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

Form **990** 

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

20 19

Open to Public Inspection

A F	or the	e 201	9 calendar year, or tax year begir	nning 07/	'U⊥, <b>2019</b> ,	, and endin	<u>ıg</u>		06/30,4	20 20
<b>B</b> Ch	eck if app	plicable:	C Name of organization  DALLAS MUSEUM OF ART					D Employer ide	entification nu	mber
	Addres		Doing Business As					75-0808	774	
	change	change	Number and street (or P.O. box if mail is	not delivered to street address	s)	Room/suite		E Telephone nu		
	Initial		1717 NORTH HARWOOD ST		,			(214) 922	2-1200	
	Termir		City or town, state or province, country, a					(222) 222		
	Amend		DALLAS, TX 75201					<b>G</b> Gross receipt	s \$ 4 <i>6</i>	5,614,618.
	return Applic	ation	F Name and address of principal officer:	AGUSTIN ARTEA	AGA			H(a) Is this a grou		Yes X No
	pendir	ng	1717 NORTH HARWOOD ST					subordinates? <b>H(b)</b> Are all subordin	, <u> </u>	Yes No
	Γαν-αν <i>α</i>	empt st				or 52			h a list. (see instr	
			WWW.DMA.ORG	)    (insert no.)	4947(a)(1) (	01   52				
_				Association Other		I Voor o	f formati	<b>H(c)</b> Group exemption: 1940 <b>M</b> :		
K F			nization: X Corporation Trust   mmary	Association   Other		L rear o	Tiormati	on: 1740 W	State of Tegal C	iomicile: 12
		Briefly	describe the organization's mission o	r most significant activities	: THE DA	ALLAS MU	SEUM	OF ART IS	S A SPAC	E OF
به	-		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%	of its net assets		
Governance			er of voting members of the governing					1	3	61.
			er of independent voting members of t						4	61.
ies			number of individuals employed in cale						5	329.
Activities &			number of volunteers (estimate if necess					I	6	357.
Act			unrelated business revenue from Part V						7a	0
			nrelated business taxable income from						7b	0
		1101 01	Trotated business taxable meetine from	1 01111 000 1, 11110 01			<del></del>	Prior Year		irrent Year
	8	Contri	ibutions and grants (Part VIII, line 1h)					37,660,15		8,862,174.
Revenue	9	Drogr	am service revenue (Part VIII, line 2g)		COPY	Y FOR		2,652,90		2,691,483
, er			ment income (Part VIII, column (A), line		PUBLIC IN	ISPECTION		10,996,61		6,321,607
æ			revenue (Part VIII, column (A), lines 5,					641,82		469,445
								51,951,49		8,344,709
			revenue - add lines 8 through 11 (must s and similar amounts paid (Part IX, colu					39,50		11,600
									0.	
			its paid to or for members (Part IX, colu es, other compensation, employee bene					14,513,23		
									0.	0
ben	IVa h	Total	ssional fundraising fees (Part IX, column fundraising expenses (Part IX, column (I	D) line 25) > 2	722 229				0.	
E								19,631,08	5 1	6,916,963.
			expenses (Part IX, column (A), lines 11					34,183,82		$\frac{0,910,703}{2,849,751}$
			expenses. Add lines 13-17 (must equal					17,767,66		5,494,958
	19	Rever	nue less expenses. Subtract line 18 from	n line 12	<u> </u>			ning of Current Y		nd of Year
ance	20	T-4-1	t- (Dort V. Br 40)					65,578,69		3,794,885.
20.00			assets (Part X, line 16)					11,617,89		$\frac{3,794,883}{3,519,993}$
nd /			liabilities (Part X, line 26)					53,960,79		$\frac{3,313,333}{0,274,892}$
Pa			ssets or fund balances. Subtract line 21 gnature Block	from line 20	<u> </u>	<del></del>		33,700,17	3. 20	0,2/1,002.
			of perjury, I declare that I have examined th	is return including accomp	anvina schedu	iles and states	monte a	nd to the heet of	my knowleda	and helief it is
true	corre	ct, and	complete. Declaration of preparer (other than	n officer) is based on all infor	mation of which	ch preparer ha	is any kn	owledge.	my knowiedg	e and belief, it is
Sigi	า		Signature of officer					Date		
Her										
			Type or print name and title							
			Type preparer's name	Preparer's signature		Date			if PTIN	
Paid		(/	.,po p.opuloi o namo			Date		Check	"	17121
Prep	arer	<u> </u>	DDIIGE E DEDNIGETE	NI C ACCOCTABLE			Т	self-employe	ed P0004	± / <del>1</del> 3 1
Use	Only		s name ▶ BRUCE E BERNSTIE					Firm's EIN	214 706	0040
N 4	4h c 15		saddress > 10440 N CENTRAL EXPRESS					Phone no.	214-706-	
<u> </u>			cuss this return with the preparer show	•	<u>)</u>					Yes No
For I	aper	work	Reduction Act Notice, see the separat	te instructions.					Fo	orm <b>990</b> (2019)

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Pa	rt III			vice Accomplishme		Part III	
1			organization's mi		ne to any line in this r	attiii	
	Did the	organization	n undertake any	significant program	services during the	year which were not listed or	ı the
	prior Fo If "Yes,"	rm 990 or 9 describe the	90-EZ? ese new services	on Schedule O.			Yes X No
3	services	?			_	n how it conducts, any prog	
4	Describe expense	e the organes. Section t	nization's program 501(c)(3) and 50	n service accompl	ons are required to r	of its three largest program s report the amount of grants a	
4a	(Code: ATTA	CHMENT		21,129,292. includ	ling grants of \$	) (Revenue \$	_)
4b	(Code:			3,660,779. <b>includ</b>	ding grants of \$	11,600. ) (Revenue \$	577,190)
		CHMENT	3				
4c	(Code: _		) (Expenses \$	includ	ling grants of \$	) (Revenue \$	)
4d	Other p	rogram serv	rices (Describe on	Schedule O.)			
<u>4e</u>	(Expens		includir ce expenses ▶	g grants of \$ 24,790,0	) (Rever	nue \$ )	
JSA	20 2.000	- g. w.m. 501 VIII		, , .	<u> </u>		Form <b>990</b> (2019)

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Part IV Page 3

Part	V 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	X	
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		X
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ
ī	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	X	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	- 1	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		21
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,	1.74		
-	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		X
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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Par	Checklist of Required Schedules (continued)		V	Na.
	Did the constitution and the OF 000 of constant and the confiction to the first live in		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23				
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22	х	
240	employees? If "Yes," complete Schedule J	23	- 1	
24 a				
	\$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	240		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
C	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	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 in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	20	Х	
Part		38	21	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Concount C Contains a response of note to any line in this fact v	· · ·	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
J	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			i
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 329			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			i
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
а	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
C	required to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			
		7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f		Х
		7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. •	, , , ,		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	8		
0	sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.  Did the opposition arganization make any tayable distributions under section 49662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
		0.0		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:			i
	Gross income from members or shareholders			i
	Gross income from other sources (Do not net amounts due or paid to other sources			i
D	against amounts due or received from them.)			i
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			i
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а		104		
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	140		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
		13		
4.0	If "Yes," see instructions and file Form 4720, Schedule N.	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2019) DALLAS MUSEUM OF ART 75-0808774 Page **6** 

