Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

A F	or th	ne 202	2 calendar year, or tax year begir	nning 07/01/20	22	and endir	ng		06/3	30/2023				
R c	heck if a	naliaabla	C Name of organization					Employer ide	ntificat	ion number				
	_		DALLAS MUSEUM OF ART											
	Addre		Doing Business As					75-0808774						
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone number						
	Initia	l return	1717 NORTH HARWOOD ST	Γ.				(21	4)9:	22-1200)			
	Term	inated	City or town, state or province, country, a	and ZIP or foreign postal code										
	Amer returi		DALLAS, TX 75201				G	Gross receipt	s \$	69,217,	035.			
	Appli pend	cation ing	F Name and address of principal officer:	н	(a) Is this a grou subordinates?	p return i	for Ye	es X No						
		-	1717 NORTH HARWOOD ST	T., DALLAS, TX	75201		н	(b) Are all subordi		ded? Ye	es No			
ı	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () (insert no.)	4947(a)(1) c	or 527	7	If "No," attacl	n a list. (s	see instructions	s)			
J	Websi	ite: 🕨	WWW.DMA.ORG				н	(c) Group exemp	tion num	ber 🕨				
K	Form	of organ	nization: X Corporation Trust	Association Other		L Year of	formation	n: 1940 M :	State of	legal domic	ile: TX			
Pa	art I	Su	mmary			'		•						
	1	Briefly	y describe the organization's mission o	r most significant activities	: THE D	ALLAS MU	JSEUM	OF ART I	SA	SPACE	OF			
ø			DER AND DISCOVERY WHERE		,									
anc														
ern	2	Check	this box if the organization d	iscontinued its operation	s or dispose	d of more tha	an 25% o	f its net assets	 i.					
Governance	3		per of voting members of the governing					1	3		65			
જ	4		per of independent voting members of t						4		65			
ties	5		number of individuals employed in cale						5		335			
Activities &	6		number of volunteers (estimate if necess					I	6		180			
Act	_		unrelated business revenue from Part V						7a					
			nrelated business taxable income from						7b					
		1101 01	Treated business taxable moonie from	1 01111 000 1, 11110 04 1				Prior Year	-	Current	Year			
	8	Contri	ibutions and grants (Part VIII, line 1h)					2,992,62	0		71,843.			
ηne	9		am service revenue (Part VIII, line 2g)			for		2,927,67			1,045.			
Revenue	10		tment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION		3,123,52			L7,250.			
Re	11		revenue (Part VIII, column (A), lines 5,					1,015,58			L9,384.			
	12							0,059,41						
	13		revenue - add lines 8 through 11 (must				3	33,50		27,819,412 26,400				
			s and similar amounts paid (Part IX, colu								NONE			
	14		its paid to or for members (Part IX, colu		1									
Expenses	15		es, other compensation, employee bene			15,375,516. NONE		10,70						
en	IOA	Profes	ssional fundraising fees (Part IX, column	n (A), line i ie)	07 070			INC	ME		NONE			
Ä			fundraising expenses (Part IX, column (I				1	1. 1.0 1.0						
	17		expenses (Part IX, column (A), lines 11					5,642,14			39,970.			
	18		expenses. Add lines 13-17 (must equal					1,051,15			9,980.			
<u>- 0</u>	19	Rever	nue less expenses. Subtract line 18 from	n line 12				9,008,25			00,568.			
ts o								ng of Current Y		End of				
sse	20						27	5,933,46			08,408.			
Net Assets or Fund Balances	21		liabilities (Part X, line 26)					8,954,80	_		18,005.			
_			ssets or fund balances. Subtract line 21	from line 20			26	6,978,65	9.	276,56	<u>50,403.</u>			
	rt II		gnature Block											
true	der pei e, corre	nalties o ect, and	of perjury, I declare that I have examined the complete. Declaration of preparer (other than	is return, including accompa n officer) is based on all inforr	anying schedu mation of whic	iles and staten ch preparer ha	nents, and s any knov	to the best of wledge.	my kno	owledge and	belief, it is			
				·		· ·	-							
Sig	n		Signature of officer					Doto						
He			Signature of officer					Date						
			-											
			Type or print name and title	T		- I			l p.T.					
Paic		Print/	Type preparer's name	Preparer's signature		Date			if PTI	IN				
	oarer	,						self-employe	d P	0004743	1			
	Only	Firm's	sname ▶ BRUCE E BERNSTIE	N & ASSOCIATES			F	irm's EIN 🕨						
		Firm's	s address 10440 N CENTRAL EXPR	RESSWAY STE 1040 DALLA	S, TX 75231	1	P	hone no.	214	1-706-0	840			
Мау	the I	RS dis	cuss this return with the preparer show	n above? (see instructions)	<u> </u>	<u> </u>	<u> </u>		X Yes	No			
For	Pape	rwork	Reduction Act Notice, see the separat	te instructions.						Form 9	90 (2022)			

Form 990 (2022) Page **2**

1	Briefly describe the organization's r	ains a response or note to any line in this Panission:		
•	SEE SCHEDULE O	notion.		
	SEE SCHEDULE O			
2		significant program services during the y		
	prior Form 990 or 990-EZ? If "Yes," describe these new service	s on Schedule O.		Yes X No
3	services?	ucting, or make significant changes in		
1	expenses. Section 501(c)(3) and	Schedule O. am service accomplishments for each of 501(c)(4) organizations are required to re any, for each program service reported.		
4a	(Code:) (Expenses \$_ SEE SCHEDULE O	28,830,238. including grants of \$) (Revenue \$	994,664.
łb	(Code:) (Expenses \$_ SEE SCHEDULE O	3,032,343. including grants of \$	26,400.) (Revenue \$	662,190.
ŀc	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	Other program services (Describe of	n Schedule O)		

JSA 2E1020 1.000 Form 990 (2022)
Part IV Checklist of Required Schedules

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
Ū	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
• •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	٠۵	21	
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more		- 21	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		- 21
<u> </u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	- 21
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 21	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 1	
12 a		122		v
h	Schedule D, Parts XI and XII	12a		X
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	u		- 22
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 22	
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2022)

Part IV Chocklist of Poquired Schodules (continued)

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Page 5 Form 990 (2022)

