Form	9	9	0	
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F

Return of Organization Exempt From Income Tax

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

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

6 Open to Public

OMB No. 1545-0047

Interr	nal Reve	enue Serv	ice		🕨 In	formation	abou	It Form 9	990 and	its iı	nstructions	s is at w	ww.irs.	gov/f	ormg	990.			Insp	ecti	on
A F	or th	ne 201	7 cale	ndar year,	or tax	year beg	ginnin	ig	(07/	′01, 201 7	7, and e	ending				0	6/30,	20	18	
_			C Nam	e of organizati	on										DE	Employer	identi	fication r	numbe	er	
B c	heck if a	pplicable:	DA	LLAS MUS	SEUM	OF ART															
	Addr		Doin	g Business As											-	75-080	0877	74			
		e change		ber and stree	t (or P.C). box if mail	is not o	delivered tr	o street ad	dress	s)	Room/s	uite		E 1	Felephone	numb	ber			
	-	l return	17	17 NORTH	I HAR	WOOD S	т.								(2)	14) 9	22-	1200			
-	+	inated		or town, state				ZIP or fore	ian postal	code					(_)						
-	Amer			LLAS, TX			,,		gri pootai						6	Gross rece	vinte (2 0	51	,597.
	retur			e and address				AGUST	יס ג דאז	᠇ᢑ᠌ᡕ					_	Is this a g			· ·	′es	X N
	pend	ing		17 NORTH	•											subordinat	ies?	F			
									-	15.					H(b)	Are all sub				'es	
		empt sta		X 501(c)(3	3)	501(c) (()	(ins	sert no.)		4947(a)(1)	or	527					list. (see in		ns)	
				DMA.ORG		1 1									• •	Group exe	· ·		-		
				X Corpora	tion	Trust	Ass	ociation	Othe	r 🕨	•	L `	Year of f	ormat	ion:	1940 N	Sta	te of lega	l dom	cile:	TX
Pa	art l		nmary																		
	1	Briefly	descr	ibe the orgar	nization	's mission	or mo	ost signifi	cant activ	/ities	; THE D	ALLAS	MUS	EUM	OF	'ART	IS_	A SPA	ACE	OF.	
e		WONI	DER A	AND DISC	OVER	Y WHERI	E AR	T COM	ES AL	IVE	Ξ										
Governance																					
/eri	2	Check	this bo	ox 🕨 🗌 if	the or	ganization	disco	ontinued	its opera	tion	s or dispos	ed of mo	ore than	25%	of its	s net ass	ets.				
é	3	Numb	er of vo	oting membe	rs of th	ne governir	ng bod	ly (Part V	I, line 1a))							3				66.
	4	Numb	er of in	dependent v	otina n	nembers o	f the	aovernine	a bodv (P	art V	/I. line 1b)			• •			4				66.
Activities &	5			, r of individua													5	-			308.
ivi	6			of volunteer													6				463.
Act	72	Total	inrelat	ed business		a from Part	· \/III) Column (() line 12	••• >						• • • •	7a	-			0
				d business ta													7b			15	5,889
		Net ui	lielate					11 990-1,	1116 34				••••			ior Year	110	-	urre		
		Contri	hutione	and grants (II line (h)							-			, 338, 5	340				,656
ne	8	Contri	Dutions	and grants(Part VI	II, line In)	• • •		• • • •	• •	COF	Y FOR				,351,2					,228
Revenue	9	Progra	am serv	vice revenue	(Part VI	III, line 2g)				• •	PUBLIC I	NSPECT	пои			,965,4					,220 ,948
Re	10	mvest	mentin	icome (Fait	viii, co	iuiiiii (A), ii	ines 5	, 4, anu <i>1</i>	u)				⊢		/ /						
	11			ie (Part VIII,											0.0	907,2					4,832
	12			e - add lines		•									29,	,562,4			33,		,664
	13			imilar amour												24,4		-		25	5,691
	14			l to or for me													0.	-			0
s	15			er compensa											13,	,838,3		-	13,	493	,644
Expenses	16a	Profes	sional	fundraising f	ees (Pa	art IX, colun	mn (A)	, line 11e	e)								0.	•			0
ğ	b	Total f	undrai	sing expense	es (Part	IX, column	n (D), I	ine 25) 🕽	►	2,'	703,421	L <u>.</u>									
ш	17	Other	expens	ses (Part IX,	column	(A), lines '	11a-1 ⁻	1d, 11f-24	4e)				L			,674,4					,523
	18	Total e	expens	es. Add lines	s 13-17	' (must equ	ial Par	t IX, colu	mn (A), li	ine 2	25)		L		28,	,537,3	301.				,858
	19			s expenses.											1,	,025,1	.75.		б,	082	2,806
Net Assets or Fund Balances													1	Begin	ning	of Curren	t Year	r í	End o	Yea	r
lan	20	Total a	assets	Part X, line 1	6)									2	229,	258,0	02.	2	44,	787	,926
Ass IBa	21			s (Part X, line									•••		11,	,669,0)50.		9,	334	,897
Net	22			r fund baland									•••	2	217,	588,9	952.	2	35,	453	,029
Pa	rt II			e Block																	· · ·
				y, I declare the	atIhave	e examined	this re	turn, inclu	udina acco	ompa	anvina sched	lules and	stateme	ents, a	and to	the best	of my	v knowle	dae ar	nd be	elief, it is
true	e, corre	ect, and	complet	e. Declaration	of prepa	arer (other th	nan offi	cer) is bas	sed on all i	nforr	mation of wh	ich prepa	arer has	any kr	nowle	dge.			-9		
Sig	n		Signatu	re of officer												Date					
He			9																		
			Type or	print name an	d titlo																
				eparer's name	น แแช		D-	eparer's sig	anoturo			Date					_	PTIN			
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	Only	Firm's	name	► BRUCI	ΕĒĒ	BERNSTI	EN	& ASS	UCIATI	£S					Firm	's EIN 🕨					

Firm's address ▶ 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231

No

214-706-0840

Phone no.

For	m 990 (2017)				Page 2
Pa			rvice Accomplishments		
1		eck if Schedule O conta ribe the organization's m	ins a response or note to any line in this insion:	s Part III	<u></u>
•	ATTACH				
2			significant program services during th		
	prior Form 9	90 or 990-EZ?			Yes X No
2		cribe these new services	s on Schedule O. Joting, or make significant changes	in how it conducts only progra	~
З		-	cong, or make significant changes		
		cribe these changes on			
4			m service accomplishments for each		
			01(c)(4) organizations are required to	report the amount of grants and	allocations to others,
	the total exp	enses, and revenue, if a	ny, for each program service reported.		
_	<u>, , , , , , , , , , , , , , , , , , , </u>				
4a			17,966,084. including grants of \$) (Revenue \$)
	ATTACHI	MENI Z			
<u>4</u> h	(Code:) (Expanses \$	3,725,562. including grants of \$		000 151
70	ATTACHI)(Revenue \$	(
	ATTACIII				
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		/、		/、	,
4d	Other progra	am services (Describe ir	Schedule O.)		
	(Expenses \$			venue \$)	
	Total progra	Im service expenses 🕨	21,691,646.		
JSA 7E1	020 1.000	E /00 /0010	11.45.05		Form 990 (2017)
		5/22/2019	11:45:25 AM		PAGE 4

-	90 (2017)		F	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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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)			х
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		
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,	5		х
6	Part III	3		
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	- ·		
Ū	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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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	Х	
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	Х	
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If	4.0%	Х	
12	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .	12b	A	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х

Page **4**

Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
		25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35a	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]	Ţ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			_
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2017)

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 308		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0	X	
	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 in Schedule O	3b	A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		x
h	account)?	- 4 0		
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7-		x
	required to file Form 8282?	7c		
	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? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b		9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	100		
h	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

Form 9	DALLAS MUSEUM OF ART 75-0	808774	:	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be	elow, and	for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule) O. See i	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	66		
	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 in Schedule O.	6		
b	Enter the number of voting members included in line 1a, above, who are independent	66		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship w		v	
	any other officer, director, trustee, or key employee?		X	
3	Did the organization delegate control over management duties customarily performed by or under the dir			x
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6 7-	Did the organization have members or stockholders?	•		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or apport			x
h	one or more members of the governing body?	•		
b	stockholders, or persons other than the governing body?			х
8	Did the organization contemporaneously document the meetings held or written actions undertaken dur			
U	the year by the following:	''y		
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?		Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	nue Cod		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<u> 10a</u>	_	Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	. <u>11a</u>	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could g	ive 12b	x	
_	rise to conflicts?	•		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	1 4 9	x	
12	describe in Schedule O how this was done		X	
13 14	Did the organization have a written document retention and destruction policy?	•	X	
15	Did the process for determining compensation of the following persons include a review and approval	•		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	-		
а	The organization's CEO, Executive Director, or top management official		Х	
	Other officers or key employees of the organization		Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent		
	with a taxable entity during the year?	<u>16a</u>		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard t			
	organization's exempt status with respect to such arrangements?	. 16b		
	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 (or 1024 if applicable), 990, and 990-T (Secavailable for public inspection. Indicate how you made these available. Check all that apply.	ction 501	(c)(3)s	s only)
	Own website Another's website X Upon request Other (explain in Schedule O)			
10		finterest	nalia	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of financial statements available to the public during the tax year.	minterest	POIIC	y, and
20		cords: 🕨		
	State the name, address, and telephone number of the person who possesses the organization's books and re BRENDA BERRY 1717 NORTH HARWOOD ST. DALLAS, TX 75201 214-922-1200			

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Inpensation	OT	Unicers,	Directors,	musiees,	ney	Employees,	nignesi	Compensated	Employees,	and
dependent Co	ontra	actors								
neck if Schedule	0 0	contains a r	esponse or n	ote to any line	e in thi	s Part VII				
d	lependent Co	lependent Contra	lependent Contractors	eck if Schedule O contains a response or note to any line in this Part VII.						