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

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

Saat	ion A. Coverning Pody and Management			21					
Seci	ion A. Governing Body and Management		Yes	No					
	Enter the number of voting members of the governing body at the end of the toy year		162	NO					
1a	Efficient the number of voting members of the governing body at the end of the tax year	-							
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar								
_	committee, explain on Schedule O.								
	Enter the humber of voting members included on line 1a, above, who are independent	-							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	Х						
_	any other officer, director, trustee, or key employee?	2		_					
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		Х					
	supervision of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>4</u> 5		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X					
6	Did the organization have members or stockholders?	-							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	70		X					
_	one or more members of the governing body?	7a							
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?	7.0							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:	0.0	Х						
а	The governing body?	8a 8b	X	-					
b	Each committee with authority to act on behalf of the governing body?	on		_					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	,		Х					
Socti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	1	21					
Seci	on B. Policies (This Section B requests information about policies not required by the internal Nevertue	Code	·/ Yes	No					
		10a		X					
	Did the organization have local chapters, branches, or affiliates?	IVa		-					
b	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	X						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па							
b	Describe in 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	ıza							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х						
	rise to conflicts?	120		<del>                                     </del>					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х						
	describe in Schedule O how this was done	13	X	<del>                                     </del>					
13	Did the organization have a written whistleblower policy?	14	X	_					
14	Did the organization have a written document retention and destruction policy?								
15	Did the process for determining compensation of the following persons include a review and approval by								
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х						
a	The organization's CEO, Executive Director, or top management official	15b	X	-					
b	Other officers or key employees of the organization	135							
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a		16a		Х					
L-	with a taxable entity during the year?	. 54							
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b							
Secti	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7	(Sec	tion 5	(01/0)					
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(Sec	1011 0	o i (C)					
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	oet r	odiov					
13	and financial statements available to the public during the tax year.	ı ıııteı	oot þ	oncy,					
20	· · · · · · · · · · · · · · · · · · ·	c <b>L</b>							
20	State the name, address, and telephone number of the person who possesses the organization's books and record JOHN TRAHAN 1717 NORTH HARWOOD ST. DALLAS, TX 75201	_							

Form 990 (2019) DALLAS MUSEUM OF ART 75-0808774 Page

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	Position (do not check more the box, unless person is the officer and a director/ Or Institution or director/			is both	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		Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)DOROTEO AGUSTIN ARTEAGA	40.00									
EXECUTIVE DIRECTOR	0.			Х				597,597.	0.	18,584.
(2) TAMARA WOOTTON-BONNER	40.00									
DEPUTY DIRECTOR	0.			Х				265,214.	0.	9,424.
(3) CYNTHIA CALABRESE	40.00									
DIRECTOR OF DEVELOPMENT	0.				Х			219,626.	0.	9,634.
(4) BRENDA BERRY	40.00									
CFO	0.			Х				212,311.	0.	9,234.
(5) AMIR TABEI	40.00									
DIR. OF TECHNOLOGY & DIGITAL	0.					X		145,710.	0.	7,075.
(6) SARAH SCHLEUNING	40.00									
CHIEF CURATOR. SR. CURATOR OF	0.					X		132,155.	0.	15,089.
(7) CLAIRE MOORE	40.00									
DIR. OF CTR. FOR CREATIVE CONN	0.					X		121,497.	0.	15,522.
(8) ROSLYN ADELE WALKER	40.00									
SR. CURATOR ARTS OF AFRICA	0.					X		116,764.	0.	5,450.
(9)KEN BENNETT	40.00									
DIR. OF FACILITY OPERATIONS	0.					X		109,187.	0.	12,023.
(10) ELAINE AGATHER	1.00									
TRUSTEE	0.	X						0.	0.	0.
(11) VICTOR ALMEIDA	1.00									
VICE PRESIDENT	0.	X		Х				0.	0.	0.
(12)NIELS ANDERSKOUV	1.00									
TRUSTEE	0.	X						0.	0.	0.
(13) THADDEUS ARROYO	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14) BRIAN BOLKE	1.00									
TRUSTEE (ART BALL)	0.	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru		, <u> </u>	·pic			ana i	···g			•
(A)	(B)			(0	-			(D)	(E)	(F)
Name and title	Average hours per week (list any hours for	box,	unles	ss pe d a d	more rson irect	e than one is both an cor/trustee)		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
15) STUART M. BUMPAS	1.00									
TRUSTEE (LEGAL AFFAIRS)	0.	X						0 .	0.	
16) LELAND BURK	1.00									
TRUSTEE (CULTURAL AFFAIRS COMM	0.	X						0 .	0.	
17) J. TIMOTHY BYRNE	1.00									
TRUSTEE	0.	X						0 .	0.	
18) THOMAS C. CAMPBELL	1.00									
TRUSTEE	0.	Х						0 .	0.	
19) J.E.R. CHILTON	1.00									
TRUSTEE (BENEFACTOR)	0.	Х						0 .	0.	
20) J. PATRICK COLLINS	1.00									
TRUSTEE	0.	Х						0 .	0.	
21) MARY MCDERMOTT COOK	1.00									
TRUSTEE (PRESIDENT, MAF)	0.	Х						0 .	0.	
22) EDWIN L. COX	1.00									
TRUSTEE (HONORARY)	0.	Х						0 .	0.	
23) JOHN W. DAYTON	1.00									
TRUSTEE	0.	Х						0 .	0.	
24) NANCY DEDMAN	1.00									
TRUSTEE	0.	Х						0 .	0.	
25) SHELLY HOGLUND DEE	1.00									
TRUSTEE	0.	Х						0 .	0.	
1b Sub-total	•						<b></b>	1,920,061.	0.	102,035
c Total from continuation sheets to Part VII, S	ection A						<b>&gt;</b>	0.	0.	0
d Total (add lines 1b and 1c)							<b>&gt;</b>	1,920,061.	0.	102,035
2 Total number of individuals (including but not							o re	ceived more than	\$100,000 of	
reportable compensation from the organizatio		15				,				
										Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3 X
4 For any individual listed on line 1a, is the organization and related organizations grindividual	sum of repeater than	ortab \$15	ole o 50,0	com 00?	per <i>If</i>	satio	n aı	nd other compens	sation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on f	ron	n any	un	related organization		5 X
Section B. Independent Contractors	es, comple	10 301	ıeul	iie J	101	SUCII	μer	3 <i>011</i>		J   A
4. Complete this table for your five highest com										

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

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

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

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees (c	ontinu	ntinued)	
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	rson	e than o	an	(D)  Reportable compensation from	(E) Reportable compensation from related		(F) stimated mount of other	
	hours for related organizations below dotted line)	office Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	f org an	npensati rom the ganizatio nd related anization	n d
26) CLAIRE DEWAR	1.00											
TRUSTEE	0.	X						0	0.			C
27) BARBARA DURHAM	1.00											_
TRUSTEE	0.	X						0	0.			(
28) RUSTY DUVALL	1.00	37							0			(
TRUSTEE 29) JOHN R. EAGLE	1.00	X						0	0.			
29) JOHN R. EAGLE TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.			(
30) WALTER ELCOCK	1.00	Λ						0	. 0.			
TRUSTEE (FORMER PRESIDENT)	$-\frac{1.00}{0.}$	X						0	0.			(
31) JEFFREY S. ELLERMAN	1.00	- 1						0	. 0.			
TRUSTEE	$-\frac{1.00}{0.}$	X						0	0.			(
32) TOM FAGADAU	1.00	- 21						0				
TRUSTEE		X						0	0.			(
33) AMY FAULCONER	1.00								0.1			
TRUSTEE	0.	X						0	0.			(
34) MELISSA FOSTER FETTER	1.00											
TRUSTEE (FORMER CHAIRMAN)	0.	Х						0	0.			(
35) DAVID J. HAEMISEGGER	1.00											
TRUSTEE	0.	Х						0	0.			(
36) NANCY HALBREICH	1.00											
TRUSTEE	0.	Х						0	0.			(
1b Sub-total							<b></b>	0.	0.			0
c Total from continuation sheets to Part VII,	Section A						<b>•</b>					
d Total (add lines 1b and 1c)	_						<b>&gt;</b>					
2 Total number of individuals (including but no							o re	ceived more than	\$100,000 of			
reportable compensation from the organization	on 🕨	1!	5									
											Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,0	00?	. If	"Yes	s,"	complete Schedu	le J for such	4	X	
individual										4		
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		Х
Section B. Independent Contractors	res, comple	1 <del>0</del> 301	ieuu	iie J	101	SUCIT	μer	oui		J		
Complete this table for your five highest contractors	mnensated i	nden	anda	nt i	con	tracto	re t	hat received more	than \$100 000 o	f		
i complete this table for your live highest col	mpensaled I	iiu <del>c</del> pt	JIIUG	/IIL (	COLL	uacio	וטו	nat received intole	, man ψ 100,000 0			