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, field of the caleadary year anding 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? 3a 3d X b if Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b 3d X b if Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b X b if Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b X b if Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation on Schedule 0 3b X b if Yes," has it filed a Form 980-T for this year? If "No" to line 3b, provide an explanation of other financial account)? 4a X b if Yes," the state of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR), 3d X X X X X X X X X	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? a Did the organization have unrelated business gross income of \$1,000 or more during the year?. b if Yes, has it filed a Form 990-T for this year? if Yes or bine 3b, provide an explanation on Schedule 0. 3b if Yes, has it filed a Form 990-T for this year? if Yes or bine 3b, provide an explanation on Schedule 0. 3b if Yes, has it filed a Form 990-T for this year? if Yes or bine 3b, provide an explanation on Schedule 0. 3b if Yes, the start of	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
3a Dis the organization have unrelated business gross income of \$1,000 or more during the year?. b If "Yes," has it filed a Form 99-1 for this year? If "No" to line 3b, provide an explanation on Schedule O. a At any time during the catendar year, did the organization have an interest in, or a signature or other authority own, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). Says the organization for the foreign country. See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Says the organization in the says that a sheller transaction at any time during the tax year? b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes' cill one Say or Sb, did the organization that it was or is a party to a prohibited tax shelter transaction? c 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 party as a contribution and partly for goods and services provided to the payor? 7 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 b If "Yes," did the organization of the year payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? b If If "Yes," did the organization of year good provides the payor and year payment to the year payment year payment year payment year payment year year year of the year year year year year year year yea		Statements, filed for the calendar year ending with or within the year covered by this return 2a 335			
b If "Yes," has if flied a Form 90-T for this year? If "No" to line 3b, provide an explanation or Schedule O. 4 a 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, socurities account, or other financial accounts (FBAR). 5 a Was the organization aparty to a prohibited tax sheler transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax sheler transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax sheler transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax sheler transaction? 6 if "Yes" to line 5 are 55, did the organization that it was or is a party to a prohibited tax sheler transaction? 6 if Yes" to line 5 are 55, did the organization that it was or is a party to a prohibited tax sheler transaction? 6 if Yes" to line 5 are 55, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible and the state or organization solicit any contributions that was 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? b if "Yes," indicate the number of Forms \$222 flied during the year. c Did the organization self, exchange, or otherwise dispose of tanglibe personal property for which it was required to life Form 8282? 6 if the erganization feeding any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 if X 7 if X 7 if Yes," indicate the number of Forms \$222 flied during the year. 6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 if X 7 if Yes," indicate the number of Forms \$222 flied during the year in the funds of the payor in the payor in the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
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??. b If "Yes," either the name of the foreign country See instructions for filing requirements for FIFCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization that the transaction at any time during the tax year?	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . b If "Yes," interest 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 originalization a party to a prohibited tax shelter transaction at any time during the tax year?	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
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?. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If 'Yes' to line 5a or 5b, did the organization file Form 8886-17? 6 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? 6 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). 8 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? 9 If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 10 If 'Yes,' indicate the number of Forms 8282 filed during the year 11 If 'Yes,' indicate the number of Forms 8282 filed during the year 12 Did the organization during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 13 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 14 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 15 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 16 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 17 If X If the organization receive any funds, directly or indirectly, to a personal benefit contract? 18 Sponsoring organization was a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 109		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	b	If "Yes," enter the name of the foreign country			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5 a or 5b, did the organization fire from 886-17. 5b		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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? 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 and services provided to the payor? 7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 9 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 b If the organization received an contribution of qualified intellectual property, did the organization funds. 12 b If the organization received a contribution of qualified intellectual property, did the organization funds. 13 b If the organization have excess business holdings at any time during the year? 14 c Sponsoring organization have excess business holdings at any time during the year? 15 Sponsoring organization make any taxable distributions under section 4966? 16 b Did the sponsoring organization make any taxable distributions under section 4966? 17 section 501(c)(7) organizations. Enter: 18 initiation fees and capital contributions included on Part VIII, line 12. 19 Gross receipts, included on Form 990, Part VIII, line 12. 10 Gross receipts, included on Form 990, Part VIII, line 12. 10 Gross receipts, included on Porm 990, Part VIII, line 12. 10 Gross receipts, included on Porm 990, Part VIII, line 12. 10 Gross receipts, included on Porm 990, Part VIII, line 12. 11 d B Section 501(c)(2)9 qua	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
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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	а		13a		
the organization is licensed to issue qualified health plans	_				
c Enter the amount of reserves on hand	b				
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that would result in the imposition of an excise tax under section 4951, 4952, or 4953?					
	17				
			17		

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Page 6 Form 990 (2022) DALLAS MUSEUM OF ART 75-0808774 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management

1a b	Enter the number of voting members of the governing body at the end of the tax year			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
		6		X
6 7-	Did the organization have members or stockholders?			- 21
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	, a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7b		Х
•	stockholders, or persons other than the governing body?	7.5		21
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	90	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O.</i>	,		37
Socti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	9 Codo	1	X
Jecu	on b. I oncies (This Section B requests information about policies not required by the internal Nevenue	Code	Yes	No
40.	D'd the come s'est's a heart has been been been shown in a "" store"	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	114	21	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	124	- 1	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	х	
	rise to conflicts?	120	- 1	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	v	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.0-		37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	46.		
Ca =41	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Continue 04.04 manufactor and approximation to marke its Former 4.000 (4.004 on 4.004 A. if applicable) 0.000 and 0.000 T	(coct	ion 5	01(c)
19	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or			olicy

and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20

BRENDA BERRY 1717 NORTH HARWOOD ST. DALLAS, TX 75201

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Form 990 (2022) DALLAS MUSEUM OF ART 75-0808774 Page **7**

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

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, box 6 of 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	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) DOROTEO AGUSTIN ARTEAGA	40.00									
EXECUTIVE DIRECTOR	NONE			X				667,727.	NONE	30,497.
(2) TAMARA WOOTTON-BONNER	40.00			21				007,727.	110111	30,137.
DEPUTY DIRECTOR	NONE			x				283,654.	NONE	20,115.
(3) BRENDA BERRY	40.00							200,0011	1,01,1	20,110.
CFO	NONE			Х				231,743.	NONE	NONE
(4) BRADLEY PITCHETT	40.00							,	-	
CHIEF EXPERIENCE OFFICER	NONE	1			X			182,889.	NONE	19,918.
(5) CYNTHIA CALABRESE	40.00									
CHIEF DEVELOPMENT OFFICER	NONE				X			176,135.	NONE	17,900.
(6) NICOLE MYERS	40.00									
CHIEF CURATORIAL&RESEARCH OFFI	NONE				X			171,639.	NONE	14,517.
(7) AMIR TABEI	40.00									
CHEIF INFORMATION OFFICER	NONE				X			148,376.	NONE	25,674.
(8) SARAH SCHLEUNING	40.00									
TMARGOT B PEROT SENIOR CURATOR	NONE					Х		119,772.	NONE	30,265.
(9) KEN BENNETT	40.00									
DIR. OF FACILITY OPERATIONS	NONE					Х		118,361.	NONE	22,287.
(10) ROSLYN WALKER	40.00									
SENIOR CURATOR OF THE ARTS OF	NONE					Х		114,634.	NONE	13,063.
(11) STACEY LIZOTTE	40.00									
CHIEF LEARNING OFFICER	NONE					Х		114,339.	NONE	13,052.
(12) VICTOR ALMEIDA	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(13) TARA BOND-FREEMAN	1.00									
TRUSTEE (DMA LEAGUE)	NONE	Х						NONE	NONE	NONE
(14) THADDEUS ARROYO	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE

Form **990** (2022)

Form 990 (2022) Page 8

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			((C)			(D)	(E)		(F)	
Name and title	Average	١,,			sition			Reportable	Reportable		stimated	
	hours per week (list any	,				e than c is both		compensation	compensation from	ar	nount o other	f
	hours for					tor/trust		from the	related organizations	com	pensati	ion
	related	or c	Inst	Officer	ξe _y	Hig	Former	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	hirec	lituti	cer	em	hest	mer	(W-2/1099-MISC)		_	anizatio d relate	
	line)	Individual trustee or director	Institutional		Key employee	ee					anizatio	
		uste.	[]		ee	npei						
		ď	stee			Highest compensated employee						
15)	1 00					<u> </u>						
15) GONZALO BUENO	1.00								27027			
TRUSTEE	NONE	X						NONE	NONE			NONE
16) SHONN BROWN	1.00								27027			
TRUSTEE	NONE	X						NONE	NONE			NONE
17) LUCY BURNS	1.00	- ,,						NONE	NONE			
TRUSTEE	NONE	X						NONE	NONE			NONE
18) LAUREL BUSH	1.00	- ,,						NONE	NONE			
TRUSTEE(DMA JUNIOR ASSOCIATES)	NONE	X						NONE	NONE			NONE
19) JOHN W. CARPENTER III	1.00	- ,,						NONE	NONE			370370
TRUSTEE	NONE	X						NONE	NONE			NONE
20) JENNIFER CHANDLER	1.00	- v						NONE	NONE			NIONIE
TRUSTEE	NONE	X						NONE	NONE			NONE
21) NANCY CARLSON TRUSTEE	1.00 NONE	X						NONE	NONE			NIONIE
22) J. PATRICK COLLINS	1.00	Λ						NONE	NONE			NONE
TRUSTEE	NONE	x						NONE	NONE			NONE
23) MARY MCDERMOTT COOK	1.00	Α.						INOINE	NONE			NONE
TRUSTEE(PRESIDENT, MAF)	NONE	x						NONE	NONE			NONE
24) ALANA FERNANDEZ-SODA	1.00							INOINE	NONE			INOINE
TRUSTEE	NONE	x						NONE	NONE			NONE
25) CATALINA GONZALEZ-JORBA	1.00	21						NONE	NONE			IVOIVE
TRUSTEE(DMA FMAILY FORUM)	NONE	X						NONE	NONE			NONE
1h Cub total						-	_	2,329,269.	NONE			288.
c Total from continuation sheets to Part VII, S					• •			NONE				NONE
d Total (add lines 1b and 1c)	_						•	2,329,269.	NONE			288.
2 Total number of individuals (including but not							o re		\$100,000 of			
reportable compensation from the organizatio									. ,			
											Yes	No
3 Did the organization list any former office	er. directo	or. or	trı	uste	e.	kev e	ame	lovee, or highes	t compensated			
employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the												
organization and related organizations gr												
individual							-	•		4		
= B' 1			0		·							

