

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2021

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01/2021 and ending 06/30/2022

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>DALLAS MUSEUM OF ART</u>			D Employer identification number <u>75-0808774</u>
	Doing Business As			E Telephone number <u>(214) 922-1200</u>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ <u>47,612,802.</u>
	<u>1717 NORTH HARWOOD ST.</u>			
City or town, state or province, country, and ZIP or foreign postal code <u>DALLAS, TX 75201</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>AGUSTIN ARTEAGA</u> <u>1717 NORTH HARWOOD ST., DALLAS, TX 75201</u>			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. (see instructions)	
J Website: <u>WWW.DMA.ORG</u>			H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1940</u> M State of legal domicile: <u>TX</u>	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE DALLAS MUSEUM OF ART IS A SPACE OF WONDER AND DISCOVERY WHERE ART COMES ALIVE.</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 65
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 65
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 335
	6 Total number of volunteers (estimate if necessary)	6 357
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 16,025,105. Current Year 22,992,620.
	9 Program service revenue (Part VIII, line 2g)	818,531. 2,927,677.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,901,407. 23,123,524.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,465. 1,015,589.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,890,508. 50,059,410.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		NONE NONE
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		15,380,085. 15,375,516.
16a Professional fundraising fees (Part IX, column (A), line 11e)		NONE NONE
b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,035,990.</u>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,760,399. 15,642,142.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,172,734. 31,051,158.	
19 Revenue less expenses. Subtract line 18 from line 12	3,717,774. 19,008,252.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 327,815,938. End of Year 275,933,467.
	21 Total liabilities (Part X, line 26)	10,752,019. 8,954,808.
	22 Net assets or fund balances. Subtract line 21 from line 20	317,063,919. 266,978,659.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	Check <input type="checkbox"/> if self-employed		PTIN <u>P00047431</u>
	Firm's name ▶ <u>BRUCE E BERNSTIEN & ASSOCIATES</u>	Firm's EIN ▶	
Firm's address ▶ <u>10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231</u>		Phone no. <u>214-706-0840</u>	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 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 \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 23,009,469.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part 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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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)? . .		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	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.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 16		X
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 "Yes," complete Form 6069.		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (65), 1b (65), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section 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), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

BRENDA BERRY 1717 NORTH HARWOOD ST. DALLAS, TX 75201
214-922-1200

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOROTEO AGUSTIN ARTEAGA EXECUTIVE DIRECTOR	40.00 NONE			X				641,014.	NONE	19,584.
(2) TAMARA WOOTTON-BONNER DEPUTY DIRECTOR	40.00 NONE			X				279,476.	NONE	12,842.
(3) CYNTHIA CALABRESE DIRECTOR OF DEVELOPMENT	40.00 NONE				X			231,422.	NONE	10,670.
(4) AMIR TABELI CHIEF INFORMATION OFFICER	40.00 NONE				X			155,402.	NONE	12,315.
(5) SARAH SCHLEUNING TMARGOT B PEROT SENIOR CURATOR	40.00 NONE					X		136,191.	NONE	16,868.
(6) KEN BENNETT DIR. OF FACILITY OPERATIONS	40.00 NONE					X		119,865.	NONE	12,883.
(7) NICOLE MYERS CHIEF CURATORIAL&RESEARCH OFFI	40.00 NONE					X		123,822.	NONE	6,707.
(8) JEFFREY BROWNLEE SENIOR APPLICATION DEVELOPER	40.00 NONE					X		116,620.	NONE	6,494.
(9) MARIA STAUFFER DIRECTOR OF COLLECTIONS MGMT	40.00 NONE					X		107,152.	NONE	5,521.
(10) SARAH PIETSCH CFO	40.00 NONE			X				19,538.	NONE	1,018.
(11) SHERYL ADKINS-GREEN VICE PRESIDENT	1.00 NONE	X		X				NONE	NONE	NONE
(12) FLAUREN BENDER TRUSTEE (DMA FAMILY FORUM)	1.00 NONE	X						NONE	NONE	NONE
(13) VICTOR ALMEIDA TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
(14) TARA BOND-FREEMAN TRUSTEE (DMA LEAGUE)	1.00 NONE	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) THADDEUS ARROYO ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(16) GONZALO BUENO ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(17) SHONN BROWN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(18) LUCY BURNS ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(19) LAUREL BUSH ----- TRUSTEE(DMA JUNIOR ASSOCIATES)	1.00 ----- NONE	X					NONE	NONE	NONE	
(20) JOHN W. CARPENTER III ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(21) JENNIFER CHANDLER ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(22) LEIGH ANNE CLARK ----- TRUSTEE(ART BALL)	1.00 ----- NONE	X					NONE	NONE	NONE	
(23) J. PATRICK COLLINS ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(24) MARY MCDERMOTT COOK ----- TRUSTEE(PRESIDENT, MAF)	1.00 ----- NONE	X					NONE	NONE	NONE	
(25) BELA COOLEY ----- TRUSTEE(ART BALL)	1.00 ----- NONE	X					NONE	NONE	NONE	
1b Sub-total							1,930,502.	NONE	104,902.	
c Total from continuation sheets to Part VII, Section A							NONE	NONE	NONE	
d Total (add lines 1b and 1c)							1,930,502.	NONE	104,902.	