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

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

(D)	(E)	(F	)
Reportable	Reportable	Estim	-
one compensation	compensation from	amou	
oth an from	related	oth	
the	organizations	compe	
Higher   Former   W-2/1099-MISC	(W-2/1099-MISC)	from organi	
ਲੂੱ   ਫ਼ੁੱ   (W-2/1099-MISC	5)	and re	
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Highest compensated			
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vho received more tha	n \$100,000 of		
		Y	es No
employee, or highe	est compensated		
		3	X
ion and other compe	nsation from the		
les." complete Scher	dule J for such		
		4	X
		5	Х
n	es," complete Sched ny unrelated organiza h person	on and other compensation from the es," complete Schedule J for such by unrelated organization or individual the person	es," complete Schedule J for such  y unrelated organization or individual

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

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

Part VII Section A. Officers, Directors, Tru (A)	(B)	·y	.piu		53, <sub>(</sub> C)	and I	··y	(D)	(E)	on turiut		
(A) Name and title	Average hours per week (list any week (list any week) (list an		Average hours per (do not week (list any box, ur		Reportable compensation from related organizations	ar	(F) stimated nount o other pensati	f				
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org an	om the anization of related	on d
48) WILLIAM M. LAMONT, JR.	1.00											
CHAIRMAN	0.	X		X				0	0.			
49) NICOLETTE LAMONT	1.00											
TRUSTEE (DMA FORUM)	0.	X						0	0.			
50) GEORGE T. LEE, JR.	1.00								0			
TRUSTEE (FFA)	1.00	X						0	0.			
51) BARBARA THOMAS LEMMON TRUSTEE	1.00	X						0	0.			
52) THOMAS W. LENTZ	1.00	Λ						0	. 0.			
TRUSTEE	1.00	X						0	0.			
53) CAROL R. LEVY	1.00	Λ						0	. 0.			
TRUSTEE	1.00	X						0	0.			
54) BRENDAN MCGUIRE	1.00	Λ.						0	. 0.			
TRUSTEE	1.00	X						0	0.			
55) SUSAN BYRNE MONTGOMERY	1.00											
TREASURER	1	X		Х				0	0.			
56) NANCY O'BOYLE	1.00											
TRUSTEE	† <sub>0</sub> .	Х						0	0.			
57) EDITH O'DONNELL	1.00											
TRUSTEE (BENEFACTOR)	† <u>-</u> 0.	Х						0	0.			
58) LUCILO PENA	1.00											
TRUSTEE	0.	Х						0	0.			
1b Sub-total							<b></b>	0.	0.			0
c Total from continuation sheets to Part VII, S	ection A				• •		•					
d Total (add lines 1b and 1c)	-						$\blacktriangleright$					
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 15	_	d al	bove	e) who	re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		X
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,00	00?	' If	"Yes	,"	complete Schedu	le J for such		37	
individual										4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors										,		
1 Complete this table for your five highest com	ipensated li	naepe	ende	ent d	cont	tracto	rs t	nat received more	tnan \$100,000 c	T		

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

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

Name and title  Average hours per week (list any hours for related organizations below dotted line)  TRUSTEE  (A)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  TRUSTEE  (B)  Average hours per week (list any hours for related organizations below dotted line)  Average hours per week (list any hours for related organizations below dotted line)  TRUSTEE  (D)  Reportable compensation from the organization (W-2/1099-MISC)  (W-2/1099-MISC)  TRUSTEE  (D)  Reportable compensation from the organization (W-2/1099-MISC)	(F) Estimated m amount of
hours per week (list any hours for related organizations below dotted line)  TRUSTEE    hours per week (list any hours for related organizations below dotted line)   TRUSTEE   (do not check more than one box, unless person is both an officer and a director/trustee) or director or d	
hours for related organizations below dotted line)  TRUSTEE  hours for related organizations below dotted line)  officer and a director/trustee)  the organizations the organization (W-2/1099-MISC)  the organizations (W-2/1099-MISC)  TRUSTEE  o. X  officer and a director/trustee)  the organizations (W-2/1099-MISC)  TOBY PURDY  1.00  TRUSTEE	
related organizations below dotted line)  TOBY PURDY  TRUSTEE  Tolated organizations below dotted line)  TRUSTEE  Tolated organizations organization organization (W-2/1099-MISC)  TRUSTEE  Tolated organizations organization (W-2/1099-MISC)	other
below dotted line) of ring trustee line) of trustee line)	compensation from the
below dotted line) of risk te line) of the line of the	organization
59) TOBY PURDY 1.00 TRUSTEE 0. X 0. 0	and related organizations
59) TOBY PURDY 1.00 TRUSTEE 0. X 0. 0	Organizations
59) TOBY PURDY 1.00 TRUSTEE 0. X 0. 0	
TRUSTEE 0. X 0. 0	
OUT REBUIL QUESTRON	•
TRUSTEE 0. X   0 0 0	
61) CINDY RACHOFSKY 1.00	•
TRUSTEE(CO-HOST, TTA) 0. X 0.	
62) CAROLYN RATHJEN 1.00	•
TRUSTEE 0. X 0	
63) HARRY ROBINSON, JR. 1.00	
TRUSTEE (AFRICAN AMERICAN MUSEU   0. X   0. 0	
64) MARGARET J. ROGERS 1.00	
TRUSTEE(BENEFACTOR) 0. X 0.	
65) NANCY C. ROGERS 1.00	
TRUSTEE 0. X 0.	
66) CATHERINE MARCUS ROSE 1.00	
PRESIDENT 0. X X 0. 0	
67) DEEDIE P. ROSE 1.00	
TRUSTEE 0. X 0. 0	
68) ADRIAN SADA   1.00	
TRUSTEE 0. X 0. 0	•
69) PEGGY SEWELL 1.00   1.00	
SECRETARY 0. X X 0. 0	
1b Sub-total Description of the sub-to-sub-total Description of the sub-total Description of the sub-to	0.
c Total from continuation sheets to Part VII, Section A	
d Total (add lines 1b and 1c)	
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 15	
Tepottable compensation from the organization > 13	Vaa Na
O Did the considering Petron Course officer Production to the local control of the constant	Yes No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3 X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	
individual	4 X
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 X
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000	

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

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

Part VII Section A. Officers, Directors, Tru	ıstees. Ke	v Fn		vee	es.	and H	lia	hest Compensat	ed Employees (	continued	Page <b>8</b>
(A)	(B)	, <u> </u>	ipic	)) ((		unu i	···9	(D)	(E)		/ <b>F)</b>
Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pe	more	e than cor/trust is both tor/trust employee	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estir amo ot compe fron organ and i	mated unt of her ensation in the pization related izations
70) GOWRI SHARMA	1.00										
TRUSTEE	0.	Х						0	. 0.		C
71) SOGAND SHOJA	1.00										
TRUSTEE	0.	Х						0	0.		C
72) NANCY SHUTT	1.00										
TRUSTEE	0.	Х						0	. 0.		C
73) DYANN SKELTON	1.00										
TRUSTEE (DMA LEAGUE)	0.	Х						0	0.		C
74) JASON STANGEL	1.00										
TRUSTEE (DMA JUNIOR ASSOCIATES	0.	X						0	. 0.		C
75) GAYLE STOFFEL	1.00										
TRUSTEE	0.	X						0	. 0.		
76) GREG A. VENKER	1.00										
TRUSTEE	0.	X						0	. 0.		C
77) VAUGHN O. VENNERBERG II TRUSTEE	1.00	Х						0	0.		C
78) SHARON YOUNG TRUSTEE	1.00	X						0	0.		C
1b Sub-total								0.	0.		0 .
c Total from continuation sheets to Part VII, S	<del>-</del>						<b>&gt;</b>				
d Total (add lines 1b and 1c)							<u> </u>	acinal mare than	\$100,000 of		
reportable compensation from the organization		1!		u ai	DUV	e) wiid	JIE	ceived more man	\$100,000 01		
										1	res No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	ortab \$15	ole o 50,0	com 00?	per	nsatio	n a	nd other compens	sation from the left of the sation from the sation from the sation is a sation of the	4	Х
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	fron	n any	un	related organizati	on or individual		
for services rendered to the organization? If "Y	es," comple	te Scl	hedu	ıle J	l for	such	per	rson		5	X
Section B. Independent Contractors											
1 Complete this table for your five highest com- compensation from the organization. Report of year.											