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	erson	e than c is both or/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
						ted				
(1)SHERYL ADKINS-GREEN	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(2) ^{ELAINE} AGATHER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(3)VICTOR ALMEIDA	1.00	-								
TRUSTEE	0.	Х						0.	0.	0.
(4)NIELS ANDERSKOUV	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(5)RAY BALLOTTA	1.00	-								
TRUSTEE (CO-CHAIR, DMA FORUM)	0.	Х						0.	0.	0.
(6)STEVEN R. BECKER	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(7)A. SHONN BROWN	1.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(8)STUART M. BUMPAS	1.00									
TRUSTEE (LEGAL AFFAIRS)	0.	Х						0.	0.	0.
(9)TOM CAMPBELL	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(10)NANCY CARLSON	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(11)NANCY CATES	1.00									
TRUSTEE (PRESIDENT, DMA LEAGUE)	0.	Х						0.	0.	0.
(12) J.E.R. CHILTON	1.00									
TRUSTEE (HONORARY)	0.	Х						0.	0.	0.
(13)J. PATRICK COLLINS	1.00									
TRUSTEE	0.	Х						0.	0.	0.
(14)PHILLIP COLLINS	1.00									
TRUSTEE (CULTURAL AFFAIRS COMM	0.	Х						0.	0.	0.

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15) MARY MCDERMOTT COOK 1.00 0 </th <th>(F) stimated nount of other appensation rom the janization d related anizations</th> <th>an com fr org an</th> <th>Reportable compensation from related organizations (W-2/1099-MISC) 0. 0.</th> <th>Reportable compensation from the organization (W-2/1099-MISC) 0.</th> <th>an ee)</th> <th>is both a pr/truste</th> <th>ition more rson i irecto</th> <th>Pos neck ss pe d a d</th> <th>unle: r an</th> <th>box, office or director</th> <th>Average hours per week (list any hours for related organizations below dotted line) 1.00</th> <th>Name and title</th>	(F) stimated nount of other appensation rom the janization d related anizations	an com fr org an	Reportable compensation from related organizations (W-2/1099-MISC) 0. 0.	Reportable compensation from the organization (W-2/1099-MISC) 0.	an ee)	is both a pr/truste	ition more rson i irecto	Pos neck ss pe d a d	unle: r an	box, office or director	Average hours per week (list any hours for related organizations below dotted line) 1.00	Name and title
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3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated			t compensated	lovee, or highest	mpl	ev e	e. k	iste	trı	or. or	er, directo	3 Did the organization list any former offic
employee on line 1a? If "Yes," complete Schedule J for such individual		3				•						

individual..... 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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
ATTACHMENT 4		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 6	e listed above) who received	

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CHAIR TRUST TRUST CHAIR CH	EE AGADAU EE AULCONER EE SA FOSTER FETTER MAN CA FLETCHER EE (THE ART BALL) LY FREEMAN EE DLD EE J. HAEMISEGGER EE HALBREICH	(B) Average hours per week (list any hours for related organizations below dotted line)	box, offici or director X X X X X X X X X X	unles	ss pe	ition more rson	e than on is both a or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC) 0. 0. 0. 0. 0. 0. 0. 0. 0.	(E) Reportable compensation fror related organizations (W-2/1099-MISC 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	m a cor or or a org	(F) Estimated mount o other npensati rom the ganizatio	f ion on d
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 0) REBEC TRUST 1) BEVER TRUST 2) JIM G TRUST 3) DAVID 4) NANCY TRUST 5) THOMA 5) THOMA TRUST 6) JULIE TRUST 6) JULIE 1b Sub-tota c Total fro d Total (ad 2 Total nur reportab 3 Did the employe 	CA FLETCHER EE (THE ART BALL) LY FREEMAN EE DLD EE J. HAEMISEGGER EE HALBREICH EE	1.00 0. 1.00 0. 1.00 0. 1.00 0. 1.00	x x x x						0.	0	•		
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 JIM G TRUST DAVID TRUST NANCY TRUST NANCY TRUST JULIE TRUST JULIE TRUST JULIE TOTAL from the semployee 	DLD EE J. HAEMISEGGER EE HALBREICH EE	1.00 0. 1.00 0. 1.00	x x										
 3) DAVID TRUST 4) NANCY TRUST 5) THOMA TRUST 6) JULIE TRUST 1b Sub-tota c Total frod d Total (and reportab) 3 Did the employee 	J. HAEMISEGGER EE HALBREICH EE	1.00 0. 1.00	x		$\left \right $		\vdash		υ.				
 4) NANCY TRUST 5) THOMA 5) JULIE TRUST 6) JULIE TRUST 1b Sub-tota c Total from the composition of the comployed 3 Did the comployed 	HALBREICH EE	1.00		1					0.	0			
5) THOMA TRUST 6) JULIE TRUST 1b Sub-tota c Total fro d Total (ar 2 Total nur reportab 3 Did the employe			x						0.	0			
 6) JULIE TRUST 1b Sub-tota c Total frod d Total (additional content of the second content of the		1.00							0.	0			
 1b Sub-tota c Total frod d Total (are 2 Total numerical reportability) 3 Did the employee 	B. HAWES	1.00											
 d Total (ar 2 Total numerican reportability 3 Did the employee 		0.	X	••	•••		•••		0.	0	•		
employe	Id lines 1b and 1c)	limited to t		liste			e) who	reo	ceived more than	\$100,000 of			
employe												Yes	1
	organization list any former office on line 1a? If "Yes," complete Schee										3		
organiza	individual listed on line 1a, is the tion and related organizations gr /	reater than	\$15	50,0	00?	lf	"Yes,	," с	complete Schedu	le J for such	4	X	
5 Did any	person listed on line 1a receive or ses rendered to the organization? If "N	r accrue co	mper	sati	on f	rom	n any	unr	elated organization	on or individual	5		
	ndependent Contractors												
	e this table for your five highest con sation from the organization. Report												
-	aton nom the organization. Report												

	Name and business address	Description of services	Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

(A)	s, Directors, Truste	(B)			(C)			(D)	(E)		(F)	
Name and title	ha weei hc rr orga belc	verage burs per k (list any burs for elated anizations bw dotted line)	box,	ot che unless r and	s pers	ore that on is bo ector/tru	th an istee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	stimated nount o other pensati om the anizatio d relate anizatio	of ion on ed
			ëe	ıstee								
7) TIMOTHY C. HEADINGT TRUSTEE	'ON	1.00	х					0.	0 .			
8) LEE HOBSON TRUSTEE		1.00	х					0.	0			
9) DAVID HUNTLEY TRUSTEE		1.00	x					0.	0			
0) ANDRIA JACKSON TRUSTEE (JL OF DALL		1.00	x					0.	0			
1) GENE JONES		1.00								•		
TRUSTEE 2) WILLIAM B. JORDAN		0.	X				+	0.	0	•		
TRUSTEE 3) ELISABETH KARPIDAS		0.	X					0.	0.	•		
TRUSTEE 4) JUN IL KWUN		0. 1.00	X					0.	0.			
TRUSTEE 5) WILLIAM M. LAMONT,	JR.	0.	X					0.	0			
TRUSTEE 6) MARK H. LAROE		0.	X				_	0.	0 .			
TRUSTEE 7) GEORGE T. LEE, JR.		0.	X		_	_	_	0.	0.			
TRUSTEE (PRESIDENT ,		0.	х					0.	0 .			
 c Total from continuation she d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit	on A				ve) w	ho re	eceived more than	\$100,000 of			
reportable compensation from			10								Yes	
3 Did the organization list a employee on line 1a? If "Yes,										3		
4 For any individual listed on organization and related individual	organizations greate	r than	\$15	0,00	0?	lf "Y	es,"	complete Schedu		4	X	
5 Did any person listed on lir for services rendered to the o	organization? If "Yes," or									5		
 Section B. Independent Contra 1 Complete this table for your compensation from the orga year. 	five highest compen-											
								(B)		(C)		

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, Tr	ustees, Ke	y Em	plo	yee	es,	and H	igł	hest Compensat	ed Employ	lees (co	ntinued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	ss pe	ition more rson	e than or is both a or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatio relate organizat (W-2/1099-	on from d ions	Estin amou otl compe	n the nizatio related	f on n d
8) THOMAS W. LENTZ	1.00					ted							
TRUSTEE	0.	х						0.		Ο.			
9) IRVIN L. LEVY	1.00												_
TRUSTEE (HONORARY)	0.	Х						0.		Ο.			
0) HARRY MCCLISH	1.00												_
TRUSTEE (CO-CHAIR, DMA JA)	0.	Х						0.		Ο.			
1) MARGARET MCDERMOTT	1.00												-
TRUSTEE (BENEFACTOR)	0.	х						0.		ο.			
2) SUSAN BYRNE MONTGOMERY	1.00												-
TREASURER	0.	Х		х				0.		ο.			
3) XUAN-THAO NGUYEN	1.00						_						-
SECRETARY	0.	x		х				0.		ο.			
4) NANCY O'BOYLE	1.00						_						-
TRUSTEE	0.	x						0.		ο.			
5) EDITH O'DONNELL	1.00												-
TRUSTEE (BENEFACTOR)	0.	х						0.		ο.			
66) LUCILO PENA	1.00												-
TRUSTEE	0.	x						0.		ο.			
7) MARGOT B. PEROT	1.00												-
TRUSTEE(FORMER CHAIRMAN)	0.	х						0.		ο.			
(8) RICHARD R. POLLOCK	1.00												
TRUSTEE	0.	x						0.		ο.			
 1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c) 2 Total number of individuals (including but not 	limited to t	hose l	iste				► ► re	ceived more than	\$100,000 d	of			_
reportable compensation from the organizatio	n 🕨	10)										_
											<u>۱</u>	Yes	
3 Did the organization list any former offic													
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ind	ividı	ual			•			• •	3		
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	com	pen	sation	ar	nd other compens	sation from	the			
organization and related organizations gr	eater than	\$15	0,0	00?	If	"Yes,	"(complete Schedu	le J for a	such			
individual											4	Х	
5 Did any person listed on line 1a receive or													
for services rendered to the organization? If "Y	es," comple	te Sch	nedu	ıle J	for	such	per	son	<u></u>		5		
Section B. Independent Contractors													
1 Complete this table for your five highest com compensation from the organization. Report of													
year.													
year. (A)								(B)			(C)		_