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

Section B. Independent Contractors

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

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

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

Form 990 (2022) Page **8**

Part VI Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and H	ligl	hest Compensat	ed Employees (d	continued)
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours per week (list any	,				e than or is both a		compensation from	compensation from related	amount of other
	hours for			d a d		or/truste	ee)	the	organizations	compensation
	related	Indi or c	Inst	Officer	Key	Highest employe	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	it l	cer	em	hest	mer	(W-2/1099-MISC)		organization and related
	line)	or tr	onal		Key employee	con				organizations
		Individual trustee or director	Institutional trustee		ee	per				
		Ф	tee			st compensated yee				
26) SHERYL ADKINS-GREEN	1.00					9				
VICE PRESIDENT	NONE	x		Х				NONE	NONE	NONE
27) BRENT ENGLISH	1.00	21		21				IVOIVE	NONE	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
28) JOHN R. EAGLE	1.00	- 21						110111	110111	110111
TRUSTEE	NONE	X						NONE	NONE	NONE
29) WALTER ELCOCK	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
30) JEFFREY S. ELLERMAN	1.00									
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
31) ARLENE FORD	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
32) KELLI FORD	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
33) KATHRYN W. HALL	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
34) JEREMY HALBREICH	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
35) GENE JONES	1.00	- ,,						NONE	NONE	NONE
TRUSTEE	NONE	X						NONE	NONE	NONE
36) ANN HOBSON TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
							_	NONE	NONE	NONE
1b Sub-total c Total from continuation sheets to Part VII, S	ection A	• • •	• • •		• •					
d Total (add lines 1b and 1c)	·=						-			
2 Total number of individuals (including but not							re	ceived more than	\$100.000 of	
reportable compensation from the organizatio						-,			,,	
										Yes No
3 Did the organization list any former office	er, directo	or, or	tru	ıste	e,	kev e	mp	lovee, or highes	t compensated	
employee on line 1a? If "Yes," complete Sched										3
4 For any individual listed on line 1a, is the	sum of rea	oortab	ole d	om	per	sation	ı aı	nd other compens	sation from the	
organization and related organizations gr										
individual										4
5 Did any person listed on line 1a receive or										
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ıle J	l for	such _l	per	son		5
Section B. Independent Contractors										
1 Complete this table for your five highest comcompensation from the organization. Report of										
year.	ompensati	011 101	uie	udi	10110	ıaı ye	ai C	FIGHTY WITH OF WITH	iii tiie organizatio	πο ιαλ

(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 ►

Page 8 Form 990 (2022)

Part VII Section A. Officers, Directors, Tr		y En	nplo	yee	es,	and H	igl	nest Compensat	ed Employees (d	continued)
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average	Position (do not check more than one						Reportable	Reportable	Estimated amount of
	hours per week (list any	,				is both a		compensation from	compensation from related	other
	hours for					or/truste		the	organizations	compensation
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co employee	Former	organization	(W-2/1099-MISC)	from the
	organizations below dotted	vidu	ituti	cer	emp	nest	ner	(W-2/1099-MISC)		organization and related
	line)	al tr	onal		oloy	e com				organizations
		uste	trus		Эе	lper				
		Ф	tee			: compensated ee				
37) ERIC JOHNSON	1.00					۵				
TRUSTEE (MAYOR, CITY OF DALLAS	NONE	X						NONE	NONE	NONE
38) ROBERT HALLAM JR	1.00	21						IVOIVE	INOINE	NOM
TRUSTEE	NONE	X						NONE	NONE	NONE
39) FERN JOHNSON	1.00	- 21						110111	110111	IVOIVE
TRUSTEE	NONE	X						NONE	NONE	NONE
40) AASEM KHALIL	1.00							110112	110112	1,01,1
TRUSTEE	NONE	Х						NONE	NONE	NONE
41) WILLIAM M. LAMONT, JR.	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
42) VENU MENON	1.00									
SECRETARY	NONE	X		х				NONE	NONE	NONE
43) KEN LEE	1.00									-
TRUSTEE	NONE	Х						NONE	NONE	NONE
44) BARBARA THOMAS LEMMON	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
45) CHRISTINA LYNCH	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
46) CAROL R. LEVY	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
47) TORI MULLFORD	1.00									
TRUSTEE(DMA FMAILY FORUM)	NONE	Х						NONE	NONE	NONE
1b Sub-total							▶			
c Total from continuation sheets to Part VII,	Section A						▶			
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not		hose	liste	d at	oove	e) who	re	ceived more than	\$100,000 of	
reportable compensation from the organization	on 🕨									
										Yes No
3 Did the organization list any former offi										
employee on line 1a? If "Yes," complete Schee	dule J for su	ch ina	lividu	ual			•			3
4 For any individual listed on line 1a, is the										
organization and related organizations g										
individual										4
5 Did any person listed on line 1a receive o										_
for services rendered to the organization? If " Section B. Independent Contractors	res," comple	te Scl	nedu	ile J	tor	such p	oer.	son		5
1 Complete this table for your five highest cor	nnoncotod :	ndon	2042	nt s	205	tractor	· C +	hat received man	than \$100 000 a	
compensation from the organization. Report										

year.

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

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

Form 990 (2022) Page 8

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average				sition			Reportable	Reportable	Estimated
	hours per	,				e than o is both		compensation	compensation from	amount of
	week (list any hours for					or/truste		from the	related organizations	other compensation
	related	or	Ing	♀	₽ G	en Hi	Fo	organization	(W-2/1099-MISC)	from the
	organizations	dire	iti	Officer	y en	Highest co employee	Forme	(W-2/1099-MISC)	(** =, *********************************	organization
	below dotted line)	ual t	tiona		Key employee	st co	_			and related organizations
	illie)	Individual trustee or director	al tr		yee	mpe				organizations
		ee	Institutional trustee			compensated ee				
			U			ted				
48) JIM NUGENT	1.00									
TRUSTEE(OFFICE OF ARTS AND CUL	NONE	X						NONE	NONE	NONE
49) JESSICA NOWITZKI	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
50) DANIEL O'GRADY	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
51) ADRIANA PERALES	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(52) KELLI QUESTROM	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
53) HOWARD RACHOFSKY	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
54) HARRY ROBINSON, JR.	1.00									
TRUSTEE(AFRICAN AMERICAN MUSEU	NONE	X						NONE	NONE	NONE
55) CATHERINE MARCUS ROSE	1.00									
TRUSTEE (FORMER PRESIDENT)	NONE	X						NONE	NONE	NONE
(56) DEEDIE P. ROSE	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
(57) LUCILO PENA	1.00									
TRUSTEE	NONE	X						NONE	NONE	NONE
58) ARTHUR PRIMAS	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
1b Sub-total										
c Total from continuation sheets to Part VII, S										
d Total (add lines 1b and 1c)							<u> </u>			
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	re	eceived more than	\$100,000 of	
reportable compensation from the organizatio	n ▶									T T
										Yes No
3 Did the organization list any former office										
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual	• •					3
4 For any individual listed on line 1a, is the										
organization and related organizations gr										
individual										4
5 Did any person listed on line 1a receive or										_
for services rendered to the organization? If "Y	es," comple	te Scl	nedu	ile J	<i>tor</i>	such	per	son		5
Section B. Independent Contractors										•
1 Complete this table for your five highest com										

