,853,029.	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS EXPENSES 2,764,030. 2,333,438. 173,963. b ART PURCHASES 2,853,029. 2,853,029.	
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS EXPENSES	
(A), amount, list line 24e expenses on Schedule O.) a MISCELLANEOUS EXPENSES 2,764,030. 2,333,438. 173,963. b ART PURCHASES 2,853,029. 2,853,029.	
a MISCELLANEOUS EXPENSES 2,764,030. 2,333,438. 173,963. b ART PURCHASES 2,853,029. 2,853,029.	
b ART PURCHASES 2,853,029. 2,853,029.	256,629
c PROPERTY EQUIPMENT RENTAL&MA 1,454,668. 1,108,393. 346,275.	
d OTHER EXPENSE 140,384. 65,473. 74,115.	796
e All other expenses	
	035,990
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	

Form 990 (2021) 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) End of year					
	1	Cash - non-interest-bearing	18,246.	1	925,047.					
	2	Savings and temporary cash investments	22,634,236.	2	22,678,117.					
	3	Pledges and grants receivable, net	7,754,824.	3	5,264,406.					
	4	Accounts receivable, net	1,321,238.	4	1,688,609.					
	5	Loans and other receivables from 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	NONE	5	NONE					
	6	Loans and other receivables from other disqualified persons (as defined								
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE					
ţ	7	Notes and loans receivable, net	NONE	7	NONE					
Assets	8	Inventories for sale or use	329,922.	8	245,049.					
As	9	Prepaid expenses and deferred charges	677,712.	9	2,814,208.					
	_	Land, buildings, and equipment: cost or other	****							
		basis. Complete Part VI of Schedule D 10a 25,563,454.								
	h	Less: accumulated depreciation 10b 16,683,467.	9,618,017.	100	8,879,987.					
	11	Investments - publicly traded securities SEE SCHEDULE .Q	214,085,603.	11	169,317,071.					
	12	Investments - other securities. See Part IV, line 11	71,178,677.	12	63,882,833.					
	13	· · · · · · · · · · · · · · · · · · ·			NONE					
	14	Intangible assets	s - program-related. See Part IV, line 11. NONE 1							
	15	Other assets. See Part IV, line 11	197,463.	15	NONE 238,140.					
	16	· · · · · · · · · · · · · · · · · · ·	327,815,938.	16	275,933,467.					
_		Total assets. Add lines 1 through 15 (must equal line 33)								
	17	Accounts payable and accrued expenses	2,559,299.	17	3,139,043.					
	18	Grants payable	NONE		NONE					
	19	Deferred revenue SEE SCHEDULE Q	338,771.	19	289,288.					
	20	Tax-exempt bond liabilities	NONE		NONE					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE					
Liabilities	22	Loans and other payables to any current or former officer, director,								
≣		trustee, key employee, creator or founder, substantial contributor, or 35%								
įģ.		controlled entity or family member of any of these persons	NONE		NONE					
_	23	Secured mortgages and notes payable to unrelated third parties	6,295,746.	23	5,083,280.					
	24	Unsecured notes and loans payable to unrelated third parties	1,136,051.	24	NONE					
	25	Other liabilities (including federal income tax, payables to related third								
		parties, and other liabilities not included on lines 17-24). Complete Part X								
		of Schedule D	422,152.		443,197.					
	26	Total liabilities. Add lines 17 through 25	10,752,019.	26	8,954,808.					
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.								
ılan	27	Net assets without donor restrictions	27,237,129.	27	19,741,865.					
Ba	28	Net assets with donor restrictions.	289,826,790.	28	247,236,794.					
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	, ,		, ,					
ō	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						
λA	32	Total net assets or fund balances	317,063,919.	32	266,978,659.					
Ž	33	Total liabilities and net assets/fund balances	327,815,938.	33	275,933,467.					
	100	Total nashinto and not according salahoos, , , , , , , , , , , , , , , , , , ,	J41,U1J,JJ0.		Form 990 (2021)					

Form **990** (2021)

