#### \*\* PUBLIC DISCLOSURE COPY \*\*

Form 990

## Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 Check if applicable: C Name of organization D Employer identification number Address change THE DETROIT INSTITUTE OF ARTS Name change 38-1359510 Doing business as lnitial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 5200 WOODWARD AVENUE 313-833-7900 290,061,624. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return DETROIT, MI 48202-4008 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SALVADOR SALORT-PONS Yes X No for subordinates? ..... SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No." attach a list. See instructions \_\_ 501(c) ( ) ◀ (insert no.) J Website: WWW.DIA.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1885 M State of legal domicile: MI Part I Summary Briefly describe the organization's mission or most significant activities: THE DIA CREATES EXPERIENCES THAT Activities & Governance HELP EACH VISITOR FIND PERSONAL MEANING IN ART. \_\_\_ if the organization discontinued its operations or disposed of more than 25% of its net assets. 45 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 45 432 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 375 6 Total number of volunteers (estimate if necessary) -78,894. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T. Part I. line 11 Prior Year **Current Year** 66,959,432 48,520,363. Contributions and grants (Part VIII, line 1h) 8 1,970,749. 608,101. Program service revenue (Part VIII, line 2g) 6,237,070. 8,457,659. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 441,261. 800,855. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 75,608,512. 58.386.978. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 21,190,282. 20,591,397. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 32,559. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 27,726,278. 21,782,920. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 48,949,119. 42,374,317. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,659,393. 16,012,661. Revenue less expenses. Subtract line 18 from line 12 5 Beginning of Current Year End of Year 547,056,318. 427,159,377. 20 Total assets (Part X, line 16) 15,782,593. 15,290,876. 21 Total liabilities (Part X, line 26) 411,868,501. 531,273,725. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign SALVADOR SALORT-PONS, PRESIDENT/CEO Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name it self-employed 05/06/22 P00378651 DAVID LOWENTHAL DAVID LOWENTHAL Paid Firm's name PLANTE & MORAN, PLLC Firm's EIN ▶ 38-1357951 Preparer Firm's address 2601 CAMBRIDGE CT., STE. 500 Use Only Phone no. (248) 375-7100 AUBURN HILLS, MI 48326 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2020) THE DETROIT INSTITUTE OF ARTS
Part IV | Checklist of Required Schedules

		r	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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	2015/02/16
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		~	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
	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		
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		х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a	x	
h	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	1,24		
Ŋ	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		<u>X</u>

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Form 990 (2020) THE DETROIT INSTIT
Part IV | Checklist of Required Schedules (continued)

	(continued)			
	Did the averagination was at answer they #5 000 of events or other applications to by fav democific individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22		<del></del>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23	х	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	<u></u>		
W-1-0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			4,2
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	SUSSE	
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):	ARCHIO)	5000	1000
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	28a		x
ь	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		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	<u></u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	<u> </u>
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			77
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	277		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<del></del>
38	Note: All Form 990 filers are required to complete Schedule O	38	Х	ĺ
Par				<u> </u>
L	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 124			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
	(gambling) winnings to prize winners?	1c	Х	
022004	12,23,20	Form	990	(2020)

THE DETROIT INSTITUTE OF ARTS Statements Regarding Other IRS Filings and Tax Compliance (continued)

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						163010.5
	filed for the calendar year ending with or within the year covered by this return	2a		432			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ms?			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)	.,.,				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		***************		За	X	L
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0			3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	accol	ınt)?		4a		X
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).				Williams
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		***************		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	?		5b		X
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie org	anization sol	licit			ĺ
	any contributions that were not tax deductible as charitable contributions?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions d	or gifts	-			İ
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to th	e payor?	7a	X	ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b	X	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as red	quired				
	to file Form 8282?	·			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		************		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			- 1	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation 1	file a Form 10	098-C?	7h	25401549341	-0.000-07.000
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by t	he	I			
	sponsoring organization have excess business holdings at any time during the year?				8	urinena.	
9	Sponsoring organizations maintaining donor advised funds.				415000		
	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			·····	9b	2001000	
10	Section 501(c)(7) organizations. Enter:	1	1				
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	)				
11	Section 501(c)(12) organizations. Enter:	ı	ı	l			
a	Gross income from members or shareholders	118	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b			40-	131,133	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	į.	T .	ŀ	12a		willians.
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12t	)				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			ŀ	10.	26232330	ethicities.
а	Is the organization licensed to issue qualified health plans in more than one state?		*********		13a	/20/21/03/21 20/21/03/21	94444
	Note: See the instructions for additional information the organization must report on Schedule O.						
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13E	J				
_	organization is licensed to issue qualified health plans	130					
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?	*			14a	ezietayaliyye	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu				14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			·····	טד.		
5				ŀ	15		х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.			·····	.9	(31/60)	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t inco	me?	ļ	16		X
	If "Yes," complete Form 4720, Schedule O.	_ ,,,,,,,		······	48.44	(i) (iii)	98756
	ii roo, complete room area consessed.				Form	990	(2020)