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 ▶

Page 8 Form 990 (2022)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles er and	heck ss pe d a d	erson direct	e than o	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
59) MANJUSHA SHANKARADAS TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
60) GOWRI SHARMA PRESIDENT	1.00 NONE	X		Х				NONE		NONE
61) MARCIA DUNN SOBEL TRUSTEE	1.00 NONE	X						NONE		NONE
62) AMANDA SHUFELDT TRUSTEE	1.00 NONE	X						NONE		NONE
63) CHASE PROCTOR TRUSTEE (LEGAL AFFAIR)	1.00 NONE	X						NONE		NONE
64) GAYLE STOFFEL TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
65) ELEANOR PUTNAM TRUSTEE (JUNIOR LEAGUE OF DALL	1.00 NONE	X						NONE	NONE	NONE
66) VAUGHN O. VENNERBERG II TRUSTEE	1.00 NONE	Х						NONE	NONE	NONE
67) DENNIS WONG TRUSTEE	1.00 NONE	X						NONE	NONE	NONE
68) SHARON YOUNG TRUSTEE	1.00 NONE	Х						NONE	NONE	NONE
69) BRENDAN MCGUIRE TREASURER	1.00 NONE	X		Х				NONE	NONE	NONE
total from continuation sheets to Part VII, Section description of the state o	limited to t			d al	bove	e) who	> re	ceived more than	\$100,000 of	
3 Did the organization list any former officemployee on line 1a? If "Yes," complete Sched	cer, directo									Yes No
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of represents	oortab	ole c 50,0	om 00?	per	satior "Yes	n aı	nd other compens	sation from the	4
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Section B. Independent Contractors	accrue co	mpen	sati	on 1	fron	n any	un	related organizati	on or individual	5

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

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

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

Form 990 (2022)												Page 8
Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employees (d	ontinue	ed)	
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average				sition			Reportable	Reportable	Es	stimated	ł
	hours per										nount of	f
	week (list any hours for	1				tor/trust		from	related		other pensati	on
	related			Q		en II		the organization	organizations (W-2/1099-MISC)		om the	011
	organizations	divid	stitu	fice	y e	ghe	Forme	(W-2/1099-MISC)	(W 2/1000 MIGO)	orga	anizatio	ท
	below dotted	dual	Institutional	_	nplo	Highest cc employee	, ii				d related	
	line)	Individual trustee or director	al tr		Key employee	duc				orga	anization	าร
		tee	trustee		"	ens				1		
			ě			compensated						
70) NANCY C ROGERS	1.00					_						
TRUSTEE	NONE	X						NONE	NONE			NON
71) JOHN RUNYON	1.00	21						NONE	NONE			11011
	-+	- v						NONE	NTONTE			NT/NT
TRUSTEE	NONE	X						NONE	NONE	—		NON:
72) KATHERINE PEROT REEVES	1.00	-										
TRUSTEE	NONE	X						NONE	NONE	<u> </u>		NON
73) PEGGY SEWELL	1.00	-										
TRUSTEE	NONE	X						NONE	NONE			NON
74) ANDY SMITH	1.00											
TRUSTEE (ART BALL 2024 CO-CHAI	NONE	X						NONE	NONE			NON
75) PAUL VON WUPPERFELD	1.00											
TRUSTEE(ART BALL 2024, CO-CHAIR	NONE	X						NONE	NONE			NON
76) CLINTON WARREN	1.00											
TRUSTEE	NONE	Х						NONE	NONE			NON:
	-†											
	-†	1										
4h Cub total												
1b Sub-total	Cootion A		• •		• •							
c Total from continuation sheets to Part VII,					• •					—		
d Total (add lines 1b and 1c)							_		MARCO 000 - 1	<u></u>		
2 Total number of individuals (including but no reportable compensation from the organizati		nose	liste	a a	DOV	e) wnd	о ге	eceived more than	\$100,000 01			
reportable compensation from the organizati	011											
											Yes	No
3 Did the organization list any former off												
employee on line 1a? If "Yes," complete Sche	dule J for su	ch inc	livid	ual						3		X
4 For any individual listed on line 1a, is the	sum of rep	portab	ole d	com	per	nsation	n a	nd other compens	sation from the			
organization and related organizations g	reater than	s15	50,0	00?	. It	"Yes	s,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive of	r accrue co	mper	satio	on i	fron	n any	un	related organizati	on or individual			
for services rendered to the organization? If "	Yes," comple	te Sci	hedu	ıle J	J for	such	per	son		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co												
compensation from the organization. Report	compensati	on to	the	ca	ieno	ar ye	ar e	enaing with or with	nin the organizatio	n's tax		
year.									Т			
(Δ)								(B)		(C)		

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE

DALLAS MUSEUM OF ART 75-0808774 Page **9**

Part VIII Statement of Revenue

Form 990 (2022)

(B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts Membership dues 1,357,038 892,718. c Fundraising events 1c d Related organizations 1,257,896. Government grants (contributions) . . 1e All other contributions, gifts, grants, 11,964,191 and similar amounts not included above ... 1f g Noncash contributions included in 36,665. lines 1a-1f 1g \$ 15,471,843. Total. Add lines 1a-1f **Business Code** Program Service Revenue 2,448,744. AUXILIARY REVENUE 900099 2,448,744 900099 662,191. 662,191 EDUCATION REVENUE d е All other program service revenue 3,110,935. Investment income (including dividends, interest, and 5,555,193. 5,555,193 other similar amounts)......... NONE Income from investment of tax-exempt bond proceeds . 5 NONE (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b NONE Rental income or (loss) 6c d Net rental income or (loss) . . NONE Gross amount from (i) Securities (ii) Other sales of assets 43,047,882. 10,000. other than inventory 7a b Less: cost or other basis Other Revenue 7b 40,214,898 80,927 and sales expenses . . 2,832,984. -70,927 c Gain or (loss) 7c 2,762,057. 2,762,057. d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _ of contributions reported on line 997,383 1c). See Part IV, line 18 8a 705,882 8b **b** Less: direct expenses 291,501. 291,501. c Net income or (loss) from fundraising events 9a Gross income from gaming NONE activities. See Part IV, line 19 9b **b** Less: direct expenses c Net income or (loss) from gaming activities. NONE 10a Gross sales of inventory, less 708,039 returns and allowances b Less: cost of goods sold 10b Net income or (loss) from sales of inventory. 312,123. 312,123. **Business Code** Miscellaneous MISCELLANEOUS REVENUE 900099 315,760 315,760 Revenue 11a b All other revenue Total. Add lines 11a-11d 315,760. 27,819,412. 8,608,751. 3,738,818.

JSA 2E1051 1.000 Form 990 (2022) DALLAS MUSEUM OF ART 75-0808774 Page **10**

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp	onse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	26,400.	26,400.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,329,269.	804,038.	1,166,207.	359,024.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	11,280,136.	8,244,002.	1,683,601.	1,352,533.
8	Pension plan accruals and contributions (include	338,898.	216,257.	83,914.	38,727.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,785,544.	1,310,488.	267,740.	207,316.
10	Payroll taxes	969,763.	676,477.	177,705.	115,581.
	Fees for services (nonemployees):				
	Management	NONE		17.0.5	
	Legal	180,219.		176,967.	3,252.
	Accounting	125,307.		125,307.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE	C40 F10		0.40
	Investment management fees	640,767.	640,518.		249
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O	2 004 102	F70 760	407 046
	(A), amount, list line 11g expenses on Schedule O.)	4,062,811.	3,084,103.	570,762.	407,946.
	Advertising and promotion	927,725.	925,512.	60 057	2,213
13	Office expenses	730,442.	310,176.	68,257.	352,009.
14	Information technology	142,587.		142,587.	
15	Royalties	NONE NONE			
16	Occupancy	234,484.	151,202.	27,758.	55,524.
17	Travel	234,404.	131,202.	27,730.	33,324
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
10		231,245.	18,266.	35,537.	177,442.
	Conferences, conventions, and meetings Interest	140,018.	10,200.	140,018.	1//,112.
	Payments to affiliates	NONE		110,010.	
		1,197,461.	1,193,151.	2,652.	1,658.
	Insurance	463,797.	296,536.	167,261.	1,000
	Other expenses. Itemize expenses not covered	20071211	250,0001	107,2011	
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	ART PURCHASES	10,199,476.	10,199,476.		
	MISCELLANEOUS EXPENSES	2,874,032.	2,619,100.	229,451.	25,481.
	PROPERTY EQUIPMENT RENTAL&MA	2,063,783.	1,578,648.	397,689.	87,446.
	OTHER COLLECTIONS AND EXHIBI	-524,126.	-524,126.		
	All other expenses	199,942.	92,357.	106,914.	671
	Total functional expenses. Add lines 1 through 24e	40,619,980.	31,862,581.	5,570,327.	3,187,072.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	·			
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022) Page **11**