Form 990 (2021) 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				<u>410</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	1,0	51,	<u> 158</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1	9,0	08,	<u> 252</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31	7,0	63,	<u>919</u> .
5	Net unrealized gains (losses) on investments	5	-6	9,0	93,	<u>512</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	26	6,9	78,	<u>659</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
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					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi					
	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	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	_		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	he			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao t	the			
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such as			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Nam	Name of the organization Employer identification number						
DAI	DALLAS MUSEUM OF ART 75-0808774						
Pa	rt I Reason for Public Cha	rity Status. (All o	organizations must	complet	te this p	art.) See instructions	S.
The	organization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1	A church, convention of chu	urches, or associat	tion of churches descr	ribed in s	ection 1	70(b)(1)(A)(i).	
2	A school described in secti						
3	A hospital or a cooperative						
4	A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed i	n section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and st						
5	An organization operated t		a college or universit	ty owner	d or ope	erated by a governme	ental unit described in
	section 170(b)(1)(A)(iv). (C						
6	A federal, state, or local go						
7	x An organization that norma	-	•	ipport fro	om a go	vernmental unit or fro	om the general public
_	described in section 170(b)			5			
8	A community trust describe						
9	An agricultural research org	=			-	-	-
	or university or a non-land-	grant college of ag	friculture (see instruct	iions). Ei	nter the	name, city, and state o	t the college or
10	university: An organization that norma receipts from activities rela	Ily receives (1) mo	ore than 331/3 % of its unctions, subject to c	support ertain ex	from con	ntributions, membersh s: and (2) no more thar	ip fees, and gross
	support from gross investment acquired by the organization	nent income and ui on after June 30, 19	nrelated business tax 975. See section 509 (able incc (a)(2). (0	ome (les Complete	s section 511 tax) from Part III.)	businesses
11	An organization organized	•	•	•		` '` '	
12	An organization organized a						
	one or more publicly suppor	-					
	the box on lines 12a throug					•	=
а	Type I. A supporting orga		=	-		= ::	
	the supported organization				ajority of	the directors or truste	es of the
	supporting organization.	-					()
b	Type II. A supporting org						
	control or management of			tne sam	e persor	ns that control or man	age the supported
_	organization(s). You must			م ما اممه		n with and functions	المانين لمعمومه ما يباله
С	Type III functionally integ						ny integrated with,
d	its supported organization Type III non-functionally		-				tod organization(s)
u	that is not functionally inte	=		•			= ::
	requirement (see instruct	-		-		•	an attentiveness
е	Check this box if the orga	•	•				I Type III
·	functionally integrated, or						ii, Typo iii
f	Enter the number of supported						
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
			(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			abovo (doo maradiono))	Yes	No	, mondonorio,	motradione)
(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)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,813,656.	37,660,150.	28,862,174.	16,025,105.	22,992,620.	126,353,705.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge	3,388,685.	3,004,018.	2,801,740.	2,983,404.	2,955,517.	15,133,364.
4	Total. Add lines 1 through 3	24,202,341.	40,664,168.	31,663,914.	19,008,509.	25,948,137.	141,487,069.
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)						10,428,043.
6	Public support. Subtract line 5 from line 4						131,059,026.
	tion B. Total Support	() 0047	(1) 0040	() 0040	(1) 0000	() 0004	(O.T.).
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	24,202,341.	40,664,168. 5,468,136.	31,663,914. 4,168,038.	19,008,509. 3,831,927.	25,948,137. 11,235,409.	141,487,069. 29,044,678.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	149,032.	218,851.	123,480.	60,403.	225,804.	777,570.
11	Total support. Add lines 7 through 10						171,309,317.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	15,964,685.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Supp		•				
14	Public support percentage for 2021 (lin		•			14	76.50 %
15	Public support percentage from 2020					15	80.12 %
16a	331/3% support test - 2021. If the org	•					
_	box and stop here. The organization qu						
b	331/3% support test - 2020. If the org						
47.	this box and stop here. The organization	•		_			
1 <i>1</i> a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						-
	Part VI how the organization meets t			-	-	-	
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organization mosts					-	
	in Part VI how the organization meets			•	•		
40	organization						
18	Private foundation. If the organizatio instructions						