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

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## Part VIII Statement of Revenue

Par	t VIII	Statement of Revenue Check if Schedule O contains a respon	ose or note to an	v line in this Part \	/III		
		Oncok ii Genedale O contains a respoi	ise of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns 1a					
our	b	Membership dues 1b	1,452,933.				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	495,772.				
ar /	d	Related organizations 1d					
a;e	е	Government grants (contributions) 1e	1,344,757.				
Sii	f	All other contributions, gifts, grants,					
heri		and similar amounts not included above . 1f	25,568,712.				
호텔	g	Noncash contributions included in					
e d		lines 1a-1f					
9.0	h	Total. Add lines 1a-1f		28,862,174.			
4			Business Code				
Program Service Revenue	2a	AUXILIARY REVENUE	900099	2,134,293.	2,134,293.		
ie.	b	EDUCATION REVENUE	900099	557,190.	557,190.		
m S	С						
yra Re	d						
<u>o</u> _	е						
- □	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,691,483.			
	3	Investment income (including dividends,	· · · · · · · · · · · · · · · · · · ·	4 160 030			4 160 030
		other similar amounts)		4,168,038.			4,168,038.
	4 5	Income from investment of tax-exempt bond		0.			
	3	Royalties	(ii) Personal	0.			
	٥-	.,,	(ii) i diddidi				
	6a	Gross rents 6a Less: rental expenses 6b					
	b	Less: rental expenses 6b  Rental income or (loss) 6c					
	c d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other	· ·			
	ra	sales of assets	(,				
		other than inventory <b>7a</b> 9,713,629.					
a	b	Less: cost or other basis					
evenue	-	and sales expenses 7b 7,560,060.					
e ve	С	Gain or (loss) 7c 2,153,569.					
Ř	d	Net gain or (loss)		2,153,569.			2,153,569.
Other R	8a	Gross income from fundraising					
ō	ou	events (not including \$495,772.					
		of contributions reported on line					
		1c). See Part IV, line 18	336,790.				
	b	Less: direct expenses 8b	288,916.				
	С	Net income or (loss) from fundraising events.		47,874.			47,874.
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	С	Net income or (loss) from gaming activities.	▶	0.			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	719,024.				
	b	Less: cost of goods sold 10b	420,933.				
	С	Net income or (loss) from sales of inventory		298,091.	298,091.		
S I			Business Code				
ne eo	11a	MISCELLANEOUS REVENUE	900099	123,480.	123,480.		
lan	b						
Miscellaneous Revenue	С						
Mis	d	All other revenue					
	е	Total. Add lines 11a-11d		123,480.			
	12	Total revenue. See instructions	▶	38,344,709.	3,113,054.		6,369,481.

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## Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,600.	11,600.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,051,285.	700,574.	1,120,191.	230,520.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	10,739,190.	8,075,157.	1,280,406.	1,383,627.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	802,637.	588,440.	130,097.	84,100.
9 Other employee benefits	1,408,970.	1,119,442.	140,636.	148,892.
10 Payroll taxes	919,106.	657,538.	144,714.	116,854.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	83,275.	1,150.	82,125.	
c Accounting	106,543.		106,543.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	360,398.	359,765.		633.
<b>9</b> Other. (If line 11g amount exceeds 10% of line 25, column	0 504 050	0 000 100	205 060	E0 64E
(A) amount, list line 11g expenses on Schedule O.)	2,524,879.	2,077,172.	397,062.	50,645.
12 Advertising and promotion	731,558.	720,511.	60 461	11,047.
13 Office expenses	634,691.	230,845.	60,461.	343,385.
14 Information technology	0.			
<b>15</b> Royalties	0.			
16 Occupancy	243,056.	211,489.	23,027.	8,540.
17 Travel	243,030.	211,100.	25,027.	0,340.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
	222,470.	17,104.	16,688.	188,678.
19 Conferences, conventions, and meetings	44,467.	, -	44,467.	
20 Interest	0.			
22 Depreciation, depletion, and amortization	1,012,630.	911,367.		101,263.
23 Insurance	387,927.	271,043.	116,884.	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.)				
aART PURCHASES	4,809,419.	4,809,419.		
bMISCELLANEOUS EXPENSES	3,123,305.	2,862,530.	209,798.	50,977.
cREPAIRS & MAINTENANCE	1,538,630.	1,223,870.	313,020.	1,740.
dPENSION LIABILITY ADJUSTMENT	1,090,354.		1,090,354.	
e All other expenses	3,361.	-58,945.	60,978.	1,328.
25 Total functional expenses. Add lines 1 through 24e	32,849,751.	24,790,071.	5,337,451.	2,722,229.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundamental collections. Check here				
fundraising solicitation. Check here   if   following SOP 98-2 (ASC 958-720)	0.			

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	7,736.	1	7,636.
	2	Savings and temporary cash investments	4,569,991.	2	16,309,320.
	3	Pledges and grants receivable, net	16,015,707.	3	12,493,210.
	4	Accounts receivable, net	2,887,690.	4	2,501,961.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	354,041.	8	387,217.
Ą	9	Prepaid expenses and deferred charges	2,617,001.	9	739,401.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,171,357.			
	b	Less: accumulated depreciation	10,508,114.	10c	9,668,044.
	11	Investments - publicly traded securities	146,773,539.	11	142,907,722.
	12	Investments - other securities. See Part IV, line 11	81,424,626.	12	88,424,395.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	420,245.	15	355,979.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	265,578,690.	16	273,794,885.
	17	Accounts payable and accrued expenses	7,983,591.	17	7,831,596.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	570,023.	19	468,958.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
ij.		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	0.	22	0.
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties	471,431.	23	2,834,439.
	24	Unsecured notes and loans payable to unrelated third parties	2,385,000.	24	2,385,000.
	25	Other liabilities (including federal income tax, payables to related third	· · ·		, ,
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	207,852.	25	0.
	26	Total liabilities. Add lines 17 through 25	11,617,897.	26	13,519,993.
		Organizations that follow FASB ASC 958, check here ► X	· ·		
ĕ		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	9,662,889.	27	19,456,327.
B	28	Net assets with donor restrictions	244,297,904.	28	240,818,565.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶			
Ę		and complete lines 29 through 33.			
Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net /	32	Total net assets or fund balances	253,960,793.	32	260,274,892.
ž	33	Total liabilities and net assets/fund balances	265,578,690.	33	273,794,885.
			· · ·		Form <b>990</b> (2019)

DALLAS MUSEUM OF ART

Form 99	90 (2019)			Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		344,	
2		2	32,	849,	751.
3		3		494,	
4		4		960,	
5	Net unrealized gains (losses) on investments	5		819,	141.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0	260,	274,	892.
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," exp	lain ii	n		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled o	r		
	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?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a	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 overs	ight o			
	the audit, review, or compilation of its financial statements and selection of an independent accountant			X	
	If the organization changed either its oversight process or selection process during the tax year, exp	lain oi	n		
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth				37
	Single Audit Act and OMB Circular A-133?				X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	its	. 3b		