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		925,047.	1	341,348.
	2	Savings and temporary cash investments		22,678,117.	2	9,287,886.
	3	Pledges and grants receivable, net		5,264,406.	3	2,651,934.
	4	Accounts receivable, net		1,688,609.	4	2,363,087.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substan				
		controlled entity or family member of any of these p		NONE	5	NONE
	6	Loans and other receivables from other disqualif				
		under section 4958(f)(1)), and persons described in		NONE	6	NONE
ts	7	Notes and loans receivable, net		NONE	7	NONE
Assets	8	Inventories for sale or use		245,049.	8	283,113.
ĕ	9	Prepaid expenses and deferred charges		2,814,208.	9	1,515,933.
	10 a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	1 0a 25,544,959.			
	b	Less: accumulated depreciation	10b 17,833,917.	8,879,987.	10c	7,711,042.
	11	Investments - publicly traded securities SEE . S	CHEDULE O	169,317,071.	11	191,580,028.
	12	Investments - other securities. See Part IV, line 11.		63,882,833.	12	68,237,280.
	13	Investments - program-related. See Part IV, line 11.		NONE	13	NONE
	14	Intangible assets		NONE	14	NONE
	15	Other assets. See Part IV, line 11		238,140.	15	536,757.
	16	Total assets. Add lines 1 through 15 (must equal li	ne 33)	275,933,467.	16	284,508,408.
	17	Accounts payable and accrued expenses	3,139,043.	17	2,678,690.	
	18	Grants payable	NONE	18	NONE	
	19	Deferred revenue SEE SCHEDULE O	289,288.	19	322,864.	
	20	Tax-exempt bond liabilities		NONE		NONE
	21	Escrow or custodial account liability. Complete Par		NONE	21	NONE
es	22	Loans and other payables to any current or f				
Liabilities		trustee, key employee, creator or founder, substar				
<u>.</u>		controlled entity or family member of any of these p	F	NONE		NONE
	23	Secured mortgages and notes payable to unrelated		5,083,280.	23	4,502,774.
	24	Unsecured notes and loans payable to unrelated th		NONE	24	NONE
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D		443,197.		443,677.
_	26	Total liabilities. Add lines 17 through 25		8,954,808.	26	7,948,005.
Fund Balances		Organizations that follow FASB ASC 958, check hand complete lines 27, 28, 32, and 33.	nere X			
ă	27	Net assets without donor restrictions		19,741,865.	27	20,371,568.
Ва	28	Net assets with donor restrictions.	<u></u>	247,236,794.	28	256,188,835.
2		Organizations that do not follow FASB ASC 958,		247,230,774.	20	250,100,055.
ᄀ		and complete lines 29 through 33.	oncor norc			
ō	29	Capital stock or trust principal, or current funds			29	
Assets	30	Paid-in or capital surplus, or land, building, or equip			30	
SS	31	Retained earnings, endowment, accumulated incor	F		31	
•		Total net assets or fund balances		266,978,659.	32	276,560,403.
Net	32	Total het assets of fund palances				

Form **990** (2022)

Form 990 (2022) Page **12**

Part	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	2	7,8	19,	412
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	0,6	19,	980
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	2,8	00,	<u> 568</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	6,9	78,	<u>659</u> .
5	Net unrealized gains (losses) on investments	5	2	2,3	91,	<u> 398</u>
6	Donated services and use of facilities	6			3,	<u> 567</u>
7	Investment expenses	7				
8	Prior period adjustments	8		_	12,	<u>653</u>
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	27	<u>6,5</u>	60,	<u>403</u>
Part	· · · · · · · · · · · · · · · · · · ·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e.	kplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

DALLAS MUSEUM OF ART 75-0808774 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % 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 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	37,660,150.	28,862,174.	16,025,105.	22,992,620.	15,471,843.	121,011,892.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge	3,004,018.	2,801,740.	2,983,404.	2,955,517.	2,656,779.	14,401,458.
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	40,664,168.	31,663,914.	19,008,509.	25,948,137.	18,128,622.	7,449,021.
6	Public support. Subtract line 5 from line 4						127,964,329.
	tion B. Total Support						127,904,329.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	40,664,168.	31,663,914.	19,008,509.	25,948,137.	18,128,622.	135,413,350.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,468,136.	4,168,038.	3,831,927.	11,235,409.	6,263,232.	30,966,742.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	218,851.	123,480.	60,403.	225,804.	315,760.	944,298.
11	Total support. Add lines 7 through 10						167,324,390.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	16,457,478.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Sup						
14	Public support percentage for 2022 (lin					14	76.48 %
15	Public support percentage from 2021	•	•			15	76.50 %
	331/3% support test - 2022. If the org box and stop here. The organization qu 331/3% support test - 2021. If the org	ualifies as a pub	licly supported o	organization			X
	this box and stop here. The organization	on qualifies as a	publicly support	ted organizatior	١		
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets to organization.	meets the facts-and-c	cts-and-circumsta ircumstances tes	ances test, che st. The organiz	ck this box ar ation qualifies	nd stop here. Eas a publicly su	xplain in upported
D	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organizin Part VI how the organization meets	ation meets the	e facts-and-circu	ımstances test,	check this box	and stop here.	Explain
18	organizationPrivate foundation. If the organizatio	n did not chec	k a box on line	13, 16a, 16b,	17a, or 17b,	check this box	and see
	instructions						<u> L </u>

24

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

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

500	tion A Bublic Support			· · ·	•	,	
	tion A. Public Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	endar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai
1	, , , , , , , , , , , , , , , , , , , ,						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
ı a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop here.						
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2022 (line 8,					15	%_
16	Public support percentage from 2021 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					•	%
19 a	331/3% support tests - 2022. If the or	_					
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2021. If the orga						
	line 18 is not more than 331/3%, check		•	•			
20	Private foundation. If the organization of	ald not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	uctions

JSA 2E1221 1.000

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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ı	10a		
0	10b		
dul	e A (Fo	rm 990	0) 2022

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Secti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	on B. Type roupporting organizations		Yes	No
	Did the considerable was been of the considerable of the considera			
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Sooti	on C. Type II Supporting Organizations	2		
Secu	on C. Type it Supporting Organizations		Yes	Nο
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
	Did the consideration of the transfer of the consideration of the first described the fifth consideration		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
•		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	∍e instr		
2	Activities Test. Answer lines 2a and 2b below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	6.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		Ì

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	nizations n	nust complete Sectio	ns A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2022

28

05/31/2024 10:51:44

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ion D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish e	1						
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed					
	organizations, in excess of income from activity							
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	4 Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9	9 Distributable amount for 2022 from Section C, line 6							
10	Line 8 amount divided by line 9 amount		1	10				
			(ii)		(iii)			

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

29

05/31/2024 10:51:44

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

2022

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	s a private foundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a p	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) (instructions.	7), (8), or (10) organization can check boxes for both the General	al Rule and a Special Rule. See					
General Rule							
	of filing Form 990, 990-EZ, or 990-PF that received, during the portion property) from any one contributor. Complete Parts I and II. Scontributions.	= = = = = = = = = = = = = = = = = = = =					
Special Rules							
regulations under s 16b, and that recei	described in section 501(c)(3) filing Form 990 or 990-EZ that ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule ved from any one contributor, during the year, total contribution int on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1.	e A (Form 990), Part II, line 13, 16a, or ns of the greater of (1) \$5,000; or					
contributor, during literary, or education	For an organization described in section 501(c)(7), (8), or (10) filling 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.						
contributor, during contributions totale during the year for General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or the year, contributions exclusively for religious, charitable, etc., d more than \$1,000. If this box is checked, enter here the tota an exclusively religious, charitable, etc., purpose. Don't completes to this organization because it received nonexclusively religiomore during the year	, purposes, but no such il contributions that were received ete any of the parts unless the eus, charitable, etc., contributions					
-	isn't covered by the General Rule and/or the Special Rules do, line 2, of its Form 990; or check the box on line H of its Form						