22

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
_	Gifts, grants, contributions, and membership fees	(a) 2017	(5) 2010	(6) 2013	(d) 2020	(6) 2021	(i) rotai
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	· · · ·						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	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						
ıa	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.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
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	•	•		•		` ` `
	organization, check this box and stop here						▶ 🔼
	tion C. Computation of Public Supp					T T	
15	Public support percentage for 2021 (line 8,					15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					•	%
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and see instru	uctions 🕨 🔃

JSA 1E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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
g <i>y</i>			
	1		
s d			
	2		
r	3a		
d e			
	3b		
)	3с		
lf			
	4a		
n n			
	4b		
n d s)			
	4c		
" V			
); n			
	5a		
y	5b		
	5с		
c b r			
	6		
r ⁄			
	7		
9	8		
e s			
	9a		
1	9b		
t	9c		
1			
b	10a		
0			
dul.	10b		
4	^ / E	rm 000	. 2024

Part	V Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u></u>	provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		V	NI -
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on 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 Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
	11 0 1 7	3		
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			-1
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e msu	Yes	
2	Activities Test. Answer lines 2a and 2b below.		163	140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
-		_u		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3				
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			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S				
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Se	ction 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					
	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7		7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ction C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
_	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona		ted Type III supporting	g organization			
	(see instructions).	J 3	21				

Schedule A (Form 990) 2021

26

08/10/2023 11:50:21

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish ex	1					
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	5					
6	Other distributions (describe in Part VI). See instructions.		6				
7	Total annual distributions. 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 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		10				
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

08/10/2023 11:50:21 27

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

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** 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), 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), 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).

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

Schedule B (Form 990) (2021)

Name of organization

DALLAS MUSEUM OF ART

Employer identification number 75-0808774

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$3,930,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$893,580.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$1,409,175.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$509,981.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	N/A	\$504,272.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6_	N/A	\$1,245,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

DALLAS MUSEUM OF ART

Employer identification number 75-0808774

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 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
8 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
9 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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for

Name of organization

DALLAS MUSEUM OF ART

DALLAS MUSEUM OF ART

75-0808774

art II	Noncash Property	(see instructions)	. Use duplicate co	opies of Part II if a	dditional 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
		\$	

Name of organization Employer identification number DALLAS MUSEUM OF ART 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. (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. 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

IValli	ne of the organization	inployer identification flumber
DA:	ALLAS MUSEUM OF ART	75-0808774
Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Acc	counts.
	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 d	onor 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 funds	
٠	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any c	
	conferring impermissible private benefit?	
D	Part Conservation Easements.	103
Г	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).	
•		historically important land area
		historically important land area certified historic structure
		certined historic structure
•	Preservation of open space	form of a concentration
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
a		
b	, , , , , , , , , , , , , , , , , , , ,	
С	(
d	, , ,	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or terminate	ed 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?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conse	rvation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	∐ Yes ∐ No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and exp	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial st	atements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other Si	nilar 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 sta	atement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or service, provide in Part XIII the text of the footnote to its financial statements that describes these	esearch in furtherance of public
_	•	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue states art, historical treasures, or other similar assets held for public exhibition, education, or researce	ment and balance sneet works of h in furtherance of public service
	provide the following amounts relating to these items:	in in randictance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar asse	
-	following amounts required to be reported under FASB ASC 958 relating to these items:	to io. inianolai gain, provide the
а	D	> \$
	Assets included in Form 990 Part X	• • • • • • • • • • • • • • • • • • •