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

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

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS MUSEUM OF ART

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

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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,480,877.	18,338,540.	20,813,656.	37,660,150.	28,862,174.	123,155,397.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge	3,447,664.	3,447,663.	3,388,685.	3,004,018.	2,801,740.	16,089,770.			
4	Total. Add lines 1 through 3	20,928,541.	21,786,203.	24,202,341.	40,664,168.	31,663,914.	139,245,167.			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount									
_	shown on line 11, column (f)						7,621,424.			
6	Public support. Subtract line 5 from line 4						131,623,743.			
	tion B. Total Support	4 > 0045	41.0040	() 0047	( 1) 00 ( 0	4 ) 0040				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total			
7 8	Amounts from line 4.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,928,541. 3,075,991.	21,786,203.	24,202,341. 4,341,168.	40,664,168. 5,468,136.	31,663,914. 4,168,038.	20,393,162.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		206,485.	149,032.	218,851.	123,480.	697,848.			
11	Total support. Add lines 7 through 10						160,336,177.			
12	Gross receipts from related activities, etc. (s	see instructions) .				12	19,518,022.			
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶			
	tion C. Computation of Public Sup						82.09 <b>%</b>			
14	Public support percentage for 2019 (li		•			14	82.27 <b>%</b>			
15	Public support percentage from 2018					15				
16a	331/3% support test - 2019. If the organization q	•								
h	331/3% support test - 2018. If the organization q									
b	this box and <b>stop here.</b> The organization									
17a	10%-facts-and-circumstances test - 2	-		-						
174	10% or more, and if the organization	_								
	Part VI how the organization meets t					•	•			
	organization			_	•					
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	2018. If the organization meets	ganization did no the "facts-and	ot check a box -circumstances"	on line 13, 16 test, check tl	a, 16b, or 17a, nis box and <b>st</b> o	and line op here.			
18	Explain in Part VI how the organizati supported organization						▶ □			
. •	instructions		•		•					

Schedule A (Form 990 or 990-EZ) 2019 Page **3** 

#### 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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	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) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
10	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first. seco	nd. third. fourth	or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop here.	_					
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		_	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, li	ne 15			16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2019 (lir			13, column (f))		17	%
18	Investment income percentage from 2018 S						%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga			•	• •		· ·
-	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•			

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

				- 3
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 in (b) and (c) below, the governing body of a supported organization?	110		
h	A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations	110		
	on 2. Type i oupperung organizatione		Yes	No
4	Did the directors tructors or membership of one or more supported organizations have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
34	<u> </u>	2		
Secti	on C. Type II Supporting Organizations		Vaa	N <sub>a</sub>
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control</i>			
	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			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	tructi	ons)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	duod	0110).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Astrice Test Assessed Astronomy (a) and (b) below		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
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 <b>Part VI identify</b>			
	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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	٥.		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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? <i>Provide details in Part VI.</i>	33		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions			Current Year				
1	Amounts paid to supported organizations to accomplish ex	cempt purposes						
2	Amounts paid to perform activity that directly furthers exer							
	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations					
4	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	<b>Total annual distributions.</b> Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.							
9_	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019				
_1	Distributable amount for 2019 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2019							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
_3	Excess distributions carryover, if any, to 2019							
a	From 2014							
b	From 2015							
c	From 2016							
d	From 2017							
e	From 2018							
f	Total of lines 3a through e							
<u>g</u>	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2019 distributable amount							
<u>i</u>	Carryover from 2014 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from							
	Section D, line 7: \$ Applied to underdistributions of prior years							
a b	Applied to 2019 distributable amount							
	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
J	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in <b>Part VI.</b> See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
·	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2020. Add lines 3j							
-	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2015							
b	Excess from 2016							
С	Excess from 2017							
d	Excess from 2018							
e	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

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

Schedule A (Form 990 or 990-EZ) 2019

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

or 990-PF)

Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Schedule of Contributors

OMB No. 1545-0047

2019

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization DALLAS MUSEUM OF ART

Employer identification number 75-0808774

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization DALLAS MUSEUM OF ART

Employer identification number 75-0808774

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7	Humo, dudress, und Em 1 4	\$\$ 1,420,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
9		\$\$	Person 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.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person 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.)

Name of organization DALLAS MUSEUM OF ART

Employer identification number 75-0808774

art II	Noncash Property	(see instructions)	). Use duplicate c	opies of Part II if a	dditional space is needed.
--------	------------------	--------------------	--------------------	-----------------------	----------------------------

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

#### **SCHEDULE D** (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

DAI	LLAS MUSEUM OF ART		75-0808	774		
Pa	organizations Maintaining Donor Advised Funds or Other Similar Fu		Accounts.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 6.				
	(a) Donor advised funds		(b) Funds ar	nd other acc	ounts	
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 asset	ts held ir	n donor advise	d	_	_
	funds are the organization's property, subject to the organization's exclusive legal cont	trol?		. L Ye	s 🖳	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that	grant fun	ids can be use	d		
	only for charitable purposes and not for the benefit of the donor or donor advisor, or	or for an	y other purpos	е		_
	conferring impermissible private benefit?			Ye	s	No
Pa	art II Conservation Easements.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 7.				
1	Purpose(s) of conservation easements held by the organization (check all that apply).					
	Preservation of land for public use (for example, recreation or education)	rvation of	f a historically i	mportant la	and ar	rea
	Protection of natural habitat Preser	rvation of	f a certified his	toric struct	ure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	ution in t				
	easement on the last day of the tax year.	-	Held at th	ne End of th	e Tax	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic structure included in (a)		2c			
d	Number of conservation easements included in (c) acquired after 7/25/06, and not					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, released, extinguished, of	or termin	ated by the or	ganization	durii	ng 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,	-	_			
_	violations, and enforcement of the conservation easements it holds?			└─ Ye	_	⊔ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en	ntorcing c	onservation ease	ements duri	ng the	e year
_	A constant and a constant and the consta				0.	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	ording cor	nservation ease	ements auri	ng tn	e year
	▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements	of acation	o 170/b)///\/D)/i	١		
8	and section 170(h)(4)(B)(ii)?			′ 🔲 Ye	_ [	No
9	In Part XIII, describe how the organization reports conservation easements in its reve				s <u> </u>	NO
9	balance sheet, and include, if applicable, the text of the footnote to the organization's		•		s the	
	organization's accounting for conservation easements.	manoia	i otatomonto tric	21 00001100	3 1110	
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or	r Other	Similar Asset	:s.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its	revenue	statement and	balance s	sheet	works
	of art, historical treasures, or other similar assets held for public exhibition, edu- service, provide in Part XIII the text of the footnote to its financial statements that desc	cation. c	or research in	furtheranc	e of	public
_	•			مام ممما		ماده م
b	If the organization elected, as permitted under FASB ASC 958, to report in its rev art, historical treasures, or other similar assets held for public exhibition, education, provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		▶	\$		
	(ii) Assets included in Form 990, Part X		▶	\$		
2	If the organization received or held works of art, historical treasures, or other s					
	following amounts required to be reported under FASB ASC 958 relating to these item			<u>.</u>		
а	Revenue included on Form 990, Part VIII, line 1		▶	\$		
b				\$		