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

Part VII Section A. Officers, Directors, Tru		усп	ipio				nyı						
(A)	(B)			(C				(D)	(E)		(F)		
Name and title	Average hours per	(do r		Posit		e than or	ne	Reportable compensation	Reporta compensatio		Estima amour		
	week (list any	•				is both a		from	related		othe		
	hours for	office				or/truste		the	organizat		compen	satio	n
	related	Ind or c	Inst	Officer	Key employee	Hig	Former	organization	(W-2/1099-		from		
	organizations	ividu	titut	cer	en	hes	mer	(W-2/1099-MISC)			organiz and rel		
	below dotted line)	tor al t	iona		ploy	ee					organiza		
		Individual trustee or director	Ē		/ee	npe					Ū		
		ee	Institutional trustee			Highest compensated employee							
						ted							
9) TOBY PURDY	1.00												
TRUSTEE	0.	X						0.		0.			_
0) KELLI QUESTROM	1.00												
TRUSTEE	0.	X						0.		0.			_
1) CINDY RACHOFSKY	1.00												
TRUSTEE(CO-HOST, TTA)	0.	X						0.		0.			
2) HOWARD E. RACHOFSKY	1.00												
TRUSTEE	0.	Х						0.		0.			
3) CAROLYN RATHJEN	1.00												
TRUSTEE	0.	Х						0.		0.			
4) MIKE RAWLINGS	1.00												
TRUSTEE(MAYOR,CITY OF DALLAS)	0.	Х						0.		0.			
5) HARRY ROBINSON, JR.	1.00												
TRUSTEE(AFRICAN AMERICAN MUSEU	0.	Х						0.		0.			
6) MARGARET J. ROGERS	1.00												
TRUSTEE (BENEFACTOR)	0.	Х						0.		0.			
7) NANCY ROGERS	1.00												
TRUSTEE	0.	Х						0.		0.			
58) CATHERINE MARCUS ROSE	1.00												
PRESIDENT	0.	Х		Х				0.		0.			
59) DANIEL ROUTMAN	1.00												
TRUSTEE	0.	X						0.		0.			
1b Sub-total							►						
c Total from continuation sheets to Part VII, Se					• •								-
d Total (add lines 1b and 1c)			•••	· · ·	• •	· · ·		<u> </u>	<u> </u>	,			-
2 Total number of individuals (including but not l reportable compensation from the organization		nosei 10		a ab	ove	e) who	o re	ceived more than	\$100,000 0	DT			
			,								Ye	es	-
3 Did the organization list any former offic	ar diracto	r or	tru	etoo	<u>ا</u> د		mn	lovee or highes	t compans	hate			Ì
employee on line 1a? If "Yes," complete Schedu											3		Ì
													Ì
4 For any individual listed on line 1a, is the sorganization and related organizations greated organizations and related organizations and related organizations and related organizations and related organizations are set of the set	sum of rep	ortab ¢15		omp	ben: If	sation "Vos	ar "	na otner compens complete Schedu	sation from	the			
individual											4 2	:	1
5 Did any person listed on line 1a receive or													Ī
for services rendered to the organization? If "Ye											5		Ì
Section B. Independent Contractors	,										- I I		
 Complete this table for your five highest com compensation from the organization. Report c year. 													
(A)								(B)			(C)		-
Name and business add	lress							Description of se	ervices	Со	ompensatio	on	
							-						

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limit more than \$100.000 in compensation from the organization ►	ed to those listed above) who received	

0) PEGGY SEWELL 1.00 x 0.0 0.0 TRUSTEE 0.0 x 0.0 0.0 1) GOWRI SHARMA 1.00 x 0.0 0.0 2) SOGAND SHOJA 1.00 x 0.0 0.0 1) GOWRI SHARMA 1.00 x 0.0 0.0 11 GOWRI SHARMA 1.00 x 0.0 0.0 12 SOGAND SHOJA 1.00 x 0.0 0.0 TRUSTEE 0.1 X 0.0 0.0 0.0 12 SOGAND SHOJA 1.00 x 0.0 0.0 TRUSTEE 0.0 X 0.0 0.0 0.0 12 GREG A. VENKER 1.00 x 0.0 0.0 12 SEXECUTIVE DIRECTOR 0.0 X 189,795 0.14,00 12 DEPUTY DIRECTOR 0.0 X 124,605 0.14,84 9) CYNTHIA CALABRESE 40.00 X 124,605 0.14,84 9) CYNTHIA CALABRES <t< th=""><th>Part VII Section A. Officers, Directors</th><th>s, Trustees, Ke</th><th>y Em</th><th>ploy</th><th>yee</th><th>s, ar</th><th>nd Hig</th><th>hest Compensat</th><th>ed Employees</th><th>(continued)</th></t<>	Part VII Section A. Officers, Directors	s, Trustees, Ke	y Em	ploy	yee	s, ar	nd Hig	hest Compensat	ed Employees	(continued)
Non-per local set of each more than one weat of each other set of	(A)	(B)			(C))		(D)	(E)	(F)
weak turn are bound in term box, unserparate proper is both an bound in term from the second are transfer from the second are bound are transfer from the second are transfer from the second are second are transfer from the second are transfer from the second are transfer from transfer	Name and title	Average						Reportable	Reportable	Estimated
Image: constraints Officer and a director/tratemely read mem organizations (w-2/1099-MISC) (w-2/109-MISC) (w-2/10-WISC) (w-2/10-WISC) (w-2/10-WISC) (w-2/10-WISC) (w-2/10-WISC)			`					compensation		
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0) PEGGY SEWELL 1.00 x 0.0 0.0 TRUSTEE 0.0 x 0.0 0.0 1) 00NL SHARMA 1.00 x 0.0 0.0 TRUSTEE 0.0 x 0.0 0.0 1) 00NL SHARMA 1.00 x 0.0 0.0 2) SOGAND SHOJA 1.00 x 0.0 0.0 3) NANCY SHUTT 1.00 x 0.0 0.0 TRUSTEE 0.x 0.0 0.0 0.0 0.0 10 GORD AGUESTINE 1.00 x 0.0 0.0 0.0 TRUSTEE 0.x 0.0 0.0 0.0 0.0 0.0 10 GAVE STOFFEL 1.00 x 0.0 0.0 0.0 0.0 10 GEGG A. VENKER 1.00 x 0.0			r dii	stit	ffic	ey e	ighe orm	organization	(W-2/1099-MISC)	/
0) PEGGY SEWELL 1.00 TRUSTEE 0. x 0. 0. 1) GORNE SHARMA 1.00 TRUSTEE 0. x 0. 0. 2) SOGAND SHOJA 1.00 3) NANCY SHUTT 1.00 TRUSTEE 0. x 0. 0. 3) NANCY SHUTT 1.00 TRUSTEE 0. x 0. 0. 1) GAYLE STOPFEL 1.00 TRUSTEE 0. x 0. 0. 10 COPOTEO AGUSTIN ARTEAGA 40.00 10.00 x 560,809 0. 24,10 10.00 x 560,809 0. 24,10 10.00 x 189,795 14,00 10.00 x 189,795 14,00 10.00 x 14,400 15,49 10.00 x 144,840 12,86 10.00 x 144,840 12,86 10.01 x 144,840 12,86 10.02 x 144,840 12,86 10.01 x 144,840 12,86 10.01 x 144,840 12,86 10.01 x 144,840 12,86 10.01 x 144,840 <td< th=""><th></th><th>-</th><th>ect</th><th>utio</th><th>er </th><th>)mp</th><th>er er</th><th>(00-2/1099-0013C)</th><th></th><th>-</th></td<>		-	ect	utio	er)mp	er er	(00-2/1099-0013C)		-
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0) SHYAM OBEROI 40.00 X 144,840. 0. 12,86 1b Sub-total Image: Control of the control of th			-							
DIR. OF TECH & DIGITAL MEDIA 0. X 144,840. 0. 12,86 1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . 5 Section B. Independent Contractors 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) (B) (C) 						X		217,701.	0	. 15,49
1b Sub-total										
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 10 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	DIR. OF TECH & DIGITAL MEDI	A 0.					Х	144,840.	0	. 12,86
d Total (add lines 1b and 1c) Image: comparison of the second comparison of the organization of the organization of the organization is the organization of the organization 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 for services rendered to the organization? If "Yes," complete Schedule J for such person is taked to the organization? If "Yes," complete Schedule J for such person is taked to the organization? If "Yes," complete Schedule J for such person is taked to the organization? If "Yes," complete Schedule J for such person is taked to the organization. Report 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.	1b Sub-total						►	•		
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 > 10 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							🕨	•		
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 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	reportable compensation nom the organi		10)						Ves
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the organization list any former	officar diracto	r or	true	etoo	ko	w om	ployoo or highos	componented	
 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual. 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 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) (B) (C) 										3
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for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	organization and related organizations									-
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	organization and related organizations individual			eatio	nn fr			inelated organizatio		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	organization and related organizations individual	e or accrue co	mpen							5
(A) (B) (C)	organization and related organizations individual5 Did any person listed on line 1a receiv	e or accrue co	mpen							5
(A) (B) (C) Name and business address Description of services Compensation	 organization and related organizations <i>individual</i>. 5 Did any person listed on line 1a receiv for services rendered to the organization? Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Rep 	e or accrue co If "Yes," comple compensated in	mpen te Sch	edul ende	le J i nt c	for su ontra	uch pe	rson that received more	than \$100,000	of
	 organization and related organizations <i>individual</i>. 5 Did any person listed on line 1a receiv for services rendered to the organization? Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization. Rep year. 	e or accrue co If "Yes," comple compensated in	mpen te Sch	edul ende	le J i nt c	for su ontra	uch pe	rson that received more ending with or with	than \$100,000	of on's tax