Pa	rt III Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	asures,	or Other	Similar A	ssets (c	continued	1)
3	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	X Public exhibition	x Public exhibition d x Loan or exchange program								
b	x Scholarly research		е	Other						
С	x Preservation for future general	rations								
4	Provide a description of the organ	nization's collections	s and expla	ain how t	hey furth	ner the or	ganization's	exempt	t purpose	in Part
	XIII.									
5	During the year, did the organization	n solicit or receive	donations o	of art, histo	orical trea	asures, or	other simila	ar		
	assets to be sold to raise funds rath	er than to be maint	ained as pa	irt of the c	rganizat	ion's colle	ction?		Yes	X No
Pa	rt IV Escrow and Custodial A	•								
	Complete if the organiza	tion answered "Ye	es" on For	m 990, P	art IV, li	ne 9, or r	eported ar	n amour	nt on Fori	m
	990, Part X, line 21.									
1 a	Is the organization an agent, trus							ets not _	_	
	included on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in	n Part XIII and com	plete the fo	llowing tab	ole:					
								Amount		
С	Beginning balance					lc				
d	Additions during the year				_	ld				
е	Distributions during the year					le				
f	Ending balance					lf				
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Check h	ere if the e	xplanation	has beer	n provided	on Part XIII			
Pa	rt V Endowment Funds.	C			N. 4 IV / I	40				
	Complete if the organiza		1				T	1		
		(a) Current year	(b) Pric	r year		years back	(d) Three ye	ars back	(e) Four ye	ears back
1 a	Beginning of year balance	289,210,430.	231,6	01,944.		9,475.	209,028		193,92	
b	Contributions	1,417,173.	3,7	44,651.	13,26	3,983.	7,59	5,058.	3,35	8,797.
С	Net investment earnings, gains,									
	and losses	-45,945,647.	61,9	89,327.	7,14	6,549.	11,73	0,548.	20,05	2,823.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	9,879,440.	7,7	19,670.	8,83	8,957.	7,96	4,924.	8,30	8,074.
f	Administrative expenses	555,317.	4	05,822.	35	9,106.				
g	End of year balance	234,247,199.	289,2	10,430.	231,60	1,944.	220,389	9,475.	209,02	8,793.
2	Provide the estimated percentage	of the current year	end balanc	e (line 1g,	column (a)) held as	: :			
а	Board designated or quasi-endown		_%							
b	Permanent endowment ► 68.5	000_%								
С	Term endowment ► 24.1700									
	The percentages on lines 2a, 2b, a	•								
3a	Are there endowment funds not in	the possession of t	he organiza	ation that	are held	and admii	nistered for t	the	-	
	organization by:									es No
	(i) Unrelated organizations								3a(i)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	•	•						3b	
4	Describe in Part XIII the intended u		ition's endo	wment fur	nds.					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value									
		(inves	tment)		ther)	depi	reciation			
1 a	Land				NON					
b	Buildings				NON		NONE			NONE
С	Leasehold improvements				03,525		61,932.		7,241	
d	Equipment			1	34,657		11,308.		623	,349.
<u>e</u>	Other				25,272		10,227.		1,015	
Tota	I Add lines 1a through 1e (Column	(d) must equal For	n 990 Part	X column	n(R) line	10c)			2 270	0.27

Schedule D (Form 990) 2021

	- Other Securities. the organization answered	d "Yes" on Form 990	, Part IV, line 11b. See Form 990	, Part X, line 12.	
(a) Description of	security or category ame of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial derivatives					
(2) Closely held equity inter					
(3) Other					
(A) CORPORATE BOND	S&OTHER DEBT SEC	37,388,227.	FMV		
(B) ALTERNATIVE IN		26,494,606.	FMV		
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (b) must equal Forn	m 990, Part X, col. (B) line 12.)	63,882,833.			
	- Program Related.		, Part IV, line 11c. See Form 990	. Part X. line 13.	
	on of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	tion:	
<u>(1)</u>					
(2)					
_(3)					
_(4)					
_(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form	n 990, Part X, col. (B) line 13.) 🔒 🕨				
Part IX Other Assets Complete if t		d "Yes" on Form 990	, Part IV, line 11d. See Form 990	, Part X, line 15.	
	(a) De	escription		(b) Book value	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equ	ual Form 990, Part X, col. (B) i	line 15.)			
Part X Other Liabilit					
Complete if t line 25.	the organization answered	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,	
1.	(a) Descrip	otion of liability		(b) Book value	
(1) Federal income taxes					
(2)DUE TO OTHER FUN	DS-ART FACTS			443,197.	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(0)					