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

Schedule B (Form 990) (2022)

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

DALLAS MUSEUM OF ART

Employer identification number 75-0808774

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	N/A	\$3,777,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	N/A	\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	N/A	\$1,348,379.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	N/A	\$550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Name of organization **Employer identification number**

	DALLAS MUSEUM OF ART	/5-	-0808774
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

SCHEDULE D (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification number

INAIII	e of the organization	Employer identification number
DA	LLAS MUSEUM OF ART	75-0808774
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	ccounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	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 fund	
Ü	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	art II Conservation Easements.	103
Г	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а		2a
b		2b
С	(7,1.1.	2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	🗀 Yes 🗀 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation 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)?	Yes 🔲 No
9	In Part XIII, describe how the organization reports conservation easements in its reve	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finar	ncial statements that describes the
	organization's accounting for conservation easements.	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue star art, historical treasures, or other similar assets held for public exhibition, education, or resea	
	provide the following amounts relating to these items:	Ton in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	\$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as:	
2		sets for illiancial gain, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	c
a h	Revenue included on Form 990, Part VIII, line 1.	φ \$

Schedule D (Form 990) 2022 DALLAS MUSEUM OF ART 75-0808774 Page **2**

			SEUM OF				041		5-0808		Page Z
	rt Organizations Maintaini										
3	Using the organization's acquisition		sion, and c	other recor	ds, check	any of	the follow	ing that make	significa	ant use	of its
	collection items (check all that appl	y):			٦.						
а	X Public exhibition			d X	_	or exchar	nge progra	m			
b	X Scholarly research			e	Other						
С	X Preservation for future gener										
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey furth	ner the or	ganization's exe	mpt pu	rpose ir	ı Part
	XIII.										
5	During the year, did the organization									_	
	assets to be sold to raise funds rath			ained as pa	rt of the c	organizat	ion's collec	ction?	<u>. </u>	Yes	X No
Pa	rt IV Escrow and Custodial A				000 5		•			_	
	Complete if the organiza	tion ans	wered "Ye	s" on For	m 990, P	art IV, li	ne 9, or r	eported an am	ount o	1 Form	
	990, Part X, line 21.										
1 a	Is the organization an agent, trus									_	
	included on Form 990, Part X?								. []	Yes	No
b	If "Yes," explain the arrangement in	n Part XII	I and comp	olete the fo	llowing tab	ole:					
								Amo	unt		
С	Beginning balance						1c				
d	Additions during the year						1 d				
е	Distributions during the year					_	1e				
f	Ending balance						1f				
2a	9							•		Yes _	_ No
	If "Yes," explain the arrangement in	n Part XII	I. Check he	ere if the e	xplanation	has bee	n provided	on Part XIII			
Pa	rt V Endowment Funds.										
	Complete if the organiza	tion ans	wered "Ye	es" on For	m 990, F			<u> </u>			
		(a) Cur	rrent year	(b) Prio	r year	(c) Two	years back	(d) Three years ba	ick (e)	Four years	s back
1 a	Beginning of year balance	234,2	247,199.	289,2	10,430.	231,60	1,944.	220,389,475		209,028,	793.
b	Contributions	5	61,289.	1,4	17,173.	3,74	4,651.	13,263,983		7,595,	058.
С	Net investment earnings, gains,										
	and losses	30,7	780,513.	-45,9	45,647.	61,98	39,327.	7,146,549		11,730,	,548.
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs	10,2	218,655.	9,8	79,440.	7,71	9,670.	8,838,957		7,964,	924.
f	Administrative expenses	6	540,236.	5!	55,317.	40	5,822.	359,106			
q	End of year balance	254,7	730,110.	234,2	47,199.	289,21	0,430.	231,601,944		220,389,	475.
2	Provide the estimated percentage	of the cu	rrent vear	end balanc	e (line 1a.	column (a)) held as	:			
а	Board designated or quasi-endowm		7.4000 9		, 5,	`	,,				
b	Permanent endowment 63.04	00 %									
С	Term endowment 29.5600 %										
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal 1	100%.							
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	and admir	nistered for the			
	organization by:									Yes	No
	(i) Unrelated organizations								3	a(i)	X
	(ii) Related organizations								3a	ı(ii)	X
b	If "Yes" on line 3a(ii), are the relate	d organiz	zations liste	d as require	ed on Sch	edule R?			3	3b	
4	Describe in Part XIII the intended u	ses of th	e organiza	tion's endo	wment fur	nds.					
Pa	rt VI Land, Buildings, and Equ	ipment.	1								
	Complete if the organization of property	ation ans									<u>0.</u>
	Description of property		(a) Cost or (invest			or other bas ther)		cumulated eciation	(a) Bo	ok value	
1a	Land		•	•	,						
b	Buildings	ŀ									
С	Leasehold improvements	T I			18,6	03,525	. 12,2	06,154.	6	,397,3	370.
d	Equipment	1				67,280		80,875.		386,4	
е	Other	1				74,155		46,888.		927,2	
	II. Add lines 1a through 1e. (Column		t equal Forn	n 990, Part					7	,711,0	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 DALLAS MUSEUM	OF ART	7!	5-0808774 Page			
Part VII Investments - Other Securities.		_				
Complete if the organization answere	ed "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 valuat Cost or end-of-year mark				
(1) Financial derivatives	•					
(2) Closely held equity interests	-					
(3) Other						
(A) CORPORATE BONDS&OTHER DEBT SEC	34,418,762.	FMV				
(B) ALTERNATIVE INVESTMENTS	33,818,518.	FMV				
(C)						
(D)						
(E)						
(F)						
(G) (H)						
	60 227 200					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	68,237,280.					
Complete if the organization answere	ed "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 valuat Cost or end-of-year mark				
(1)						
(2)						
(3)						
(4)						
(5)						
_(6)						
<u>(7)</u>						
<u>(8)</u>						
(9)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	•					
Part IX Other Assets.	od "Voc" on Form 000	Part IV line 11d See Form 000	Part V lina 15			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990 (a) Description					
	rescription		(b) Book value			
<u>(1)</u> (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 answere line 25.	ed "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,			
1. (a) Descri	ription of liability		(b) Book value			
(1) Federal income taxes	.,,					
(2)DUE TO OTHER FUNDS-ART FACTS			443,677.			
(3)			·			
_(4)						
(5)						
(6)						
(7)						

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 443,677. 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 .

(8)

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	53,026,736.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	25,847,842.
3	Subtract line 2e from line 1	3	27,178,894.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	١	640 510
	Add lines 4a and 4b	4c	640,518.
5 Part	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret		27,819,412.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	43,442,992.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С.	Cutor 1000co, I I I I I I I I I I I I I I I I I I I		
d		2e	3,463,530.
е 3	Add lines 2a through 2d	3	39,979,462.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		33,373,102.
	Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	640,518.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	40,619,980.
	Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, mation	line 4; Part X, line

Part XIII Supplemental Information (continued)

SFAS 116 EXCLUSION OF ART AND HISTORICAL TREASURES

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

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

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

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

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

ACQUIRED OR AS TEMPORARILY OR PERMANENTLY RESTRICTED NET ASSETS IF THE

ASSETS USED TO PURCHASE THE ITEMS ARE RESTRICTED BY THE DONORS.

CONTRIBUTED WORKS OF ART ARE NOT REFLECTED ON THE CONSOLIDATED FINANCIAL

STATEMENTS. PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE

REFLECTED AS INCREASES IN THE APPROPRIATE NET ASSET CLASS.

THE MUSEUMS WORKS OF ART ARE HELD FOR EDUCATIONAL AND CURATORIAL

PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED, AND CARED FOR, AND

ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE

PERFORMED CONTINUOUSLY. WORKS OF ART ARE SUBJECT TO A POLICY THAT

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

COLLECTIONS.