 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 ►

_	orm 990 (2017)													Page 8
l	Part VII Section A. Officers, Directors, Tru		ey Enr ∣	nplo			and H	lig	-		/ees (co	ontinue		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	erson	e than c is both tor/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	on from d	am	(F) timated tount 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-		orga and	om the anizatio d related anization	on d
8.	L) GAVIN DELAHUNTY SR. CURATOR CONTEMPORARY ART	40.00					x		177,455.		0.		25,7	715.
8	2) ROSLYN ADELE WALKER	40.00												
8	SR. CURATOR ARTS OF AFRICA 3) JILL BERNSTEIN	0. 40.00					X		121,364.		0.		11,7	/44.
-	DIR. OF COMMU & PUBLIC AFFAIRS	0.					x		119,147.		0.		11,5	588.
- 8	4) MARIA ISABEL STAUFFER DIRECTOR OF COLLECTIONS	40.00					x		101,863.		0.		10,9	965.
-			_											
-														
-			_											
_			-											
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_														
1	b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A		•••		•••								
2	2 Total number of individuals (including but not reportable compensation from the organizatio		hose 1(d al	bov	e) who	o re	eceived more than	\$100,000 0	of			
3													Yes	
4	 employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the organization and related organizations group 	sum of rep	oortab	ole c	com	per	nsatio	n a	nd other compens	sation from	the	3		X
	individual.							• •			•••	4	Х	
_	for services rendered to the organization? If "Y											5		х
_	Section B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.													
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompens	sation	
_												•		
_														
_														
_														

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 ►

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section: 512-514
1a	Federated campaigns	1a					
1a b c d f g	Membership dues		1,640,797.				
c	Fundraising events		1,414,657.				
d	Related organizations						
e	Government grants (contribution		1,097,896.				
f	All other contributions, gifts, gra						
	and similar amounts not included ab		16,660,306.				
g	Noncash contributions included in lir	nes 1a-1f: \$	1,087,812.				
h	Total. Add lines 1a-1f		<u></u>	20,813,656.			
			Business Code				
2a	AUXILIARY REVENUE		900099	1,793,077.	1,793,077.		
b	EDUCATION REVENUE		900099	888,151.	888,151.		
c							
d							
е							
f	All other program service revenu						
g	Total. Add lines 2a-2f		<u> </u>	2,681,228.			
3	Investment income (includ						
	and other similar amounts)	L.I.ACHWEN.I.	5▶	4,341,168.			4,341,1
4	Income from investment of tax-	•		0.			
5	Royalties	(i) Real	(ii) Personal	0.			
		(I) Real	(II) Personal				
6a	Gross rents						
b	Less: rental expenses						
С	Rental income or (loss)			-			
d	Net rental income or (loss)	(i) Securities	(ii) Other	0.			
7a		()					
	assets other than inventory	3,931,447.	883,333.				
b	Less: cost or other basis						
	and sales expenses	2 0 2 1 4 4 5	002.222				
C .	Gain or (loss)		883,333.	4 014 500			4 014 5
d	Net gain or (loss)		•••••	4,814,780.			4,814,7
8a	Gross income from fundraisin		АТСН 6				
	events (not including \$1,41						
	of contributions reported on line		1,340,052.				
.	See Part IV, line 18						
b c	Less: direct expenses Net income or (loss) from fundr	D D		350,466.			350,4
9a		tivities.					
b c	Less: direct expenses			0.			
10a	Gross sales of inventory,	-					
	returns and allowances		811,681.				
b	Less: cost of goods sold AT						
	Net income or (loss) from sales	of inventory	· · · · · · •	345,334.	345,334.		
	Miscellaneous Revenue		Business Code				
11a	MISCELLANEOUS REVENUE		900099	149,032.	149,032.		
b							
C C							
d	All other revenue						
u	Total. Add lines 11a-11d			149,032.			
е	Total, Add lines 11a-11d						

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Form 990 (2017)

	MUSEUM OF ART		75-08	308774 Page 1
Part IX Statement of Functional Expens		A.H		(4)
Section $501(c)(3)$ and $501(c)(4)$ organizations r				
Check if Schedule O contains a re			(C)	
Do not include amounts reported on lines 6b, 7l 8b, 9b, and 10b of Part VIII.	b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22		25,691.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	. 0.			
5 Compensation of current officers, directors trustees, and key employees		753,589.	903,770.	215,016
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages		6,533,380.	1,203,412.	1,007,688
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions	C20 045	425,844.	126,044.	78,157
9 Other employee benefits	1 450 000	1,162,126.	156,289.	140,414
10 Payroll taxes		562,419.	136,369.	89,127
11 Fees for services (non-employees):				
a Management	0.		C4 005	
b Legal	100 140		64,285.	
c Accounting			100,140.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	250 640	251 002		750
f Investment management fees	. 352,642.	351,883.		759
g Other. (If line 11g amount exceeds 10% of line 25, colum	ⁿⁿ 2,152,455.	1 772 004	184,698.	194,763
(A) amount, list line 11g expenses on Schedule O.)		1,772,994. 624,413.	104,090.	32,616
12 Advertising and promotion		217,325.	43,600.	385,566
13 Office expenses	•	217,525.	15,000.	505,500
14 Information technology				
15 Royalties	. 0.			
16 Occupancy		238,495.	54,704.	49,574
 Travel Payments of travel or entertainment expenses 	•	200,1001		
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	242.262	37,499.	10,508.	295,356
20 Interest	00 725		92,735.	
21 Payments to affiliates	•			
22 Depreciation, depletion, and amortization		1,126,211.		125,134
23 Insurance	410,187.	295,447.	114,740.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. It line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.	f			
aRT PURCHASES	4,722,365.	4,722,365.		
hMISCELLANEOUS EXPENSES	2,135,224.	1,876,284.	172,378.	86,562
cREPAIRS & MAINTENANCE	1,137,031.	898,911.	237,321.	799
dPENSION LIABILITY ADJUSTMENT	-640,874.		-640,874.	
e All other expenses	126,332.	66,770.	57,672.	1,890
 25 Total functional expenses. Add lines 1 through 246 		21,691,646.	3,017,791.	2,703,421
 25 Total functional expenses. Add lifes + through 246 26 Joint costs. Complete this line only if the organization reported in column (B) joint cost from a combined educational campaign an-fundraising solicitation. Check here	e s d	,0,2,2,0,20.		_,,
following SOP 98-2 (ASC 958-720)				

0.

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following SOP 98-2 (ASC 958-720)

Form 990 (2017)

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Form	000	(2017)
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		DALLAS MUSEUM OF ART		/5-	0808774
	990 (Page 11
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	art X.		<u></u>
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8,136.		7,636.
	2	Savings and temporary cash investments	2,692,210.	. –	4,626,482.
	3	Pledges and grants receivable, net	1,017,522.	-	4,587,227.
	4	Accounts receivable, net	3,109,442.	4	2,638,519.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
s		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	1	0.
As	8	Inventories for sale or use	611,950.	-	423,070.
	9	Prepaid expenses and deferred charges	1,269,451.	9	1,065,231.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 22,668,465.			
	b	Less: accumulated depreciation	12,333,726.	100	11,370,135.
	11	Investments - publicly traded securities ATCH 9	145,302,928.		153,966,895.
	12	Investments - other securities. See Part IV, line 11	62,431,470.	12	65,710,503.
	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	481,167.	15	392,228.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	229,258,002.	16	244,787,926.
	17	Accounts payable and accrued expenses	6,878,001.	17	5,285,542.
	18	Grants payable	0.	10	0.
	19	Deferred revenue	869,341.	19	817,892.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
ij.		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0.		0.
-	23	Secured mortgages and notes payable to unrelated third parties ATCH 10	814,287.		642,859.
	24	Unsecured notes and loans payable to unrelated third parties	2,885,000.	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	222,421.	25	203,604.
	26	Total liabilities. Add lines 17 through 25.	11,669,050.	26	9,334,897.
6		Organizations that follow SFAS 117 (ASC 958), check here 			
ö		complete lines 27 through 29, and lines 33 and 34.	0 005 174		10 500 000
alar	27	Unrestricted net assets	9,095,174.	27	10,582,002.
ñ	28	Temporarily restricted net assets	72,413,002.	28	84,985,904.
Fund Balances	29	Permanently restricted net assets	136,080,776.	29	139,885,123.
or Fi		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	217,588,952.	33	235,453,029.
	34	Total liabilities and net assets/fund balances	229,258,002.	34	244,787,926.
					Form 990 (2017

Form 9	90 (2017)			Pa	ge 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI.		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,4		
3	Revenue less expenses. Subtract line 2 from line 1	3		82,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	217,5		
5	Net unrealized gains (losses) on investments	5	11,7	81,2	
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line		235,4	5 2 (20
Dert	33, column (B))	10		55,0	29.
Part	XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			res	NO
	If the organization changed its method of accounting from a prior year or checked "Other," e	volain in			
	Schedule O.				
20			2a		Х
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?. If "Yes," check a box below to indicate whether the financial statements for the year were con		-		
	reviewed on a separate basis, consolidated basis, or both:	iplied of			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audi				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	worsight			
U	of the audit, review, or compilation of its financial statements and selection of an independent acc	-	-	х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth in			
vu	the Single Audit Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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OMB No. 1545-0047 DM1 blic