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	-16,079,266.		
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				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d	2e	-65,583,359.		
3	Subtract line 2e from line 1	3	49,504,093.		
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 555, 317.				
b	Other (Describe in Part XIII.)	-			
C	Add lines 4a and 4b	4c	555,317.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	50,059,410.		
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.				
1	Total expenses and losses per audited financial statements	1	33,985,748.		
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	-			
	Other (Describe in Part XIII.)		2 400 007		
	Add lines 2a through 2d	2e 3	3,489,907.		
3	Subtract line 2e from line 1	3	30,495,841.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 555, 317.				
	and the state of t	1			
b	Cition (Booking in Late Allin)	4c	555,317.		
С 5	Add lines 4a and 4b	5	31,051,158.		
	Supplemental Information.		01/001/1001		
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	rant v	iline 4; Part X, line		

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 OR PERMANENTLY 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 MUSEUMS 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. WOKS OF ART ARE SUBJECT TO A POLICY THAT

REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR

COLLECTIONS.

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:

DMA, THE LEAGUES, AND DMA'S WHOLLY-OWNED TAXABLE SUBSIDIARIES ARE 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

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)

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 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, 2022 AND 2021. 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: \$451,935

TOTAL: \$451,935

RECONCILIATION OF EXPENSES

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

RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$451,935

REMOVAL OF ART-FACTS, INC. INCOME: (\$ 20,245)

TOTAL: \$431,690

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer identification	on number
DALLAS MUSEUM OF ART					75-080877	
Part I Fundraising Activities. Com Form 990-EZ filers are not r				Yes" on Form 99	00, Part IV, line 1	7.
1 Indicate whether the organization ra				activities. Check a	all that apply.	
a Mail solicitations	e		_	non-government g		
b Internet and email solicitations	f			government grants		
c Phone solicitations	g	Spe	cial fundra	ising events		
d In-person solicitations						
 Did the organization have a written or key employees listed in Form 990 If "Yes," list the 10 highest paid incompensated at least \$5,000 by the 	0, Part VII) or entity lividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			.			
3 List all states in which the organizate registration or licensing.	ation is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990) 2021 DALLAS MUSEUM OF ART 75-0808774 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ART BALL ART IN BLOOM (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 1,680,917. 288,191. 1,969,108. 2 Less: Contributions3 Gross income (line 1 minus 806,840. 141,214. 948,054. 874,077. 146,977. 1,021,054. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 148,255. 34,164. 182,419. 8 Entertainment 41,838. 41,838. 9 Other direct expenses 388,185. 51,806. 439,991. 10 Direct expense summary. Add lines 4 through 9 in column (d) \triangleright 664,248. 11 Net income summary. Subtract line 10 from line 3, column (d) 356,806. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а Nο If "No," explain: b

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990) 2021

10a

If "Yes," explain:

Sched	edule G (Form 990 or 990-EZ) 2021 DALLAS MUSEUM OF ART 7	5-0808774	Page 3
11 12	Does the organization conduct gaming activities with nonmembers?		No
12	formed to administer charitable gaming?	Yes _	No
13 a	Indicate the percentage of gaming activity conducted in: The organization's facility		%
a b			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ►		
	Address ▶		
15 a	a Does the organization have a contract with a third party from whom the organization receives gami		
	revenue?	Yes	No
b	· · · · · · · · · · · · · · · · · · ·	:he	
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶\$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
	retain the state gaming license?		No
b		tions	
	or spent in the organization's own exempt activities during the tax year ▶ \$		
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional i (see instructions).		
	(

Schedule G (Form 990 or 990-EZ) 2021

SCHEDULE I (Form 990)

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

2021

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
DALLAS MUSEUM OF ART						75-0808774	
Part I General Information on Grants and	l Assistanc	е					
 Does the organization maintain records to su the selection criteria used to award the grants Describe in Part IV the organization's proced 	s or assistand	ce?					X Yes No
Part II Grants and Other Assistance to De Part IV, line 21, for any recipient the		_					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)							
 Enter total number of section 501(c)(3) and of Enter total number of other organizations list 	•	•					

Schedule I (Form 990) (2021) DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 awards to artists	10	33,500.		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

Schedule I (Form 990) (2021) DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

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

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

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 J (Form 990)

Compensation InformationFor 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