Schedule D (Form 990) 2019 Page **2** 

Pa	rt III Organizations Maintain	ing Collections	of Art, Histo	rical Tre	easures,	or Other	Similar Assets	(continu	ed)	
3	Using the organization's acquisition	on, accession, an	d other reco	rds, checl	k any of t	he follow	ing that make si	gnificant	use o	of its
	collection items (check all that app	ıly):								
а	X Public exhibition		d 🖸	X Loan	or exchan	ge progra	m			
b	X Scholarly research		е	Other						
С	X Preservation for future gene	rations								
4	Provide a description of the orga	nization's collection	ons and expl	ain how	they furth	er the or	ganization's exem	pt purpo	se in	Part
	XIII.									
5	During the year, did the organization	on solicit or receiv	e donations o	of art, hist	orical trea	sures, or	other similar			_
	assets to be sold to raise funds rath		ntained as pa	art of the	organizati	on's collec	ction?	Yes	X	No
Pa	Complete if the organiza	•	Yes" on For	m 990, F	Part IV, lir	ne 9, or r	eported an amo	unt on F	orm	
4.	990, Part X, line 21.	a austadian ar a	th a = int a === a	diam t far a			* 0000to mot			
та	Is the organization an agent, truste									7 N.
<b>L</b>	included on Form 990, Part X? If "Yes," explain the arrangement i	n Dort VIII and as	malata tha fa	llowing tol	a a a a a a			Yes	·	No
D	ii res, explain the arrangement	II Part Alli allu co	implete the lo	ilowing tai	ole.		Amou	nt .		
_	Beginning balance				4	_	Allioui	i i i		
	Additions during the year									
u a	Distributions during the year					d				
f	Ending balance									
	Did the organization include an am						account liability?	Yes		No
	If "Yes," explain the arrangement i						-			-
	rt V Endowment Funds.	Transam Griden	11010 11 1110 0	<del>дріанаціон</del>	11100 00011	provided	on a com			
. ~	Complete if the organiza	ation answered "	Yes" on For	m 990, F	Part IV, Iir	ne 10.				
		(a) Current year	(b) Pric		(c) Two y		(d) Three years back	(e) Fou	r years	back
1 2	Beginning of year balance	220,389,475		8,793.	193,92	5,247.	174,268,617			687.
b	Contributions	13,263,983		5,058.		8,797.	855,322			,387.
	Net investment earnings, gains,									
C	and losses	7,146,549	11,73	0,548.	20,05	2,823.	26,961,273	4,	392,	621.
Ч	Grants or scholarships									
	Other expenditures for facilities									
C	and programs	8,838,957	7,96	4,924.	8,30	8,074.	8,159,965	. 7,	912,	,836.
f	Administrative expenses	359,106	5.							
g g	End of year balance	231,601,944	. 220,38	9,475.	209,02	8,793.	193,925,247	. 174,	268,	617.
2	Provide the estimated percentage	of the current ve	ar end balanc	e (line 1a	column (a	ı)) held as				
- a	Board designated or quasi-endown		00 %	o (o .g,	, 001411111 (0	ijj Hold do	•			
b	Permanent endowment ► 67.8	3000 %								
С	Term endowment ▶ 25.5900	%								
	The percentages on lines 2a, 2b, a	and 2c should equ	al 100%.							
3a	Are there endowment funds not in	the possession o	f the organiza	ation that	are held a	and admir	nistered for the			
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations li	sted as requir	ed on Sch	nedule R?.			3b		
4	Describe in Part XIII the intended		zation's endo	wment fu	nds.					
Pa	rt VI Land, Buildings, and Equal Complete if the organiz	uipment.	"Voo" on Fo	rm 000	Dort IV/ li	00 110 9	Soo Form 000 F	Oort V lie	. 10	
	Description of property		t or other basis		or other basis		cumulated	(d) Book v		<u>·</u>
			vestment)		other)		eciation	(=, DOOK V		
1a	Land									
b	Buildings			18,5	535,278	. 9,6	20,706.	8,9	14,5	72.
С	Leasehold improvements				200	1 -	24.053	-	1.0	
d	Equipment				207,641		94,863.		12,7	
	Other				128,438		87,744.		40,6	
Tota	I. Add lines 1a through 1e. (Column	n (d) must egual F	orm 990, Part	X. colum	n (B). line	10c.)	<b>▶</b>	9,6	68,0	)44.

Page 3 Schedule D (Form 990) 2019

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1) Financia	al derivatives			
	held equity interests			
(3) Other_				
	PORATE BONDS&OTHER DEBT SEC	42,062,773.	FMV	
	ERNATIVE INVESTMENTS	46,361,622.	FMV	
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	88,424,395.		
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
Tartix	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) li	ine 15.)		
Part X	Other Liabilities.  Complete if the organization answered line 25.			m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Feder	al income taxes	· · · · · · · · · · · · · · · · · · ·		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	nat 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

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Schedule D (Form

Schedule D (Form 990) 2019

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Part XI  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.  Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	43,095,201.
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 Fart Ann.)	2e	4,750,492.
e	Add lines 2a through 2d	3	38,344,709.
3 4	Subtract line <b>2e</b> from line <b>1</b>		, ,
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	38,344,709.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		26 525 040
1	Total expenses and losses per audited financial statements	1	36,735,242.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Denoted services and use of facilities   2a   3,122,145.		
a	Donated services and use of facilities 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	-	
b	Thor year adjustments	-	
c d	Other losses         2c           Other (Describe in Part XIII.)         2d         763,346.	1	
e	Add lines 2a through 2d	2e	3,885,491.
3	Subtract line 2e from line 1	3	32,849,751.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
_ C	Add lines 4a and 4b	4c	32,849,751.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	32,049,731.
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  SEE PAGE 5			

Schedule D (Form 990) 2019 DALLAS MUSEUM OF ART 75-0808774 Page **5** 

#### Part XIII Supplemental Information (continued)

SFAS 116 EXCLUSION OF ART AND HISTORICAL TREASURES

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

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

WORKS OF ART ARE NOT RECOGNIZED AS ASSETS ON THE CONSOLIDATED STATEMENTS
OF FINANCIAL POSITION. PURCHASES OF WORKS OF ART ARE RECORDED AS
DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE
ACQUIRED OR AS TEMPORARILY RESTRICTED NET ASSETS IF THE ASSETS USED TO
PURCHASE THE ITEMS ARE RESTRICTED BY THE DONORS. CONTRIBUTED WORKS OF ART
ARE NOT REFLECTED ON THE CONSOLIDATED FINANCIAL STATEMENTS. PROCEEDS
FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS INCREASES IN
THE APPROPRIATE NET ASSET CLASS.

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 DALLAS MUSEUM OF ART 75-0808774 Page **5** 

#### Part XIII Supplemental Information (continued)

COLLECTIONS OF ART

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

THE MUSEUM MAINTAINS AN ENCYCLOPEDIC COLLECTION OF ART TO PROVIDE ART

EXHIBITS, EDUCATIONAL SERVICES, LECTURES AND OTHER PROGRAMS TO FURTHER

ITS EXEMPT PURPOSE OF COLLECTING, PRESERVING, PRESENTING AND INTERPRETING

WORKS OF ART OF THE HIGHEST QUALITY.

#### ENDOWMENT FUNDS

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

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

FIN 48 (ASC 740)

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

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

CONSOLIDATED FINANCIAL STATEMENTS:

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

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

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

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 DALLAS MUSEUM OF ART 75-0808774 Page **5** 

#### Part XIII Supplemental Information (continued)

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

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

30, 2020 AND 2019. 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 ESTIMATES THAT IT INCURRED \$10,506 AND \$19,139 OF INCOME TAXES

ON UNRELATED BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2020 AND

2019, RESPECTIVELY. 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 FUNDRAISING EXPENSES TO NET WITH REVENUE: \$288,916

RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$420,933

REMOVAL OF ART-FACTS, INC. REVENUE: \$ 99,357

TOTAL: \$809,206

#### RECONCILIATION OF EXPENSES

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

RECLASS OF FUNDRAISING EXPENSES TO NET WITH REVENUE: \$288,916

RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$420,933

REMOVAL OF ART-FACTS, INC. COST OF GOODS SOLD \$ 22,375

REMOVAL OF ART-FACTS, INC. EXPENSES: \$ 31,122

TOTAL: \$763,346

Schedule D (Form 990) 2019

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number DALLAS MUSEUM OF ART 75-0808774 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Sche	edule	DALLAS e G (Form 990 or 990-EZ) 2019	MUSEUM OF ART		75-	-0808774 Page <b>2</b>
Pa	rt l	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts greaters.	aising event contribut			
			(a) Event #1 SILVER SUPPER	(b) Event #2 ART IN BLOOM	(c) Other events	(d) Total events (add col. (a) through col. (c))
d)			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	332,700.	298,636.	201,226.	832,562.
ď	_	Loos: Contributions	252,852.	146 221	06 500	105 771
	3	Less: Contributions Gross income (line 1 minus line 2)	79,848.		96,588. 104,638.	495,771. 336,791.
	4	Cash prizes	,			
	5	Noncash prizes				
suses	6	Rent/facility costs	47,270.		40,000.	87,270.
<b>Direct Expenses</b>	7	Food and beverages	45,612.	29,530.	408.	75,550.
Direc	8	Entertainment				
	9	Other direct expenses	27,609.	51,016.	47,469.	126,094.
	10 11	Direct expense summary. Add lin Net income summary. Subtract lii	es 4 through 9 in colu ne 10 from line 3. colu	mn (d)		288,914. 47,877.
Pa			anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect E	4	Rent/facility costs				
<u> </u>	5	Other direct expenses				