`	,	Complete if th					1) nonexempt charitable tru	ist. <u> </u>
	rtment of the Treasury			 Attach to Form 990 or ov/Form990 for instruct 			information	Open to Public
	al Revenue Service		P 00 10 mm			the latest		Inspection
	e of the organization	F ART					Employer identific 75-080877	
Pa			rity Status (All o	organizations must	omplet	e this na	rt.) See instructions.	
				t is: (For lines 1 through			,	
1	<u> </u>			tion of churches desc	-	-		
2). (Attach Schedule E				
3				organization described	-			
4		•		•		. ,	section 170(b)(1)(A)	(iii). Enter the
	hospital's nam	-	-					
5	An organizati	on operated	for the benefit of	a college or universit	ty owned	d or ope	rated by a governme	ntal unit described in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6	A federal, stat	te, or local go	overnment or gove	rnmental unit describe	d in sect	tion 170(b)(1)(A)(v).	
7	X An organization	on that norm	ally receives a su	bstantial part of its su	pport fr	om a go	vernmental unit or fro	m the general public
)(1)(A)(vi). (Comp					
8	<u> </u>		•	b)(1)(A)(vi). (Complete	,			
9			-			-	in conjunction with a	
	-	or a non-land-	grant college of a	griculture (see instruct	tions). E	nter the r	name, city, and state of	the college or
40	university:	an that name		are then 22 (all of its		from oo	ntributiona manharah	in face, and gross
10	receipts from	activities rela	ited to its exempt	functions - subject to	certain e	exception	ntributions, membersh s, and (2) no more thar	n 331/3 %of its
	support from	gross investr	nent income and u	Inrelated business tax 975. See section 509	able inco	ome (less	s section 511 tax) from	businesses
11				lusively to test for publ				
12	<u> </u>	•		•	•		e functions of, or to ca	arry out the purposes
		-		-	-		section 509(a)(2). Se	
							ation and complete lin	
а	🔄 Type I. A su	upporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s), t	typically by giving
				-	-		the directors or trustee	
	supporting o	organization.	You must comple	te Part IV, Sections A	and B.			
b	Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	n(s), by having
		-		-	the sam	e person	s that control or mana	age the supported
				, Sections A and C.				
С		-					n with, and functionall	y integrated with,
		-		ns). You must comple				
d	••		•		•		ection with its support	• • • •
			• •	omplete Part IV, Sect	•		ution requirement and	an alleniiveness
е		•	,	•			nat it is a Type I, Type II	Type III
C		•		tionally integrated sup			••• ••	, type in
f	-	-	• •			-		
g			-	orted organization(s).				
	(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization	. ,	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	-	ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								

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Total

Schedule A (Form 990 or 990-EZ) 2017

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	30,795,228.	20,346,226.	17,480,877.	18,338,540.	20,813,656.	107,774,527.
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	2,312,945.	2,328,883.	3,447,664.	3,447,663.	3,388,685.	14,925,840.
4 5	Total. Add lines 1 through 3The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on	33,108,173.	22,675,109.	20,928,541.	21,786,203.	24,202,341.	122,700,367.
6	line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4						7,844,756.
Sec	tion B. Total Support			I			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	33,108,173.	22,675,109.	20,928,541.	21,786,203.	24,202,341.	122,700,367.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,187,898.	3,003,188.	3,075,991.	3,339,829.	4,341,168.	16,948,074.
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.	355,517.
11	Total support. Add lines 7 through 10						140,003,958.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	21,114,125.
13	First five years. If the Form 990 is for organization, check this box and stop here						
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2017 (li					14	82.04%
15	Public support percentage from 2016						83.38 %
16a	331/3% support test - 2017. If the org	-					
	box and stop here. The organization qualifies as a publicly supported organization						
b	331/3% support test - 2016. If the org						
	this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						-
	Part VI how the organization meets t organization						▶□
b	10%-facts-and-circumstances test - 2	-	•				
	15 is 10% or more, and if the orga						
	Explain in Part VI how the organization				-	-	
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2017

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

(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						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar sources.						
h	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
<u>د</u>	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11,						
13							
4.4	First five years. If the Form 990 is for	or the organiza	tion's first soos	 and third fourth	or fifth tox y		E01(a)(2)
14	-	0			•		
<u> </u>	organization, check this box and stop here						
	tion C. Computation of Public Supp			mn (f))		45	
15	Public support percentage for 2017 (line 8,		•			15	<u>%</u>
$\frac{16}{2}$	Public support percentage from 2016 Sche			<u></u>		16	%
	tion D. Computation of Investment						
17	Investment income percentage for 2017 (lin					17	<u>%</u>
18	Investment income percentage from 2016 S						<u>%</u>
19 a	331/3% support tests - 2017. If the org						
	17 is not more than 331/3%, check thi	-	-	•		•••••	
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3%, check		•	• •			
20 JSA	Private foundation. If the organization	ala not check	a box on line	14, 19a, or 19b			
	1 1.000				:	Schedule A (Form 9	ອບ ບເ ອອບ-⊏∠) 2017

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 (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.)

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10b Schedule A (Form 990 or 990-EZ) 2017

Schedu	ule A (Form 990 or 990-EZ) 2017		I	Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations		14	
			Yes	No
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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	U		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	one)	
' a b c	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
		l		No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
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? <i>If</i> "Yes," <i>explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the experience of generation is more in the experience of the end of the efficiency directory of			

- **a** 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? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3a

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s regard. 3b Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017	!		Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organiz			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2017

Schedu	le A (Form 990 or 990-EZ) 2017			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organized	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	Total annual distributions. 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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
C	From 2014			
d	From 2015			
e	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
- C	Excess from 2015			
	Excess from 2016			
e	Excess from 2017		.	

Schedule A (Form 990 or 990-EZ) 2017

Page 8

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

DALLAS MUSEUM OF ART

Schedule of Contributors

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

7

Employer identification number

75-0808774

	Organization	type	(check	one)):
--	--------------	------	--------	------	----

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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

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).

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

017)

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,140,398.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$1,165,554.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$516,290.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$808,319.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Schedule	B (Form 990, 990-EZ, or 990-PF) (20

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

Part I

(a)

No.

(a)

No.

(a) No.

3

(a) No.

4

(a) No.

5

(a) No.

б

2

1

Name of organization DALLAS MUSEUM OF ART

(b)

Name, address, and ZIP + 4

Employer identification number 75-0808774

> Person Payroll

Noncash (Complete Part II for noncash contributions.)

(d)

Type of contribution

Х

(c)

Total contributions

\$

3,170,720.



	•	
		75-0808774
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional sp	pace is needed.

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

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Employer identification number 75-0808774

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	Page 4
Name of organization DALLAS MUSEUM OF ART	Employer identification number
	75-0808774

				/ / / / / / / / / / / / / / / / / / / /			
Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relatio	nship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
		(e) Transf	er of gift				
	Transferee's name, address, ar			nship of transferor to transferee			
				·			
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held			
			for of aift				
	Transferee's name, address, ar	(e) Transi		nship of transferor to transferee			
		IU 21F T 4	Reidtio				
			1				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

(FO	rm 990)		the organization answer 7, 8, 9, 10, 11a, 11b, 11c,		•		2017
	artment of the Treasury ► Attach to Form 990. nal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection			
-	e of the organization	-			Em	ployer identification	
DAI	LLAS MUSEUM OF	ART				75-08087	74
Pa	art I Organiza	tions Maintaining Donor Adv	ised Funds or Other	Similar Funds o	r Acc	ounts.	
	Complete	e if the organization answered	"Yes" on Form 990,	Part IV, line 6.			
			(a) Donor advi	sed funds		(b) Funds and	d other accounts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		at end of year					
5		ion inform all donors and donor	r advisors in writing th	at the assets held	in do	nor advised	
	•	anization's property, subject to the	•				Yes No
6	-	on inform all grantees, donors, a	-	-			
	-	e purposes and not for the bene					
	•	nissible private benefit?			•		Yes No
Pa		tion Easements.					
		e if the organization answered	"Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of con	servation easements held by the	e organization (check all	that apply).			
	Preservation	n of land for public use (e.g., rec	reation or education)	Preservation	of a h	nistorically im	portant land area
	Protection of	of natural habitat	,	Preservation		-	
	Preservatio	n of open space					
2		through 2d if the organization h	eld a qualified conservation	ation contribution ir	n the f	orm of a cor	servation
		last day of the tax year.	·				End of the Tax Year
а		onservation easements			2a		
b		tricted by conservation easement			2b		
c		vation easements on a certified			2c		
d		rvation easements included in (. ,			
ŭ		isted in the National Register			2d		
3		rvation easements modified, trai				by the orga	nization during the
•	tax year ▶			ngulonou, or torrin	atou	sy the ergu	inzation during the
4		where property subject to conse	ervation easement is loc	ated b			
5		ation have a written policy reg			tion k	handling of	
Ŭ	-	orcement of the conservation ea				-	
6		hours devoted to monitoring, inspec					
•		nours devoted to monitoring, inspec	sting, narialing of violation	is, and enforcing cor	1361 Va	lion easement	s during the year
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violatic	ons and enforcing c	onser	vation easem	nents during the year
	► s	• •	sting, nanaling of violatic	nis, and emotoring d	011301	valion casen	ichts during the year
8	· •	vation easement reported on line	2(d) above satisfy the re	auirements of sect	ion 17	O(h)(4)(B)(i)	
0)(4)(B)(ii)?					Yes No
9		be how the organization reports					
3		d include, if applicable, the text of					
		counting for conservation easeme		rgamzation o mane			
Pa		tions Maintaining Collections		easures, or Othe	r Sim	ilar Assets	
		e if the organization answered					-
1	•	, v			rovon	uo statomor	t and halance check
1a	works of art, hist public service, pro	n elected, as permitted under S torical treasures, or other simila wide, in Part XIII, the text of the f	ar assets held for put ootnote to its financial	blic exhibition, edu	catior	n, or researces these items	ch in furtherance of
b	If the organization works of art, hist	n elected, as permitted under torical treasures, or other simila	SFAS 116 (ASC 958), ar assets held for put	, to report in its r	evenu	ie statemen	t and balance sheet
		vide the following amounts relat					
		ded on Form 990, Part VIII, line 1					i
		ed in Form 990, Part X					;
2	If the organizatio	n received or held works of a	rt, historical treasures	, or other similar	assets	s for financi	al gain, provide the