Employer identification number

75-0808774

Part	Questions Regarding Compensation			
			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	46		
2	explain	1b		
2	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 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.			
	X Compensation committee X Written employment contract			
	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:			
а	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 224 in 504/2/(0) 504/2/(4) and 504/2/(00) annuitable month annulate lines 5.0			
_	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		X
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		X
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			37
•	in Part III	8		X
9	Regulations section 53.4958-6(c)?	9		
		7		

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 DALLAS MUSEUM OF ART 75-0808774 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 of W-2 a	nd/or 1099-MISC and/or	1099-NEC 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 ARTEAG	(i)	514,347.	85,000.	41,667.	12,200.	7,384.	660,598.	NONE
1 EXECUTIVE DIRECTOR	(ii)							
	(i)	279,476.	NONE	NONE	11,802.	1,040.	292,318.	NONE
2 DEPUTY DIRECTOR	(ii)							
AMIR TABEI	(i)	155,402.	NONE	NONE	6,837.	5,478.	167,717.	NONE
3 CHEIF INFORMATION OFFICER	(ii)							
SARAH SCHLEUNING	(i)	136,191.	NONE	NONE	5,966.	10,902.	153,059.	NONE
4 TMARGOT B PEROT SENIOR CURATOR	(ii)							
CYNTHIA CALABRESE	(i)	231,422.	NONE	NONE	9,630.	1,040.	242,092.	NONE
5 DIRECTOR OF DEVELOPMENT	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
15	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021 DALLAS MUSEUM OF ART 75-0808774 Page **3**

Part | 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 M (Form 990)

Noncash Contributions

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

2021

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

DALLAS MUSEUM OF ART

Attach to Form 990.

Employer identification number

75-0808774

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 contr			
1	Art - Works of art	Х			N/A			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ŭ	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		29	643,144.	FMV			
10	Securities - Closely held stock			043,144.	I IIV			
11	Securities - Partnership, LLC,							
• • •	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
13	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 ►(SEE SUPP PAGE)		27.	35,096.				
26	Other ►()		27.	33,000.				
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the ora	anization during the tax ve	ear for contributions for				
23	which the organization completed F				29			
	which the organization completed i	01111 0200,	art v, Bonoo Moknowicage		- 1	,	Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I. line	s 1 through			
	28, that it must hold for at least the				- 1			
	to be used for exempt purposes for	-				30a		Х
b	If "Yes," describe the arrangement i		gramag passas in the same					
31	Does the organization have a		ance policy that require	es the review of any	nonstandard			
•	contributions?	-				31	х	
32a	Does the organization hire or use							
	contributions?	•	•			32a	Х	
b	If "Yes," describe in Part II.							
33		amount in c	olumn (c) for a type of pro	perty for which column (a)) is checked.			
	describe in Part II.							
	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2021

Part II

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

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.

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

SCHEDULE M, PART I	- OTHER NO	NCASH CONTRIBUTIONS		
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AUCTION DONATIO	X	27	35,096.	
TOTALS	==		35,096.	

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.

OMB No. 1545-0047

2021

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

75-0808774

FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2:

THE FOLLOWING TRUSTEES HAVE FAMILY RELATIONSHIPS:

- DEEDIE ROSE & CATHERINE ROSE

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 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,

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

Employer identification number

DALLAS MUSEUM OF ART 75-0808774

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.

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number

75-0808774

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.

Name of the organization

DALLAS MUSEUM OF ART

75-0808774

Employer identification number

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

TTHE DALLAS MUSEUM OF ART ORGANIZES AND PRESENTS INNOVATIVE EXHIBITIONS AND PROGRAMS FOR THE ENRICHMENT OF THE DALLAS COMMUNITY. LAST YEAR, 22 EXHIBITIONS WERE PRESENTED BY THE MUSEUM, 13 EXHIBITIONS DRAWN PRIMARILY FROM ITS OWN COLLECTIONS OR WITH LOANS, AND AN ADDITIONAL THREE NATIONALLY AND INTERNATIONALLY TOURING EXHIBITIONS WERE PRESENTED AT THE DMA OR TOURING. THE COLLECTION INCLUDES OVER 25,000 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 IS ALSO AT THE CENTER OF THE EXHIBITION AND EDUCATION PROGRAMS FOR VISITORS INCLUDING GALLERY TALKS AND ART-MAKING ACTIVITIES.