Part XIII Supplemental Information (continued)

COLLECTIONS OF ART

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

THE MUSEUM MAINTAINS AN ENCYCLOPEDIC COLLECTION OF ART TO PROVIDE ART

EXHIBITS, EDUCATIONAL SERVICES, LECTURES AND OTHER PROGRAMS TO FURTHER

ITS EXEMPT PURPOSE OF COLLECTING, PRESERVING, PRESENTING AND INTERPRETING

WORKS OF ART OF THE HIGHEST QUALITY.

ENDOWMENT FUNDS

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

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

FIN 48 (ASC 740)

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

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

CONSOLIDATED FINANCIAL STATEMENTS:

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

THE MUSEUM HAS CONCLUDED THAT IT DOES NOT HAVE ANY UNRECOGNIZED TAX

Schedule D (Form 990) 2022

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, 2023 AND 2022. 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: \$395,916

TOTAL: \$395,916

RECONCILIATION OF EXPENSES

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

RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$395,916

REMOVAL OF ART-FACTS, INC. INCOME: (\$ 2,000)

TOTAL: \$393,916

05/31/2024 10:51:44

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification number			
DALLAS MUSEUM OF ART					75-0808774			
Part l	Fundraising Activities. Com Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.	
1	Indicate whether the organization ra	sed funds through	any of the	following	activities. Check	all that apply.		
а	Mail solicitations	e	Solid	itation of r	non-government g	rants		
b	Internet and email solicitations	f			government grant	S		
С	c Phone solicitations g Special fundraising events							
d	In-person solicitations							
b	Did the organization have a written or or key employees listed in Form 990 If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the), Part VII) or entit ividuals or entities	y in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be	
	(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	
			Yes	No		coi. (i)		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total		1						
3	List all states in which the organiza registration or licensing.	ition is registered	or licensed	to solicit	contributions or	has been notified	it is exempt from	

Schedule G (Form 990) 2022 DALLAS MUSEUM OF ART 75-0808774 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II 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 IN BLOOM ART BALL (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 1,789,174. 100,927. 1,890,101. 2 Less: Contributions3 Gross income (line 1 minus 843,264. 49,454. 892,718. 945,910. 51,473. 997,383. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 134,132. 22,524. 156,656. 8 Entertainment 9 Other direct expenses 532,663. 16,563. 549,226. 10 Direct expense summary. Add lines 4 through 9 in column (d) 705,882. 11 Net income summary. Subtract line 10 from line 3, column (d) 291,501. Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? а

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

Schedule G (Form 990) 2022

b

10a

If "No," explain:

If "Yes," explain:

Sched	dule G (Form 990 or 990-EZ) 2022 DALLAS MUSEUM OF ART	75-0	0808774	Page 3
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 entit	.y		
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	.		
а	The organization's facility			%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ▶			
	Address ►			
15 2	Does the organization have a contract with a third party from whom the organization receives	aamina		
15 a	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 ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а		ceeds to	0	
	retain the state gaming license?			No
b				
	or spent in the organization's own exempt activities during the tax year ▶ \$			
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio (see instructions).			
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2022

SCHEDULE I (Form 990)

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

2022

OMB No. 1545-0047

Open to Public Inspection

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

Attach to Form 990.

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

vame of the organization						Employer identification	on number
DALLAS MUSEUM OF ART						75-0808774	
Part I General Information on Grants a	nd Assistanc	е					
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc 	ants or assistand	e?					X Yes No
Part II Grants and Other Assistance to	Domestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recipient	that received	more than \$5	,000. Part II can I	be duplicated if a	additional space is n	eeded.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and 3 Enter total number of other organizations l 	•	•					

Schedule I (Form 990) (2022) DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 awards to artists	11	26,400.		N/A	N/A
2					
3					
4					
_ 5					
_ 6					
7					

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

MONITORING THE USE OF GRANTS

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

AWARDS TO ARTISTS ARE GIVEN IN THE FOLLOWING CATEGORIES 1.) EXCEPTIONAL TALENT AND PROMISE IN YOUNG VISUAL ARTISTS (15-25 YEARS OF AGE)2.) AWARDS TO YOUNG TEXAS ARTIST 3.) AWARDS TO PROFESSIONAL ARTIST 30 YEARS OR OLDER THAT ARE TEXAS RESIDENTS. APPLICATIONS ARE AVAILABLE ON OUR WEBSITE.

ARTIST MUST SUBMIT THE FOLLOWING:1.) COMPLETED APPLICATION 2.) SIX IMAGES OF THEIR WORK3.) RESUME 4.) TWO RECOMMENDATION LETTERS 5.) PROPOSAL AND BUDGET TO USE THE AWARD. ARTIST IS CHOSEN BY A COMMITTEE OF FAMILY

Schedule I (Form 990) (2022) DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
4					
5					
6					
7					

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

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

COMMITTEE DETERMINES GRANT AMOUNT BASED ON SUBMITTED BUDGET, NUMBER OF

QUALIFIED APPLICANTS, AND GRANT FUNDS AVAILABLE.

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

SMALL AMOUNTS OF THE GRANTS.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees, and Highest Compensated Employees

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

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

DALLAS MUSEUM OF ART 75-0808774

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
h	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	1b		
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?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
h	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			21
	The real territor to any or miles the percent and provide the applicable amounts for each term in rank in			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DOROTEO AGUSTIN ARTEAG	(i)	514,458.	110,000.	43,269.	12,580.	17,917.	698,224.	NONE
1 EXECUTIVE DIRECTOR	(ii)							
BRENDA BERRY	(i)	224,051.	NONE	7,692.	NONE	NONE	231,743.	NONE
2 CFO	(ii)							
TAMARA WOOTTON-BONNER	(i)	283,654.	NONE	NONE	11,968.	8,147.	303,769.	NONE
3 DEPUTY DIRECTOR	(ii)							
AMIR TABEI	(i)	148,376.	NONE	NONE	6,684.	18,990.	174,050.	NONE
4 CHEIF INFORMATION OFFICER	(ii)							
SARAH SCHLEUNING	(i)	119,772.	NONE	NONE	5,833.	24,432.	150,037.	NONE
5 TMARGOT B PEROT SENIOR CURATOR	(ii)							
NICOLE MYERS	(i)	171,639.	NONE	NONE	6,370.	8,147.	186,156.	NONE
6 CHIEF CURATORIAL&RESEARCH OFFI	(ii)							
CYNTHIA CALABRESE	(i)	176,135.	NONE	NONE	9,753.	8,147.	194,035.	NONE
7 CHIEF DEVELOPMENT OFFICER	(ii)							
BRADLEY PITCHETT	(i)	182,889.	NONE	NONE	2,998.	16,920.	202,807.	NONE
8 CHIEF EXPERIENCE OFFICER	(ii)							
	(i)							
_ 9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
_12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
_15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2022 DALLAS MUSEUM OF ART 75-0808774 Page **3**

Part | Supplemental Information

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

BENEFITS PROVIDED TO LISTED PEOPLE

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

FEDERAL, STATE AND LOCAL WITHHOLDING TAXES.

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

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

75-0808774

DALLAS MUSEUM OF ART

Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g N/A Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 15 34,058. FMV Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ► (SEE SUPP PAGE 2,607. 25 26 Other ►(_ Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 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 30a Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 Χ contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

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

describe in Part II.

Schedule M (Form 990) 2022

32a

Χ

Part II Suppleme

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.

AUCTION DONATIO X

TOTALS

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and wheth 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	SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS													
				(B) NUMB	 FD OF	(C)	REVENUES							
DESCRIPT	ION (A) C	HECK	CONTRIBU	-	(0)	REPORTED	(D)	METHOD	OF	DETERMINING			

4

4.

2,607.

2,607.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

DALLAS MUSEUM OF ART 75-0808774

FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2:

THE FOLLOWING TRUSTEES HAVE FAMILY RELATIONSHIPS:

- DEEDIE ROSE & CATHERINE ROSE

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11:

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C:

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

COMPENSATION REVIEW PROCESS

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

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

ADDITIONALLY, THE MUSEUM CONSIDERS FACTORS SUCH AS THE ANNUAL PERFORMANCE REVIEW RATINGS AND THE COMPENSATION HISTORY OF FORMER EMPLOYEES IN THE POSITION.