b	Assets included in Form 990, Part X	

Schedule D (Form 990) 2017

▶ \$

OMB No. 1545-0047

75-	0808774	
15	0000774	

Scheo	lule D (Form 990) 2017		711(1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- F	Page 2
Par		ng Collections of	Art, Historical 7	reasures,	or Other Simila	ar Assets (c		<u> </u>
3	Using the organization's acquisition							
	collection items (check all that app	oly):						
а	X Public exhibition		d X Loan	or exchange	programs			
b	X Scholarly research		e 🗌 Other					
С	X Preservation for future gene	erations						
4	Provide a description of the orga	nization's collections	s and explain how	they further	the organization	s exempt purp	ose in	Part
	XIII.							
5	During the year, did the organization							-
	assets to be sold to raise funds rati		ained as part of the	organization	's collection?	Ye	es X	No
Par	t IV Escrow and Custodial A			ant N/ Line (0			
	Complete if the organiza 990, Part X, line 21.				·		-orm	
1a	Is the organization an agent, truste							-
	included on Form 990, Part X?					Ye	es	No
b	If "Yes," explain the arrangement i	in Part XIII and com	plete the following ta	ble:	-			
					A	mount		
C	Beginning balance							
	Additions during the year							
e f	Distributions during the year							
2a	Ending balance Did the organization include an am				l Istodial account lia	bility?	26	No
	If "Yes," explain the arrangement i							
Par								
	Complete if the organizat	tion answered "Yes	s" on Form 990, P	art IV, line ²	10.			
	· · ·	(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three y	ears back (e) F	our years	back
1a	Beginning of year balance	193,925,247.	174,268,617.	185,657	,687. 181,330	5,169. 157	,932	,835.
	Contributions	3,358,797.	855,322.	916	,387. 3,688	8,175. 17	,611	,293.
	Net investment earnings, gains,							
	and losses	20,052,823.	26,961,273.	-4,392	,621. 6,434	4,754. 13	,392	,198.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	8,308,074.	8,159,965.	7,912	,836. 5,80.	1,411. 7	,600	,157.
f	Administrative expenses	209,028,793.	193,925,247.	174 000		7 6 9 7 1 9 1	,336	1.0
g	End of year balance					7,007. 101	., 330,	,109.
2	Provide the estimated percentage Board designated or quasi-endown	of the current year	end balance (line 1g	, column (a))	held as:			
a b	Permanent endowment \blacktriangleright 66.9		/0					
	Temporarily restricted endowment							
•	The percentages on lines 2a, 2b, a		100%.					
3a	Are there endowment funds not in	•		are held an	d administered for	the		
	organization by:						Yes	No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations						ii)	Х
b	If "Yes" on line 3a(ii), are the related	ed organizations liste	d as required on Sch	edule R?		3b)	
4	Describe in Part XIII the intended		tion's endowment fu	nds.				
Par	t VI Land, Buildings, and Equ Complete if the organiza	l ipment. ation answered "Ye	s" on Form 990 F	Part IV line	11a See Form	990 Part X li	ine 10	
	Description of property			or other basis	(c) Accumulated	(d) Book		
10	Land	(inves		other)	depreciation			
1a b	Land Buildings		10	535,276.	7,871,168.	10	664,1	109
c	Buildings Leasehold improvements		10,	,2,0,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10 ,		<u> </u>
d	Equipment		2 1	579,804.	2,450,713.		229,0	091
e	Other			153,385.	976,450.		476,9	
	I. Add lines 1a through 1e. (Column					11,	370,1	
		1	,	(=),	·/•••••	Schedule D (

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017		Page
Part VII Investments - Other Securities.	l "Vee" en Ferm 000	Dart IV/ line 11h See Form 000 Dart V line 12
(a) Description of security or category	(b) Book value	Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation:
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS&OTHER DEBT SEC	27,748,235.	FMV
(B) ALTERNATIVE INVESTMENTS	37,962,268.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	65,710,503.	
Part VIII Investments - Program Related.		
	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY CONTRACT LIABILITY	203,604.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	203,604.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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DALLAS	MUSEUM	OF	ART

Schedu	le D (Form 990) 2017		Page 4	
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	50,807,398.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments			
_	Donated services and use of facilities			
b		-		
C				
d		2e	17,342,008.	
е	Add lines 2a through 2d	3	33,465,390.	
3	Subtract line 2e from line 1	3	33,103,390.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b 30, 274	-		
b	Other (Describe in Part XIII.)	-	20 274	
С	Add lines 4a and 4b	4c	30,274.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		33,495,664.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		20.005.225	
1	Total expenses and losses per audited financial statements	1	32,825,335.	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 3,948,679	<u>.</u>		
b	Prior year adjustments			
с	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	5,442,751.	
3	Subtract line 2e from line 1	3	27,382,584.	
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.)			
č	Add lines 4a and 4b	4c	30,274.	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)	5	27,412,858.	
Part	Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line				

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 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

JSA

Schedule D (Form 990) 2017

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. 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) 2017

DALLAS MUSEUM OF ART

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, 2018. 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 \$33,200 OF INCOME TAXES ON UNRELATED BUSINESS INCOME DURING THE YEAR ENDED JUNE 30, 2018. 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: \$989,586 RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$466,347 REMOVAL OF ART-FACTS, INC. REVENUE: \$156,125 TOTAL: \$1,612,058 FORM 990, SCHEDULE D, PART XI, LINE 4B: IN-KIND DONATED AUCTION ITEMS: \$30,274

RECONCILIATION OF EXPENSES

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

RECLASS OF FUNDRAISING EXPENSES TO NET WITH REVENUE: \$989,586 RECLASS OF COST OF GOODS SOLD TO NET WITH REVENUE: \$466,347 REMOVAL OF ART-FACTS, INC. COST OF GOODS SOLD \$11,144 REMOVAL OF ART-FACTS, INC. EXPENSES: \$26,995 TOTAL: \$1,494,072 FORM 990, SCHEDULE D, PART XII, LINE 4B:

IN-KIND DONATED AUCTION ITEMS:

\$30,274

SCHEDULE G	Supplemen	tal Information R	egarding	j Fundrai	sing or Gaming	Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if t	he organization answer organization entered n	ed "Yes" on nore than \$1	Form 990, F 5.000 on Fo	Part IV, line 17, 18, or 1 rm 990-EZ, line 6a,	9, or if the	2017
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service		Go to www.irs.g	ov/Form990) for the late	st instructions.		Inspection
Name of the organization						Employer identificati	on number
DALLAS MUSEUM OF						75-0808774	
	ng Activities. Com D-EZ filers are not				"Yes" on Form	990, Part IV, line	17.
1 Indicate whether	the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicitat	ions	е	Solic	citation of	non-government g	grants	
b Internet and	email solicitations	f	Solic	citation of	government grants	S	
c Phone solici	tations	g	Spec	cial fundra	ising events		
d 🔄 In-person so	licitations						
b If "Yes," list the	tion have a written o s listed in Form 990 10 highest paid indi least \$5,000 by the	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be
(i) Name and addr or entity (fu		(ii) Activity	custody c	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							
	which the organization			d to solicit	contributions or	has been notified	it is exempt from

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 7E1281 1.000

Schedule G (Form 990 or 990-EZ) 2017

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,0	00.			
			(a) Event #1	(b) Event #2 SILVER SUPPER	(c) Other events	(d) Total events (add col. (a) through col. (c))
-			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,239,364.	323,121.	192,224.	2,754,709.
ш	2	Less: Contributions	1,074,895.	245,572.	94,190.	1,414,657.
			1,074,095.	243,372.	J4,190.	<u> </u>
	3	Gross income (line 1 minus line 2)	1,164,469.	77,549.	98,034.	1,340,052.
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs	344,327.			344,327.
Direct Expenses	7	Food and beverages	123,123.		27,207.	150,330.
Direc	8	Entertainment	32,789.			32,789.
	9	Other direct expenses	237,780.	166,547.	57,813.	462,140.
	10	Direct expense summary. Add lines 4	4 through 9 in column (d))		989,586.
	11	Net income summary. Subtract line 1	0 from line 3, column (d)		350,466.
Pa			anization answered "Y			orted more
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				

Å	1	Gross revenue									
enses	2	Cash prizes									
, xp	3	Noncash prizes									
Direct Expenses	4	Rent/facility costs									
_	5	Other direct expenses			_	1					
			Yes	%		Yes	_%	Yes	%		
	6	Volunteer labor	No			No		No			
7 Direct expense summary. Add lines 2 through 5 in column (d)											
	8	Net gaming income summary. Subtra	ct line 7 from	line 1, colu	mn	(d)		<u></u>	►		
9	E	nter the state(s) in which the organizat		0 0							

h If "No." explain:	а	I Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
	b	b If "No," explain:		

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

Schedule G (Form 990 or 990-EZ) 2017

DALLAS	MUSEUM	OF	ART
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Sched	ule G (Form 990 or 990-EZ) 2017	, 5 000		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 ent			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo	ks 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 \blacktriangleright			
С	If "Yes," enter name and address of the third party:			
	Name ▶			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided ►			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to)	
	retain the state gaming license?			No
b				
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition (see instructions).			

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE I				Assistance t				OMB No. 1545-0047
(Form 990)			•	ndividuals i				2017
	Comp	lete if the or	-	wered "Yes" on F tach to Form 990.	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go	,	/Form990 for the I	atest information	L		Inspection
Name of the organization		,					Employer identific	
DALLAS MUSEUM (OF ART						75-080877	4
Part I General I	nformation on Grants and	Assistance	e					
1 Does the organi	zation maintain records to su	bstantiate th	e amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
	teria used to award the grants							X Yes No
2 Describe in Part	IV the organization's proced	ures for mor	nitoring the use	of grant funds in the	e United States.			
	nd Other Assistance to De IV, line 21, for any recipie		-					es" on Form
	d address of organization 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)		-						+
	per of section 501(c)(3) and g		0					
	per of other organizations list on Act Notice, see the Instruction					<u> </u>		nedule I (Form 990) (2017)

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
AWARDS TO ARTISTS	12.	25,691.		N/A	N/A

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) (2017)

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
l					
5					
,					

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.