LINE 4B, PROGRAM SERVICE

._____

EVEN AS THE PANDEMIC CONTINUED TO HAVE AN EFFECT IN FY22, THE DMA WAS FULLY OPEN FOR VISITORS SIX DAYS A WEEK WITH ONE LATE NIGHT A WEEK, WHICH HAS MOVED TO FRIDAYS. IN ADDITION, PROGRAMMING LIKE LATE NIGHTS AND GALLERY TOURS GRADUALLY RETURNED THIS PAST YEAR. THE DMA OFFERED APPROXIMATELY 1,974 ONSITE PROGRAMS CONNECTING VISITORS WITH THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS SERVING 100,069 PEOPLE. WE CONTINUED TO OFFER VIRTUAL PROGRAMMING WHICH SERVED 14,371 VISITORS. PRE K - 12 STUDENT AND TEACHER PROGRAMS PROVIDED CREATIVE EXPERIENCES FROM DOCENT-LED TOURS TO ARTURO'S PRESCHOOL FOR OVER 28,792 STUDENTS AND TEACHERS FROM PUBLIC AND PRIVATE SCHOOLS IN DALLAS AND ITS SURROUNDING COUNTIES. THE DMA OFFERS PROGRAMS FOR VISITORS IN ALL STAGE OF LIFE, INCLUDING PROGRAMS DEDICATED TO BABIES, TODDLERS, AND CHILDREN UNDER THE AGE FIVE EXPLORING CREATIVE EXPRESSION AND OUR CONNECTION TO ART. WE ALSO ENGAGED OVER 2,381 INDIVIDUALS THROUGH ACCESS PROGRAMS, WHICH ARE SPECIALLY 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 38,313 INDIVIDUALS THROUGH PROGRAMS OUTSIDE OF THE

Name of the organization

DALLAS MUSEUM OF ART

75-0808774

FORM 990, PART III - PROGRAM SERVICE

MUSEUM, INCLUDING FESTIVALS AND PARTNERSHIPS WITH AREA CULTURAL AND COMMUNITY ORGANIZATIONS. THE GO VAN GOGH OUTREACH PROGRAM, WHICH SERVED APPROXIMATELY 3,500 STUDENTS IN FY22, IS A SIGNATURE VEHICLE FOR THE MUSEUM'S OUTREACH TO DFW AREA STUDENTS. COMMUNITY PARTNERS INCLUDE UT SOUTHWESTERN MEDICAL SCHOOL, DALLAS INDEPENDENT SCHOOL DISTRICT, RESOURCE CENTER, THE STEWPOT, DALLAS PUBLIC LIBRARY, THE PAN-AFRICAN CONNECTION, REFUGEE SERVICES TEXAS, HEART HOUSE, THE JAPAN-AMERICAN SOCIETY OF DALLAS/FORT WORTH, AND MANY OTHERS.

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

AME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MASTERPIECE INTERNATIONAL LTD		
2222 S SERVICE RD #270		
DALLAS, TX 75261	SHIPPING SERVICES	1,099,477.
MIGHAEL WALVED CONCEDUCATION IIC		
MICHAEL WALKER CONSTRUCTION, LLC 14901 QUORUM DR SUITE 580		
DALLAS, TX 75254	EXHIBIT CONSTRUCTION	1,065,476.
DALLAG, IX 13231	EMILDII CONDINOCTION	1,003,170.
TRC STAFFING SERVICES, INC		
4100 ALPHA RD #214		
DALLAS, TX 75244	STAFFING SERVICE	406,481.
MADDANIE CONCEDUCATION CEDITORS I ED		
TARRANT CONSTRUCTION SERVICES, LTD 2225 W PETER SMITH ST		
FORT WORTH, TX 76102	EXHIBIT CONSTRUCTION	331,197.
FORT WORTH, TA 70102	EARIBIT CONSTRUCTION	331,197.
DILLER SCOFIDIO + RENFRO LLC		
601 W 26TH ST		
NEW YORK, NY 10001	EXHIBIT DESIGN SVCS	299,818.