	0.1/1		Yes %		Yes%	-	Yes	%				
	6 Volunteer labor	_	No		]No		No					
	7 Direct expense summary. Add line	es 2	2 through 5 in colun	nn	(d)			<b>-</b>				_
	8 Net gaming income summary. Su	btra	act line 7 from line	1, c	olumn (d)			<b>•</b>				
9 a b	Enter the state(s) in which the orgals the organization licensed to condit "No," explain:					s?			. L	Yes	No	_ D
10a b	Were any of the organization's gaming If "Yes," explain:	lice	enses revoked, susp	end	ed, or terminated du	ring	g the tax year	r?		Yes	No	<b>D</b>
							Sche	edule G (	Form 9	90 or 990	-EZ) 20	19

#### DALLAS MUSEUM OF ART

Sched	dule G (Form 990 or 990-EZ) 2019		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 entity		
	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 books and records:		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
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 ▶		
			<b>-</b>
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
u	retain the state gaming license?	Yes	No
b			
-	or spent in the organization's own exempt activities during the tax year > \$		
Par			

Schedule G (Form 990 or 990-EZ) 2019

### SCHEDULE I (Form 990)

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

2019

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identification	on number
DALLAS MUSEUM OF ART						75-080877	4
Part I General Information on Grants and	Assistanc	е					
<ol> <li>Does the organization maintain records to su the selection criteria used to award the grants</li> <li>Describe in Part IV the organization's proced</li> </ol>	or assistand	e?					X Yes No
Part II Grants and Other Assistance to Do	mestic Or	ganizations ar	nd Domestic Gov	vernments. Com	plete if the organiza	ation answered "Yo	es" on Form 990,
Part IV, line 21, for any recipient th	at received	more than \$5	,000. Part II can I	oe 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 non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul> <li>2 Enter total number of section 501(c)(3) and g</li> <li>3 Enter total number of other organizations liste</li> </ul>		•					

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

Schedule I (Form 990) (2019)

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DALLAS MUSEUM OF ART 75-0808774

Schedule I (Form 990) (2019)

## 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	35.	11,600.		N/A	N/A
2					
3					
4					
5					
6					
7					

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

MONITORING THE USE OF GRANTS

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

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

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

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

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

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

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

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

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

Schedule I (Form 990) (2019)

DALLAS MUSEUM OF ART 75-0808774

Schedule I (Form 990) (2019)

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					
1					
j					
)					

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

COMMITTEE DETERMINES GRANT AMOUNT BASED ON SUBMITTED BUDGET, NUMBER OF

QUALIFIED APPLICANTS, AND GRANT FUNDS AVAILABLE.

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

SMALL AMOUNTS OF THE GRANTS.

Schedule I (Form 990) (2019)

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

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

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

DALLAS MUSEUM OF ART

Inspection Employer identification number

75-0808774

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  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)			
	Many of the house of the Asian should distribute and the following matter and the second seco			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
_	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
•				
3	Indicate which, if any, of the following the organization used to establish the compensation of the 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				
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
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
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		Х
	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		Х
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) 2019

DALLAS MUSEUM OF ART 75-0808774

Schedule J (Form 990) 2019

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

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

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

		(B) Breakdown of	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
DOROTEO AGUSTIN ARTEAGA	(i)	597,597.	0.	0.	11,200.	7,384.	616,181.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
BRENDA BERRY	(i)	212,311.	0.	0.	8,584.	650.	221,545.	0.
<b>2</b> <sup>CFO</sup>	(ii)	0.	0.	0.				
TAMARA WOOTTON-BONNER	(i)	265,214.	0.	0.	8,774.	650.	274,638.	0.
3 DEPUTY DIRECTOR	(ii)	0.	0.	0.				
AMIR TABEI	(i)	145,710.	0.	0.	1,875.	5,200.	152,785.	0.
4DIR. OF TECHNOLOGY & DIGITAL	(ii)	0.	0.	0.				
CYNTHIA CALABRESE	(i)	219,626.	0.	0.	8,789.	845.	229,260.	0.
5DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.				
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

DALLAS MUSEUM OF ART 75-0808774

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

Schedule J (Form 990) 2019

9E1505 1.000

JSA

## SCHEDULE M (Form 990)

**Noncash Contributions** 

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

OMB No. 1545-0047
2019

Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990.

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

Employer identification number 75-0808774

DALLAS MUSEUM OF ART

Par	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c)  Noncash contribution amounts reported on	Method of noncash cont			
4	Art - Works of art			Form 990, Part VIII, line 1g	N/A			
1 2	Art - Historical treasures			· ·				
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
6	Cars and other vehicles							
-								
7 8	Boats and planes							
-	Intellectual property Securities - Publicly traded		15.	721,379.	FMV			
9			13.	721,375.	1111			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
40	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►() Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received							
	which the organization completed F	Form 8283,	Part IV, Donee Acknowledg	gement	29	-		
							Yes	No
30a	During the year, did the organizat				-			
	28, that it must hold for at least the	-			-			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard			
	contributions?					31	Х	
32a	Does the organization hire or use	third parti	es or related organization	s to solicit, process, or s	sell noncash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a	) is checked,			
	describe in Part II.		·					

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

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

CONTRIBUTIONS OF ART

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

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

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B:

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

HIRE THIRD PARTIES TO PROCESS CONTRIBUTIONS

FORM 990, SCHEDULE M, LINE 32B:

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

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

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2:

THE FOLLOWING TRUSTEES HAVE FAMILY RELATIONSHIPS:

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

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11:

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

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C:

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

COMPENSATION REVIEW PROCESS

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

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

ADDITIONALLY, THE MUSEUM CONSIDERS FACTORS SUCH AS THE ANNUAL PERFORMANCE

Name of the organization

DALLAS MUSEUM OF ART

Employer identification number
75-0808774

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

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19:

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

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

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

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

ATTACHMENT 1

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

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

ATTACHMENT 2

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

THE DALLAS MUSEUM OF ART ORGANIZES AND PRESENTS INNOVATIVE

EXHIBITIONS AND PROGRAMS FOR THE ENRICHMENT OF THE DALLAS

COMMUNITY. EACH YEAR, APPROXIMATELY 23 EXHIBITIONS ARE PRESENTED

BY THE MUSEUM, 11 EXHIBITIONS DRAW PRIMARILY FROM ITS OWN

COLLECTIONS OR WITH LOANS, AND AN ADDITIONAL TWO NATIONALLY AND

INTERNATIONALLY TOURING EXHIBITIONS ALSO ARE PRESENTED AT THE DMA

ATTACHMENT 2 (CONT'D)

OR TOURING. THE COLLECTION INCLUDES OVER 24,000 OBJECTS SPANNING
5,000 YEARS OF HUMAN HISTORY ORIGINATING FROM CULTURES ON EVERY
CONTINENT. PRIMARY TO THE MISSION OF THE MUSEUM IS THE
STEWARDSHIP, PROTECTION, AND DEVELOPMENT OF THE COLLECTION. TO
ENGAGE VISITORS TO THE COLLECTION, THE MUSEUM HAS DEVELOPED A
GROWING REPOSITORY OF DIGITAL RESOURCES ACCESSIBLE ON THE INTERNET
THAT SERVES RESEARCHERS, STUDENTS, EDUCATORS, AND ART ENTHUSIASTS.
THE COLLECTION ALSO IS AT THE CENTER OF THE EXHIBITION AND
EDUCATION PROGRAMS FOR VISITORS INCLUDING GALLERY TALKS AND
ART-MAKING ACTIVITIES.