(Fori	EDULE J m 990) nent of the Treasury Revenue Service	For certain Officers, Dire Cor ► Complete if the organizatio	Sation Information ctors, Trustees, Key Employees, and Highest npensated Employees on answered "Yes" on Form 990, Part IV, line Attach to Form 990. 990 for instructions and the latest information	23.	OMB No. 1545-0047		
Name	of the organization			Employer identification	n numbe	r	
DALI	LAS MUSEUM	OF ART		75-0808774			
Part	Question	s Regarding Compensation					
1a b	990, Part VII, First-cla Travel fo Tax inde Discretio	Section A, line 1a. Complete Part III to p ss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th	vided any of the following to or for a per provide any relevant information regardin Housing allowance or residence for Payments for business use of pers Health or social club dues or initiat Personal services (such as, maid, of the organization follow a written policy penses described above? If "No," co	ng these items. r personal use onal residence ion fees chauffeur, chef) regarding payment		Yes	No
	explain				1b		
2	Did the orga directors, trus	anization require substantiation prior	to reimbursing or allowing expense //Executive Director, regarding the item	es incurred by all	2		
3	organization's related organ X Comper Indepen X Form 99 During the year	s CEO/Executive Director. Check all that ization to establish compensation of the sation committee dent compensation consultant 90 of other organizations	hization used to establish the compensation at apply. Do not check any boxes for methe CEO/Executive Director, but explain in X Written employment contract Compensation survey or study X Approval by the board or compense Part VII, Section A, line 1a, with respect	ods used by a Part III. sation committee			
а	•	•	ayment?		4a	Х	
b			ntal nonqualified retirement plan?		4b		X
c	-		ised compensation arrangement?		4c		X
Ū	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each				
5	compensation	n contingent on the revenues of:	line 1a, did the organization pay or accrue				
					5a		X
b	-	-			5b		X
6	For persons li	e 5a or 5b, describe in Part III. isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue	e any			
а	The organizat	ion?			6a		X
b		-			6b		X
7		e 6a or 6b, describe in Part III. listed on Form 990. Part VII. Sectio	n A, line 1a, did the organization pro	vide anv nonfixed			
			escribe in Part III		7		X
8	to the initial	I contract exception described in I	paid or accrued pursuant to a contract th Regulations section 53.4958-4(a)(3)?	If "Yes," describe			
					8		X
9			low the rebuttable presumption proce		9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 2

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MIS	C 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)	560,809.	0.	0.	9,885.	14,221.	584,915.	0.
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	Ο.	0.	0.	0.
BRENDA BERRY	(i)	189,795.	0.	0.	7,250.	6,779.	203,824.	0.
2 ^{CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
TAMARA WOOTTON-BONNER	(i)	224,605.	0.	0.	8,065.	6,779.	239,449.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHYAM OBEROI	(i)	144,840.	0.	0.	6,085.	6,779.	157,704.	0.
dIR. OF TECH & DIGITAL MEDIA	(ii)	0.	0.	0.	0.	0.	0.	0.
GAVIN DELAHUNTY	(i)	177,455.	0.	0.	6,950.	18,765.	203,170.	0.
5 ^{SR. CURATOR CONTEMPORARY ART}		0.	0.	0.	0.	0.	0.	0.
CYNTHIA CALABRESE	(i)	217,701.	0.	0.	8,714.	6,779.	233,194.	0.
6DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

JSA

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page 3

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.

FORM 990, SCHEDULE J, PART I, LINE 4A

GAVIN DELAHUNTY: \$56,394

SCHEDULE L	Tra	ansactio	ns Wit	h Interes	ted	Persons		L	OME	3 No. 1	545-00)47
(Form 990 or 990-EZ)		rganization a 28b, or 28	nswered "Y c, or Form 9	es" on Form 9 990-EZ, Part V,	90, Par line 38	t IV, line 25a, 25b a or 40b.	, 26, 27, :	28a,	Ĺ	20'	17	
Department of the Treasury Internal Revenue Service	► Go to			n 990 or Form		latest information.				pen To spectio		C
Name of the organization			0111000101		nu the	latest mormation.	Employer	identifi	1 111	-		
DALLAS MUSEUM OF	ART							0808				
	fit Transactions	(section 501	(c)(3), sec	tion 501(c)(4)	and 5	501(c)(29) orga	nizations	only).				
	he organization a									line 40		
1 (a) Name of disqual	ified person	(b) Relatio	nship betweer organi	n disqualified perso zation	on and	(c) De	escription	of trans	action		È	es No
<u>(1)</u> (2)												_
(3)												
(4)												_
(5)												
(6)												
2 Enter the amount	of tax incurred b	v the organiz	zation man	agers or disg	ualified	persons during	the ve	ar				
under section 495						-	-		• \$_			
3 Enter the amount of									• \$			
				, ,								
Part II Loans to and	l/or From Interes	sted Persons	5.									
	he organization a reported an amo					ne 38a or Form §	90, Pari	t IV, lir	ne 26;	or if th	ne	
(a) Name of interested perso	n (b) Relationship with organization	(c) Purpose of Ioan	(d) Loan to or from the organization?	(e) Origina principal am		(f) Balance due	(g) In (default?	by bo	proved bard or hittee?		/ritten ment?
				-								
(4)			To From				Yes	No	Yes	No	Yes	No
<u>(1)</u> (2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						
	sistance Benefit he organization a	ing Interest	ed Persons		line 27	7.						
(a) Name of interested perso	n (b) Relationshi		sted (c) Amo	unt of assistance		d) Type of assistance	•	(e)	Purpos	se of as	sistanc	e
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
For Paperwork Reduction	Act Notice, see the	e Instructions	for Form 99	0 or 990-EZ.			Sche	dule L	(Form	990 or	990-E	Z) 2017

Schedule L (Form 990 or 990-EZ) 2017

Part IV

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person		(c) Amount of transaction	(d) Description of transaction		aring of ization's nues?
				Yes	No
(1) HOWARD RACHOFSKY	BOARD MEMBER	321,000.	SHIPPING AND STORAGE SERVICE		х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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



Name of the organization

DALLAS MUSEUM OF ART

Employer identification number 75-0808774

Par	Types of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	Х		0.	N/A
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded		14.	1,057,538.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22 23	Historical artifacts				
23 24	Archeological artifacts				
2 4 25	Other $\blacktriangleright(\underline{\text{ATCH 1}})$		45.	30,274.	
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for	
-	which the organization completed I				29
	5	,	, U	,	Yes No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through
	28, that it must hold for at least t	hree years f	rom the date of the initial	contribution, and which is	sn't required
	to be used for exempt purposes for	the entire h	olding period?		30a X
b	If "Yes," describe the arrangement	n Part II.			
31	Does the organization have a			-	
	contributions?				
32a	Does the organization hire or use		•		
	contributions?				32a X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,
	describe in Part II.				
For Pa	aperwork Reduction Act Notice, see the Inst	ructions for For	rm 990.		Schedule M (Form 990) (2017)

Page 2

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

CONTRIBUTIONS OF ART

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

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

NUMBER OF CONTRIBUTIONS

SCHEDULE M, PART I, COLUMN B:

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

HIRE THIRD PARTIES TO PROCESS CONTRIBUTIONS

FORM 990, SCHEDULE M, LINE 32B:

A PROFESSIONAL AUCTIONEER WAS HIRED TO CONDUCT THE LIVE AUCTION PORTION OF SOME EVENTS. **Part II** Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
AUCTION DONATIONS	х	45.	30,274.	FMV
TOTALS	_	45.	30,274.	

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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number

DALLAS MUSEUM OF ART

75-0808774

FAMILY RELATIONSHIPS

FORM 990, PART VI, LINE 2:

THE FOLLOWING TRUSTEES HAVE FAMILY RELATIONSHIPS:

- DEEDIE ROSE & CATHERINE ROSE
- MARY MCDERMOTT COOK & MARGARET MCDERMOTT
- CINDY RACHOFSKY & HOWARD RACHOFSKY
- MARGOT B. PEROT & CAROLYN RATHJEN

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11:

EACH BOARD TRUSTEE IS PROVIDED WITH AN ELECTRONIC COPY OF THE FORM 990

FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C:

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

COMPENSATION REVIEW PROCESS FORM 990, PART VI, LINE 15A & 15B:

THE MUSEUM'S COMPENSATION COMMITTEE IS RESPONSIBLE FOR ANNUALLY REVIEWING AND ESTABLISHING THE COMPENSATION OF SENIOR MANAGEMENT OF THE MUSEUM. IT UTILIZES VARIOUS SURVEYS AND BENCHMARKS, INCLUDING THE AAMD SURVEY TO ESTABLISH AND REVIEW DIRECTORS AND OTHER TOP MANAGEMENT COMPENSATION. ADDITIONALLY, THE MUSEUM CONSIDERS FACTORS SUCH AS THE ANNUAL PERFORMANCE REVIEW RATINGS AND THE COMPENSATION HISTORY OF FORMER EMPLOYEES IN THE POSITION.

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19:

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

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.

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. CREATIVITY.