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 ► 15

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) MACEY DAVIS TRUSTEE(CITY OF DALLAS OAC)	1.00 NONE	X					NONE	NONE	NONE	
(27) SHELLY HOGLUND DEE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(28) BRENT ENGLISH TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(29) JOHN R. EAGLE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(30) WALTER ELCOCK TRUSTEE (FORMER PRESIDENT)	1.00 NONE	X					NONE	NONE	NONE	
(31) JEFFREY S. ELLERMAN CHAIRMAN	1.00 NONE	X		X			NONE	NONE	NONE	
(32) GELA GALLARDO TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(33) ALLISON GAUGHAN TRUSTEE(JUNIOR LEAGUE DALLAS)	1.00 NONE	X					NONE	NONE	NONE	
(34) ARLENE FORD TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(35) KELLI FORD TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(36) KATHRYN W. HALL TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
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 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? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) THOMAS HARTLAND-MACKIE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(38) GENE JONES TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(39) ANN HOBSON TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(40) ERIC JOHNSON TRUSTEE (MAYOR, CITY OF DALLAS	1.00 NONE	X					NONE	NONE	NONE	
(41) SOPHIA JOHNSON TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(42) FERN JOHNSON TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(43) JUN IL KWUN TREASURER	1.00 NONE	X		X			NONE	NONE	NONE	
(44) WILLIAM M. LAMONT, JR. TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(45) AASEM KHALIL TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(46) GEORGE T. LEE, JR. TRUSTEE (FFA)	1.00 NONE	X					NONE	NONE	NONE	
(47) BARBARA THOMAS LEMMON TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
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 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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	5	

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) CHRISTINA LYNCH TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(49) CAROL R. LEVY TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(50) BRENDAN MCGUIRE TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(51) VENU MENON SECRETARY	1.00 NONE	X		X			NONE	NONE	NONE	
(52) JESSICA NOWITZKI TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(53) LOUIS MARSH TRUSTEE(DMA FAMILY FORUM)	1.00 NONE	X					NONE	NONE	NONE	
(54) ADRIANA PERALES TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(55) KELLI QUESTROM TRUSTEE	1.00 NONE	X					NONE	NONE	NONE	
(56) CINDY RACHOFSKY TRUSTEE(CO-HOST, TTA)	1.00 NONE	X					NONE	NONE	NONE	
(57) HARRY ROBINSON, JR. TRUSTEE(AFRICAN AMERICAN MUSEU	1.00 NONE	X					NONE	NONE	NONE	
(58) CATHERINE MARCUS ROSE TRUSTEE (FORMER PRESIDENT)	1.00 NONE	X					NONE	NONE	NONE	
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 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? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) DEEDIE P. ROSE ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(60) DANIEL ROUTMAN ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(61) ADRIAN SADA ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(62) MANJUSHA SHANKARADAS ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(63) GOWRI SHARMA ----- PRESIDENT	1.00 ----- NONE	X		X			NONE	NONE	NONE	
(64) MARCIA DUNN SOBEL ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(65) AMANDA SHUFELDT ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(66) NANCY SHUTT ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(67) GAYLE STOFFEL ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(68) MICHELLE THOMAS ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
(69) VAUGHN O. VENNERBERG II ----- TRUSTEE	1.00 ----- NONE	X					NONE	NONE	NONE	
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 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? <i>If "Yes," complete Schedule J for such individual</i>		
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? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	1,480,387.				
	c Fundraising events	1c	948,054.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e	6,057,217.				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	14,506,962.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 676,240.				
	h Total. Add lines 1a-1f			22,992,620.			
	Program Service Revenue			Business Code			
2a AUXILIARY REVENUE			900099	2,610,892.	2,610,892.		
b EDUCATION REVENUE			900099	316,785.	316,785.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				2,927,677.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			11,235,409.		11,235,409.	
	4 Income from investment of tax-exempt bond proceeds .			NONE			
	5 Royalties			NONE			
	6a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c	NONE	NONE			
	d Net rental income or (loss)			NONE			
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
					8,325,324.		
	b Less: cost or other basis and sales expenses	7b	-3,592,049.	29,258.			
	c Gain or (loss)	7c	11,917,373.	-29,258.			
	d Net gain or (loss)			11,888,115.		11,888,115.	
8a Gross income from fundraising events (not including \$ <u>948,054.</u> of contributions reported on line 1c). See Part IV, line 18	8a			1,021,054.			
		b Less: direct expenses	8b	664,248.			
		c Net income or (loss) from fundraising events			356,806.		356,806.
9a Gross income from gaming activities. See Part IV, line 19	9a			NONE			
		b Less: direct expenses	9b		NONE		
		c Net income or (loss) from gaming activities			NONE		
10a Gross sales of inventory, less returns and allowances	10a			884,914.			
		b Less: cost of goods sold	10b	451,935.			
		c Net income or (loss) from sales of inventory			432,979.	432,979.	
Miscellaneous Revenue			Business Code				
	11a MISCELLANEOUS REVENUE		900099	225,804.	225,804.		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			225,804.				
12 Total revenue. See instructions			50,059,410.	3,586,460.		23,480,330.	