ATTACHMENT 3

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

EDUCATION AND INTERPRETATION - 23% OF VISITORS TO THE DMA

PARTICIPATED IN AN EDUCATIONAL PROGRAM THROUGH MARCH 2020. TO

SUPPORT THE HEALTH OF OUR COMMUNITY, THE DMA CLOSED TO THE PUBLIC

IN MARCH WITH THE ONSET OF THE PANDEMIC AND CANCELLED IN PERSON

PROGRAMMING AT THE MUSEUM. HOWEVER, WE WERE ABLE TO PIVOT WITH

ONLINE OFFERINGS AND TAKE HOME ART KIT EVENTS WITH COMMUNITY

PARTNERS, RESULTING IN OVER 4,000 PROGRAMS CONNECTING VISITORS

WITH THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS. K-12

STUDENT PROGRAMS PROVIDED TOURS AND CREATIVE EXPERIENCES FOR

APPROXIMATELY 49,000 STUDENTS FROM PUBLIC AND PRIVATE SCHOOLS IN

DALLAS AND ITS SURROUNDING COUNTIES. THE DMA OFFERS PROGRAMS FOR

VISITORS IN ALL STAGES OF LIFE, INCLUDING PROGRAMS AND LEARNING

ATTACHMENT 3 (CONT'D)

SPACES DEDICATED TO EDUCATING BABIES, TODDLERS, AND CHILDREN UNDER THE AGE OF FIVE ABOUT ART AND CREATIVE EXPRESSION. WE ALSO ENGAGED APPROXIMATELY 2,500 VISITORS THROUGH ACCESS PROGRAMS, WHICH ARE SPECIFICALLY DESIGNED FOR VISITORS WHO ARE BLIND OR PARTIALLY SIGHTED; HAVE DEVELOPMENTAL DISABILITIES; HAVE EARLY STAGE DEMENTIA; OR ARE ON THE AUTISM SPECTRUM. IN ADDITION, THE DMA BUILDS RELATIONSHIPS WITH THE COMMUNITY THROUGH OUTREACH, SERVING OVER 19,000 INDIVIDUALS THROUGH PROGRAMS OUTSIDE OF THE MUSEUM, INCLUDING FESTIVALS AND PARTNERSHIPS WITH AREA CULTURAL AND COMMUNITY ORGANIZATIONS. THE GO VAN GOGH OUTREACH PROGRAM, WHICH SERVED APPROXIMATELY 6,100 STUDENTS IN PERSON PRIOR TO CLOSURE, IS A SIGNATURE VEHICLE FOR THE MUSEUM'S OUTREACH TO DFW AREA STUDENTS. COMMUNITY PARTNERS INCLUDE TEXAS WOMEN'S UNIVERSITY SCHOOL OF OCCUPATIONAL THERAPY, UT SOUTHWESTERN MEDICAL SCHOOL, DALLAS INDEPENDENT SCHOOL DISTRICT, RESOURCE CENTER - YOUTH FIRST, DANCE FOR PD, TALKSTEM, TRINITY RIVER MISSION, THE STEWPOT, DALLAS PUBLIC LIBRARY, SOUTH DALLAS CULTURAL CENTER, DALLAS BLACK DANCE THEATRE, UNITED BLACK ELLUMENT VOGUE ACADEMY, THE DALLAS WAY AND MANY OTHERS.

ATTACHMENT 4

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TARRANT CONSTRUCTION SERVICES, LTD 2225 W PETER SMITH ST FORT WORTH, TX 76102

CONSTRUCTION SERVICE

264,892.

Schedule O (Form 990 or 990-EZ) 2019 Page **2** 

Name of the organization

DALLAS MUSEUM OF ART

To 10808774

ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION		
SLINGSHOT, LLC 208 N MARKET ST #500 DALLAS, TX 75202	MARKETING SERVICES	221,761.		
CLEARBROOK INVESTMENT CONSULTING, LLC 40 EAST 25 ND STREET, 15TH FLOOR NEW YORK, NY 10022	FINANCIAL SERVICES	178,921.		
BRIGHTVIEW LANDSCAPE SERVICES 2315 SOUTHWELL ROAD DALLAS, TX 75229	LANDSCAPE SERVICES	157,895.		
STEVEN & WILLIAM LADD INCORPORATED 526 WEST 26TH SUITE 1004 NEW YORK, NY 10001	SPECIAL EVENT SVCS	150,000.		

ATTACHMENT 5

#### FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST
BOOK VALUE

EQUITY SECURITIES

142,907,722.

FMV

TOTALS

142,907,722.

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

Part I

Department of the Treasury

## **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.

Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization Employer identification number DALLAS MUSEUM OF ART 75-0808774

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

	(a) Name, address, and EIN (if applicable) of disregarded entity		F	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct co enti	ntrolling
(1)									
(2)									
(3)									
(4)			-						
(5)									
(6)									
Part II	Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	Complete if the tax year.	ne org	ganization ansv	vered "Yes" on Fo	orm 990, Part IV,	line 34, because	it had	
	(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity		(c) Legal domicile (state or foreign country		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	cont	g) 512(b)(13) rolled iity?
(1)								Yes	No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
F D	ward Dadustian Act Natice are the Instructions for Form O	00		1			Schodulo P	/Form 0	2010

Schedule R (Form 990) 2019

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)	Legal Direct controlling entity entity distance of total period of the controlling entity entity excluded from tax under Share of total income income income excluded from tax under		(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership	
		,,		,			Yes	No		Yes	No	
<u>(1)</u>												
(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 organiza	ition	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	cont	tion b)(13) rolled tity?
									Yes	No
(1) MUSEUM SERVICES CORPORATION	75-2246413									
1717 N. HARWOOD DALLAS, TX 75201		HOLDING COMPA	TX	DMA	C CORP		1,000.	100.0000	х	
(2) MUSEUM BEVERAGES, INC.	75-2246413									
1717 N. HARWOOD DALLAS, TX 75201		INACTIVE	TX	DMA	C CORP			100.0000	x	
(3) ART-FACTS, INC.	75-2251274									
1717 N. HARWOOD DALLAS, TX 75201		RETAIL	TX	MUS SERV. CORP.	C CORP	99,357.	427,756.	100.0000	x	
(4) DALLAS ART MUSEUM LEAGUE										
1717 N. HARWOOD DALLAS, TX 75201		INACTIVE	TX	DMA	ASSOCIATION			100.0000	x	
(5)										_
(6)										
(7)										

Schedule R (Form 990) 2019

Sched	ule R (Form 990) 2019					Pa	ge <b>3</b>				
Par	Transactions With Related Organizations. Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35b, or 36.								
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 related organizations listed in Parts II-IV?										
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X				
b	Gift, grant, or capital contribution to related organization(s)										
С	Gift, grant, or capital contribution from related organization(s)										
d	Loans or loan guarantees to or for related organization(s)										
е	Loans or loan guarantees by related organization(s)				1e		Х				
f	f Dividends from related organization(s)										
g	Sale of assets to related organization(s)										
h	Purchase of assets from related organization(s)				1h		X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k	k Lease of facilities, equipment, or other assets from related organization(s)										
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)										
m	m Performance of services or membership or fundraising solicitations by related organization(s)										
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
0	o Sharing of paid employees with related organization(s)										
					1p	Х					
р	Reimbursement paid to related organization(s) for expenses										
q	q Reimbursement paid by related organization(s) for expenses										
							3.7				
r	Other transfer of cash or property to related organization(s)				1r		X				
	Other transfer of cash or property from related organization(s).	de la constanta			1s		X				
	If the answer to any of the above is "Yes," see the instructions for information on who must complete	1		ction thre	snoia (d)	S.					
	(a) Name of related organization  (b) Transaction Amount involved type (a-s)										
(1)	N/A										
(2)											
(3)											
(4)											

Schedule R (Form 990) 2019

(5)

4/6/2021

1:46:45 PM

Schedule R (Form 990) 2019

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

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

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

Schedule R (Form 990) 2019

Page 4

Schedule R (Form 990) 2019 Page 5

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