ATTACHMENT 2

11:45:25 AM

5/22/2019

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2017				
Name of the or	rganization			
DALLAS M	IUSEUM	OF	ART	

Employer identification number 75-0808774

ATTACHMENT 2 (CONT'D)

Page 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 21 EXHIBITIONS ARE PRESENTED BY THE MUSEUM, 16 EXHIBITIONS DRAW PRIMARILY FROM ITS OWN COLLECTIONS OR WITH LOANS, AND AN ADDITIONAL FIVE NATIONALLY AND INTERNATIONALLY TOURING EXHIBITIONS ALSO ARE PRESENTED AT THE DMA 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 - 26% OF VISITORS TO THE DMA PARTICIPATE IN AN EDUCATIONAL PROGRAM. APPROXIMATELY 5,400 PROGRAMS CONNECT VISITORS WITH THE PERMANENT COLLECTION AND SPECIAL EXHIBITIONS EACH YEAR. K-12 STUDENT PROGRAMS PROVIDE GALLERY TOURS AND CREATIVE EXPERIENCES FOR OVER 56,000 STUDENTS

Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization	Employer identification number	
DALLAS MUSEUM OF ART	75-0808774	

ATTACHMENT 3 (CONT'D)

FROM PUBLIC AND PRIVATE SCHOOLS IN DALLAS AND ITS SURROUNDING COUNTIES. THE DMA OFFERS PROGRAMS FOR VISITORS IN ALL STAGES OF LIFE AND IS ONE OF THE FEW MUSEUMS THAT PROVIDES PROGRAMS AND LEARNING SPACES DEDICATED TO EDUCATING CHILDREN UNDER THE AGE OF FIVE ABOUT ART AND CREATIVE EXPRESSION, INCLUDING SPECIAL PROGRAMMING DEVELOPED FOR BABIES AND TODDLERS. WE ALSO ENGAGE APPROXIMATELY 2,200 VISITORS WITH VISION IMPAIRMENTS, DEVELOPMENTAL DISABILITIES AND EARLY STAGE DEMENTIA, ALONG WITH CHILDREN ON THE AUTISM SPECTRUM THROUGH ACCESS PROGRAMMING SPECIFICALLY DESIGNED FOR EACH AUDIENCE. IN ADDITION, THE DMA BUILDS RELATIONSHIPS WITH THE COMMUNITY THROUGH OUTREACH, SERVING APPROXIMATELY 13,000 INDIVIDUALS ANNUALLY THROUGH OUTREACH PROGRAMS, FESTIVALS AND PARTNERSHIPS WITH AREA CULTURAL AND COMMUNITY ORGANIZATIONS. COMMUNITY PARTNERS INCLUDE DALLAS BLACK DANCE THEATRE, TEXAS WOMEN'S UNIVERSITY SCHOOL OF OCCUPATIONAL THERAPY, UT SOUTHWESTERN MEDICAL SCHOOL, UNIVERSITY OF TEXAS AT DALLAS, DANCE FOR PD, TALKSTEM, THE DALLAS ALZHEIMER'S ASSOCIATION, THE STEWPOT, DALLAS PUBLIC LIBRARY, BIG THOUGHT, SOUTH DALLAS CULTURAL CENTER, BOYS & GIRLS CLUB OF DALLAS AND MANY OTHERS. THE MUSEUM ALSO CO-ORGANIZES AN ANNUAL ARTS DISTRICT BLOCK PARTY WITH ITS NEIGHBORS THE NASHER SCULPTURE CENTER AND THE CROW COLLECTION OF ASIAN ART. THE GO VAN GOGH OUTREACH PROGRAM, WHICH SERVES APPROXIMATELY 6,000 STUDENTS EACH YEAR, IS A SIGNATURE VEHICLE FOR THE MUSEUM'S PUBLIC OUTREACH TO STUDENTS IN THE DFW AREA. THE MUSEUM HAS ALSO LAUNCHED ITS NEW ONLINE COLLECTION, WHICH PROVIDES A SEARCHABLE DATABASE OF MUSEUM ARTWORKS ALONG WITH

Schedule O (Form 990 or 990-EZ) 2017		Page
Name of the organization	Employer identification number	
DALLAS MUSEUM OF ART	75-0808774	

ATTACHMENT 3 (CONT'D)

RELATED HIGH QUALITY IMAGES AND ENHANCED EDUCATIONAL CONTENT.

ATTACHMENT 4

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TODD EVENT DESIGN CREATIVE SERVICES 1444 OAK LAWN AVE DALLAS, TX 75207	EVENT SERVICES	192,261.
CASSANDRA FINE CATERING 1435 DRAGON ST. DALLAS, TX 75207	EVENT SERVICES	204,002.
CLEARBROOK INVESTMENT CONSULTING 825 THIRD AVE 31ST FLOOR NEW YORK, NY 10022	CONSULTING SERVICE	173,651.
STEVEN BARCLAY AGENCY 12 WESTERN AVENUE PETALUMA, CA 94952	EVENT SERVICES	139,892.
PLATINUM EVENT SERVICES, INC 2201 MAIN STREET, SUITE 208 DALLAS, TX 75201	SECURITY SERVICES	113,175.

			ATTACHMENT 5	
FORM 990, PART VIII - INVESTMENT INCOME	_			
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST AND DIVIDEND INCOME	4,341,16	8.		4,341,168.
TOTALS =	4,341,16	8.	=	4,341,168.

Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization		Employer identification number
DALLAS MUSEUM OF ART		75-0808774
		ATTACHMENT 6
FORM 990, PART VIII - EXCLUDED CONT	RIBUTIONS	
DESCRIPTION	AMOUNT	
ART BALL	1,074,895.	
SILVER SUPPER	245,572.	
ART IN BLOOM	94,190.	
TOTAL	1,414,657.	

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
ART BALL	1,164,469.	738,019.	426,450.
SILVER SUPPER	77,549.	166,547.	-88,998.
ART IN BLOOM	98,034.	85,020.	13,014.
TOTALS	1,340,052.	989,586.	350,466.

	ATTACHMENT 8
FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD	
GROSS SALES LESS RETURNS AND ALLOWANCES	811,681.
INVENTORY AT BEGINNING OF YEAR	611,950.
PURCHASES	277,467.
SALARIES AND WAGES	
OTHER COSTS	
SUBTOTAL	889,417.
MINUS ENDING INVENTORY	423,070.
COST OF GOODS SOLD	466,347.

ATTACHMENT 7

Employer identification number 75-0808774

ATTACHMENT 9

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION		ENDING BOOK VALUE	COST OR FMV
EQUITY SECURITIES		153,966,895.	FMV
	TOTALS	153,966,895.	

ATTACHMENT 10

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: BANK OF AMERI	CA	
ORIGINAL AMOUNT:	1,200,000.	
INTEREST RATE:	2.9700 %	
DATE OF NOTE:	04/03/2015	
MATURITY DATE:	04/03/2022	
REPAYMENT TERMS:	QUARTERLY INSTALLMENTS OF \$42,857 PLU	JS INTEREST
SECURITY PROVIDED:	INVESTMENTS HELD IN U.S. EQUITY SECUR	RITIES
PURPOSE OF LOAN:	A HARD FREEZE OF DEFINED PENSION PLAN	N
BEGINNING BALANCE DUE .		814,287.
ENDING BALANCE DUE		642,859.
TOTAL BEGINNING MORTGAG	ES AND OTHER NOTES PAYABLE	814,287.
TOTAL ENDING MORTGAGES	AND OTHER NOTES PAYABLE	642,859.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.



75-0808774

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DALLAS MUSEUM OF ART

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

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

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g Section 5 contr enti	512(b)(13)
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

JSA

Schedule R (Form 990) 2017

Page **2**

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

					o lan your.	1			1		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportion allocations		parti	eral or aging ner?	(k) Percentage ownership
							Yes N	o	Yes	No	
(1)											
(0)											
(2)											
(3)											
(4)											
(5)											
(5)											
(0)											
(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.

75-2246413		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	512(b)(1 controlle entity?
75-2246413								1 Critity:
75-2246413								Yes No
	HOLDING COMPA	TX	DMA	C CORP	0.	1,000.	100.0000	x
75-2246413								
	INACTIVE	TX	DMA	C CORP	0.	0.	100.0000	x
75-2251274								
	RETAIL	TX	MUS SERV. CORP.	C CORP	128,076.	381,743.	100.0000	x
	INACTIVE	TX	DMA	ASSOCIATION	0.	0.	100.0000	x
	_							
	_							
		INACTIVE 75-2251274 RETAIL	INACTIVE TX 75-2251274 RETAIL TX	INACTIVE TX DMA 75-2251274 RETAIL TX MUS SERV. CORP.	INACTIVE TX DMA C CORP 75-2251274 RETAIL TX MUS SERV. CORP. C CORP	INACTIVE TX DMA C CORP 0. 75-2251274 RETAIL TX MUS SERV. CORP. C CORP 128,076.	INACTIVE TX DMA C CORP 0. 0. 75-2251274 RETAIL TX MUS SERV. CORP. C CORP 128,076. 381,743.	INACTIVE TX DMA C CORP 0. 0. 100.000 75-2251274 RETAIL TX MUS SERV. CORP. C CORP 128,076. 381,743. 100.0000

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75-0808774

Schedule R (Form 990) 2017

Part V	Transactions With Related Organizations. Complete if the organization answered "Ye	es" on Form 990, Pa	t IV, line 34, 35b, or 36.				
Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	uring the tax year, did the organization engage in any of the following transactions with one or more						
	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b G	ift, grant, or capital contribution to related organization(s)				1b		X
c G	ift, grant, or capital contribution from related organization(s)				1c		X
	bans or loan guarantees to or for related organization(s)				1d		X
e L	pans or loan guarantees by related organization(s)				1e		X
f D	ividends from related organization(s)				1f		x
	ale of assets to related organization(s).				1g		X
	urchase of assets from related organization(s)				1h		X
	change of assets with related organization(s)				1i		X
	ease of facilities, equipment, or other assets to related organization(s).				1j		X
, _							
k L	ease of facilities, equipment, or other assets from related organization(s)				1k		X
ΙP	erformance of services or membership or fundraising solicitations for related organization(s)				11	Х	L
	erformance of services or membership or fundraising solicitations by related organization(s).				1m		
n S	naring of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х	L
o S	naring of paid employees with related organization(s).				10	Х	L
							(
рR	eimbursement paid to related organization(s) for expenses					X	
qR	eimbursement paid by related organization(s) for expenses				1q	Х	
r O	ther transfer of cash or property to related organization(s)				1r		X
<u>s</u> C	ther transfer of cash or property from related organization(s).				1s		X
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete t	_		iction three		s.	
	(a) Name of related organization	(b) Transaction	(c) Amount involved	Method of	(d) of dete	ərminir	ng
		type (a-s)		amou	int invo	olved	-
(1) N	/A						
(2)							
(-)							
(3)							
(4)							
(5)							
(6)							
JSA 7E1309 2.0	00		Sch	edule R (F	orm	990) :	2017

Page 3

Page 4

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partne section 501(c)(3) organizations		(f) Share of total income	(g) Share of end-of-year assets	end-of-year allocation		oportionate Code V - UBI		j) eral or aging mer?	(k) Percentag ownershi
			sections 512-514)	Yes	No			Yes	No		Yes	No	
1)													
2)													
3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													
SA										Sch	edule	R (Fori	 m 990) 20

Schedule R (Form 990) 2017

Page 5

 Part VII
 Supplemental Information

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