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, and Total functional expenses.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	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
	7 Notes and loans receivable, net	NONE	7	NONE
	8 Inventories for sale or use	329,922.	8	245,049.
	9 Prepaid expenses and deferred charges	677,712.	9	2,814,208.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,563,454.		
	b Less: accumulated depreciation.	10b 16,683,467.		
	11 Investments - publicly traded securities.	9,618,017.	10c	8,879,987.
	12 Investments - other securities. See Part IV, line 11	214,085,603.	11	169,317,071.
	13 Investments - other securities. See Part IV, line 11	71,178,677.	12	63,882,833.
	14 Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	15 Intangible assets	NONE	14	NONE
16 Other assets. See Part IV, line 11	197,463.	15	238,140.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	327,815,938.	16	275,933,467.	
Liabilities	17 Accounts payable and accrued expenses	2,559,299.	17	3,139,043.
	18 Grants payable	NONE	18	NONE
	19 Deferred revenue	338,771.	19	289,288.
	20 Tax-exempt bond liabilities	NONE	20	NONE
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22 Loans and other 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	NONE	22	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.	25	443,197.
	26 Total liabilities. Add lines 17 through 25.	10,752,019.	26	8,954,808.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	27,237,129.	27	19,741,865.
	28 Net assets with donor restrictions.	289,826,790.	28	247,236,794.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	317,063,919.	32	266,978,659.
33 Total liabilities and net assets/fund balances.	327,815,938.	33	275,933,467.	

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	50,059,410.
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,051,158.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,008,252.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	317,063,919.
5	Net unrealized gains (losses) on investments	5	-69,093,512.
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	266,978,659.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number

75-0808774

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2021 (76.50%); 15 Public support percentage from 2020 Schedule A, Part II, line 14 (80.12%); 16a 33 1/3% support test - 2021 (checked); 16b 33 1/3% support test - 2020; 17a 10%-facts-and-circumstances test - 2021; 17b 10%-facts-and-circumstances test - 2020; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). 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) 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 - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 totaling \$5,000 or more during the year \$ _____

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

Name of organization <p style="text-align: center;">DALLAS MUSEUM OF ART</p>	Employer identification number <p style="text-align: center;">75-0808774</p>
---	---

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

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

Name of organization <p style="text-align: center;">DALLAS MUSEUM OF ART</p>	Employer identification number <p style="text-align: center;">75-0808774</p>
---	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 2,755,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/>	<hr/> <hr/> <hr/>	\$ <hr/>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

DALLAS MUSEUM OF ART

Employer identification number

75-0808774

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <p style="text-align:center;">DALLAS MUSEUM OF ART</p>	Employer identification number <p style="text-align:center;">75-0808774</p>
--	--

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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2021

JSA 1E1268 1.000

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	289,210,430.	231,601,944.	220,389,475.	209,028,793.	193,925,247.
b Contributions	1,417,173.	3,744,651.	13,263,983.	7,595,058.	3,358,797.
c Net investment earnings, gains, and losses	-45,945,647.	61,989,327.	7,146,549.	11,730,548.	20,052,823.
d Grants or scholarships					
e Other expenditures for facilities and programs	9,879,440.	7,719,670.	8,838,957.	7,964,924.	8,308,074.
f Administrative expenses	555,317.	405,822.	359,106.		
g End of year balance	234,247,199.	289,210,430.	231,601,944.	220,389,475.	209,028,793.