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19:

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

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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Employer identification number

DALLAS MUSEUM OF ART 75-0808774

AS WELL AS ON THE MUSEUM'S WEBSITE: GOVERNING DOCUMENTS, AUDITED FINANCIAL STATEMENTS, FORM 990 (ALSO AVAILABLE ON GUIDESTAR). OTHER DOCUMENT REQUESTS WILL BE CONSIDERED ON A CASE BY CASE BASIS.

Name of the organization

DALLAS MUSEUM OF ART

75-0808774

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

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

Name of the organization

DALLAS MUSEUM OF ART

75-0808774

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

THE DALLAS MUSEUM OF ART ORGANIZES AND PRESENTS INNOVATIVE EXHIBITIONS AND PROGRAMS FOR THE ENRICHMENT OF THE DALLAS COMMUNITY. LAST YEAR, 15 EXHIBITIONS, INCLUDING FOUR TICKETED EXHIBITIONS, THREE OF WHICH WERE NATIONALLY AND INTERNATIONALLY TOURING EXHIBITIONS, AND TWELVE NON-TICKETED EXHIBITIONS AND INSTALLATIONS THAT CROSSED CULTURES, TIME PERIODS, AND MEDIUMS, 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

.

THE DMA OFFERED OVER 2,000 EDUCATIONAL VIRTUAL AND ONSITE PROGRAMS FREE OR AT A LOW COST. C3 PROGRAMMING WELCOMED 11,457 VISITORS FOR THE STUDIO PROGRAMS, POP-UP ART SPOT SERVICES, SUMMER CAMPS, AND OTHER ACTIVITIES. K-12 ART EDUCATION PROGRAMS LIKE GO VAN GOGH AND TOURS OF THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS ENGAGED MORE THAN 32,768 STUDENTS AND TEACHERS. FAMILY, YOUTH, AND SCHOOL (FYS) PROGRAMS ENGAGED 46,448 CHILDREN, STUDENTS, AND TEENAGERS THROUGH 1,599 SERVICES. THE TEEN AMBASSADOR PROGRAM OFFERED SUMMER VOLUNTEER OPPORTUNITIES TO 27 DALLAS-BASED TEENAGERS TO DELIVER 156 FYS SERVICE TO OVER 3,157 VISITORS. ACCESS PROGRAMS SERVED VISITORS WITH DEVELOPMENTAL DISABILITIES, LOW VISION, AUTISM, AND DEMENTIA TO PROVIDE CREATIVE, ACCESSIBLE OPPORTUNITIES TAILORED TO THEIR INDIVIDUAL NEEDS. COMMUNITY ENGAGEMENT PROGRAMMING SERVED APPROXIMATELY 6,778 YOUTH, ADULTS, AND FAMILIES THROUGH A VARIETY OF 206 COLLABORATIVE SERVICES, THE MAJORITY OF WHICH OCCURRED IN NEIGHBORHOODS THROUGHOUT THE CITY OF DALLAS THAT ARE UNDERSERVED BY THE ARTS ECOSYSTEM. PROGRAMS INCLUDED CITYWIDE YOUTH, WICH SERVED 2,214 K-12 STUDENTS THROUGH AFTERSCHOOL WORKSHOPS, MULTI-SESSION CLASSES, COMMUNITY EVENTS, AND FESTIVALS. CUSTOMIZED PROGRAMS WERE DEVELOPED FOR PARTNER

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

FORM 990, PART III - PROGRAM SERVICE

ORGANIZATIONS, INCLUDING BRIDGE BUILDERS, WELLMED SENIOR CENTER, GENESIS WOMEN'S SHELTER, AND HEART HOUSE. ALSO TEAXAS VETERANS, SENIORS AT WELLMED SENIOR ACTIVITY CENTER, YMCA IN REDBIRD, AND YOUTH AFTERSCHOOL PROGRAMS.

Name of the organization	Employer identification	n number		
DALLAS MUSEUM OF ART			75-0808774	:
FORM 990, PART IX - OTHER FEES				
=======================================				
	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
OTHER PROFESSIONAL FEES	4,062,811.	3,084,103.	570,762.	407,946.
TOTALS				
	4,062,811.	3,084,103.	570,762.	407,946.

Name of the organization

DALLAS MUSEUM OF ART

75-0808774

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION BOOK VALUE OR FMV
-----EQUITY SECURITIES 191,580,028. FMV

TOTALS 191,580,028.

322,864.

=========

TOTALS

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

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

2022

Open to Public Inspection

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number 75-0808774

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

one or more related tax-exempt organizations during the tax year. **(g)** Section 512(b)(13) (a) (b) (c) (d) (e) (f) Name, address, and EIN of related organization Public charity status Direct controlling Primary activity Legal domicile (state Exempt Code section controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) FOUNDATION FOR THE ARTS 75-6036753 1717 N HARWOOD ST. DALLAS, TX 75201 ACQUIRE ARTS 501(C)(3) 12 TYPE III TX N/A

(2) MRS S I MUNGER ENDOWMENT TRUST 75-6006635

1717 N. HARWOOD ST. DALLAS, TX 75201 ENDOWMENT FD TX 501(C)(3) 12 TYPE III N/A

(3)

(4)

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

Schedule R (Form 990) 2022

(6)

(7)

Schedule R (Form 990) 2022 DALLAS MUSEUM OF ART 75-0808774 Page **2**

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

(a) Name, address, and EIN of 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	Disprop	(h) reportionate ocations? (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		/ - UBI General Genera		(k) Percentage ownership
		oounity)					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)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
								Yes No
(1) MUSEUM SERVICES CORPORATION 75-2246413								
1717 N. HARWOOD DALLAS, TX 75201	HOLDING COMPA	TX	DMA	C CORP	NONE	1,000.	100.0000	Х
(2) MUSEUM BEVERAGES, INC. 75-2246413								
1717 N. HARWOOD DALLAS, TX 75201	INACTIVE	TX	DMA	C CORP			100.0000	х
(3) ART-FACTS, INC. 75-2251274								
1717 N. HARWOOD DALLAS, TX 75201	RETAIL	TX	MUS SERV. CORP.	C CORP	17,147.	458,606.	100.0000	х
(4) DALLAS ART MUSEUM LEAGUE								
1717 N. HARWOOD DALLAS, TX 75201	INACTIVE	TX	DMA	ASSOCIATION			100.0000	х
(5)								
(6)								
(7)								

Page 3 DALLAS MUSEUM OF ART 75-0808774 Schedule R (Form 990) 2022

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	sted in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	•			1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b		Х
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
•	- Louis of loan guarantees by related enganisation (e)						
f	Dividends from related organization(s)				1f		Х
ď	Sale of assets to related organization(s)				1g		Х
9 h	Purchase of assets from related organization(s).				1h		Х
ï	Exchange of assets with related organization(s).				1i		Х
	Lease of facilities, equipment, or other assets to related organization(s).				1j		X
,	Lease of facilities, equipment, of other assets to related organization(s).				-,		
L	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
·	Performance of services or membership or fundraising solicitations for related organization(s)				11	Х	
ı m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X	_
	Sharing of paid employees with related organization(s)				10	X	_
U	Sharing of paid employees with related organization(s)					-21	
_	Reimbursement paid to related organization(s) for expenses				1p	Х	
	Reimbursement paid by related organization(s) for expenses				1q	X	
q	Relinbursement paid by related organization(s) for expenses				19		
_	Other transfer of each as man artists related assessingly				1r		Х
r	Other transfer of cash or property to related organization(s)				1s		X
<u></u>	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	his line including cove	ered relationships and transa	action thre			
	(a)	(b)	(c)		(d)	·	
	Name of related organization	Transaction	Amount involved	Method	of dete		g
		type (a - s)		amoi	ınt invo	lved	
(1)	N/A						
(· /	N/A						
(2)							
(-/							
(3)							
(-)							_
(4)							
('/							
(5)							
(-)							_
(6)							
JSA		ı	Sch	nedule R (Form 9	990) 2	202
, , ,							

Yes No

Schedule R (Form 990) 2022 DALLAS MUSEUM OF ART 75-0808774 Page **4**

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

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

	coctions 512 514)	(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
	Sections 512 - 514)	organizations? Yes No	Yes			No	(. 5 1555)	Yes	No		
1											

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.