Name of the organization

DALLAS MUSEUM OF ART

75-0808774

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV

EQUITY SECURITIES 169,317,071. FMV

TOTALS 169,317,071.

289,288.

=========

TOTALS

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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
2021
Open to Public Inspection

DALLAS MUSEUM OF ART

Employer identification number 75-0808774

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
Part II Identification of Related Tax-Exempt Organizations. Complete if one or more related tax-exempt organizations during the tax year.	the organization and	swered "Yes" on Fo	orm 990, Part I\	/, line 34, becaus	e it had

(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	conti	g) 512(b)(13) rolled iity?
						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) 2021

Schedule R (Form 990) 2021 DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

(a) Name, address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e)	(f) Share of total	(g) Share of end-of-		h)	(i) Code V - UBI		(j) eral or	(k) Percentage
related organization	a.y dounty	domicile (state or foreign country)	entity	income (related, unrelated, excluded from tax under sections 512 - 514)	income	year assets		allocations? amount in box 20 of Schedule K-1 (Form 1065)				ownership
		, , ,		,			Yes	No		Yes	No	
(1)												
(2)												
]											
(3)												
]											
(4)												
(5)												
(6)												
	1											
(7)												
•	1											

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

				, ,				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(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	Section 512(b)(13) controlled entity?
								Yes No
(1) MUSEUM SERVICES CORPORATION 75-2246413								
1717 N. HARWOOD DALLAS, TX 75201	HOLDING COMPA	TX	DMA	C CORP	NONE	1,000.	100.0000	
(2) MUSEUM BEVERAGES, INC. 75-2246413								
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	20,245.	443,197.	100.0000	
(4) DALLAS ART MUSEUM LEAGUE								
1717 N. HARWOOD DALLAS, TX 75201	INACTIVE	TX	DMA	ASSOCIATION			100.0000	
(5)								
(6)								
(7)								

75-0808774 Page 3 Schedule R (Form 990) 2021 DALLAS MUSEUM OF ART

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

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

1	During the tax year, did the organization engage in any of the following transactions with one or more re	lated organizations lis	ted in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.				1a		Х			
	Gift, grant, or capital contribution to related organization(s)									
	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
	Loans or loan guarantees by related organization(s)				1e		Х			
f	Dividends from related organization(s)				1f		Х			
	Sale of assets to related organization(s)				1g		Х			
	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s).				1i		Х			
i	Lease of facilities, equipment, or other assets to related organization(s).				1j	_	Х			
,	20000 of facilities, equipment, of other account foliated organization(o),									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х			
	Performance of services or membership or fundraising solicitations for related organization(s)					х				
					-	X	_			
	 m Performance of services or membership or fundraising solicitations by related organization(s). n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s). 									
	Sharing of paid employees with related organization(s)				1n 1o	X				
·	onaring of paid employees with related organization(s)									
n	Paimbureament haid to related arganization(e) for expanses				1р	х				
p Reimbursement paid to related organization(s) for expenses										
ч	Trelinbursement paid by related organization(3) for expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				1q	Х				
	Other transfer of cash or property to related organization(s)				1r		Х			
	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 thi	is line, including cove	red relationships and transa	ction thre						
	(a)	(b)	(c)		(d)					
	Name of related organization	Transaction	Amount involved	Method	of deter		j			
		type (a-s)		amou	IIIL IIIVOI	iveu				
(1)	N/A									
. ,										
(2)										
(3)										
(4)										
(5)										
(6)										
SA	<u> </u>		Sch	edule R (Form 9	90) 2	:02			

Yes No

Schedule R (Form 990) 2021 DALLAS MUSEUM OF ART 75-0808774 Page **4**

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.

	coctions 512 514)		Predominant income (related, nrelated, excluded from tax under excitions 512 - 514) (e) Are all partners section 501(c)(3) organizations? Yes No		(f) (g) Share of Share of end-of-year assets			(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 01111 1000)	Yes	No	
1											