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

- a Board designated or quasi-endowment 7.3300 %
- b Permanent endowment 68.5000 %
- c Term endowment 24.1700 %

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

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

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		NONE		
b Buildings		NONE	NONE	NONE
c Leasehold improvements		18,603,525.	11,361,932.	7,241,593.
d Equipment		3,134,657.	2,511,308.	623,349.
e Other		3,825,272.	2,810,227.	1,015,045.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				8,879,987.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other _____		
(A) CORPORATE BONDS&OTHER DEBT SEC	37,388,227.	FMV
(B) ALTERNATIVE INVESTMENTS	26,494,606.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	63,882,833.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER FUNDS-ART FACTS	443,197.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	443,197.

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

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:			
a	Net unrealized gains (losses) on investments	2a	-69,093,512.	
b	Donated services and use of facilities	2b	3,058,218.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	451,935.	
e	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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	555,317.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		555,317.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5		50,059,410.

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

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

1	Total expenses and losses per audited financial statements		1	33,985,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	3,058,218.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	431,689.	
e	Add lines 2a through 2d	2e		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:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	555,317.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		555,317.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5		31,051,158.

Part XIII Supplemental Information.

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

SEE SUPPLEMENTAL PAGE

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 ENCYCLOPEDIA 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

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 G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" 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 (event type)	ART IN BLOOM (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	1,680,917.	288,191.	1,969,108.
	2	Less: Contributions	806,840.	141,214.	948,054.
	3	Gross income (line 1 minus line 2)	874,077.	146,977.	1,021,054.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	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)			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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	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)			

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

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

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number

75-0808774

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(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 government organizations listed in the line 1 table ▶
- Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2021

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 WORK 3.) RESUME 4.) TWO RECOMMENDATION LETTERS 5.) PROPOSAL AND BUDGET TO USE THE AWARD. ARTIST IS CHOSEN BY A COMMITTEE OF FAMILY

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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS MUSEUM OF ART

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

75-0808774

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DOROTEO AGUSTIN ARTEAG	(i)	514,347.	85,000.	41,667.	12,200.	7,384.	660,598.	NONE
1 EXECUTIVE DIRECTOR	(ii)							
TAMARA WOOTTON-BONNER	(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 CHIEF 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)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X			N/A
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	643,144.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
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 Other ▶ ()				
28 Other ▶ ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AUCTION DONATIO	X	27	35,096.	
TOTALS		27.	35,096.	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS MUSEUM OF ART

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Employer identification number

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

OMB No. 1545-0047

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.

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

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

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

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

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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

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DALLAS MUSEUM OF ART

75-0808774

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

Employer identification number

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

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MASTERPIECE INTERNATIONAL LTD 2222 S SERVICE RD #270 DALLAS, TX 75261	SHIPPING SERVICES	1,099,477.
MICHAEL WALKER CONSTRUCTION, LLC 14901 QUORUM DR SUITE 580 DALLAS, TX 75254	EXHIBIT CONSTRUCTION	1,065,476.
TRC STAFFING SERVICES, INC 4100 ALPHA RD #214 DALLAS, TX 75244	STAFFING SERVICE	406,481.
TARRANT CONSTRUCTION SERVICES, LTD 2225 W PETER SMITH ST FORT WORTH, TX 76102	EXHIBIT CONSTRUCTION	331,197.
DILLER SCOFIDIO + RENFRO LLC 601 W 26TH ST NEW YORK, NY 10001	EXHIBIT DESIGN SVCS	299,818.

Name of the organization

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FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
-----	-----	-----
EQUITY SECURITIES	169,317,071.	FMV

TOTALS	169,317,071.	
	=====	

Name of the organization

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

FORM 990, PART X - DEFERRED REVENUE

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
	289,288.

TOTALS	289,288.
	=====

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

DALLAS MUSEUM OF ART

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**

Employer identification number

75-0808774

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

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

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)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 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)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													