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

*******	Check if Schedule O contains a response or note to any line in this Part VI		***************************************	X
Sec	ction 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 45	100000	90006 9005	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1000		
h	Enter the number of voting members included on line 1a, above, who are independent 1b 45			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
		5		X
5		6		X
6				
7a	·	7.		Х
	more members of the governing body?	7a		
b		<b>-</b> ,		X
_	persons other than the governing body?	7b	390395	A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	41550
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		***
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			MACH
12a	Did the organization have a written conflict of interest policy? If *No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	110 S		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		\$450 \$450	
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	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 arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-	TOM SPERTI - 313-833-7900			
	5200 WOODWARD AVE., DETROIT, MI 48202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

  See instructions for the order in which to list the persons above.

Check this box if neither the organization n	T	orga	ıniza			nper	sat		ł "" - " ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
(A)	(B)			_ ((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per		i, unle					compensation	compensation	amount of
	Week	-	Ī	Ī	T		Ï	from the	from related organizations	other compensation
	(list any	direct						organization	(W-2/1099-MISC)	from the
	related	10 99	stee			nsate		(W-2/1099-MISC)	(** = *********************************	organization
	organizations	Test	al tru		yee	эдшо		'		and related
	below	Individual Trustee or director	Institutional trustee	<u>نة</u>	Key employee	lest c	je j			organizations
	line)	Ē	as a	Officer	ş	Highest compensated employee	Former			
(1) SALVADOR SALORT-PONS	40.00			l						
DIRECTOR, PRESIDENT & CEO		<u> </u>	<u> </u>	X		ļ	ļ	435,033.	0.	32,193.
(2) NINA HOLDEN	40.00									
SENIOR VICE PRESIDENT/CHIEF DEVELOPM					X	ļ	<u> </u>	276,627.	0.	27,361.
(3) ROBERT BOWEN	40.00	1				;			_	
EXECUTIVE VICE PRESIDENT/CFO/TREASUR		ļ	<u> </u>	X				225,176.	0.	20,967.
(4) JUDITH DOLKART	40.00							456 756		45 000
DEPUTY DIRECTOR, ART, EDUCATION & PR		ļ	ļ		X			186,721.	0.	15,009.
(5) DAVID FLYNN	40.00	-						100 000		48 608
SENIOR VP, PUBLIC & COMMUNITY AFFAIR		<u> </u>				X	ļ	183,283.	0.	17,627.
(6) ELLIOTT BROOM	40.00	1						157 604	,	00 700
VICE PRESIDENT, MUSEUM OPERATIONS	<del>                                     </del>				X			157,684.	0.	23,793.
(7) MELISSA PENA GALLIS	40.00	-				١,,		146 035	,	00 111
EXECUTIVE DIRECTOR, TALENT & CULTURE	40.00					X		146,935.	0.	27,111.
(8) NII QUARCOOPOME	40.00	-				.,		144 120	_	22 252
DEPT HEAD OF AFRICA, OCEANA & IND AME	40 00					X	_	144,120.	0.	22,252.
(9) ALAN DARR	40.00					37		122 461	0.	27 426
SENIOR CURATOR OF EUROPEAN ART DEPT	40.00	<u> </u>	<u> </u>			X		133,461.	V.	27,436.
(10) JOHN STEELE	40.00					х		142 222	0.	16 669
VP, EXHIBITIONS, COLLECTIONS & INFO	30 00		_			^		143,323.	V •	16,662.
(11) EUGENE A GARGARO JR CHAIRMAN	20.00	Х						0.	0.	0.
(12) RALPH J GERSON	3.00	Δ						V.	0.	
VICE CHAIR	3.00	Х						0.	0.	0.
(13) RHONDA D WELBURN	3.00	<u> </u>	-					U •		<u> </u>
VICE CHAIR	3.00	X						0.	0.	0.
(14) LAWRENCE GARCIA	3.00	Α	-	-		-		0.	<u> </u>	V •
SECRETARY	3.00	Х						0.	0.	0.
(15) ANN E. BERMAN	2.00	27.						· ·	<u> </u>	· ·
BOARD MEMBER	2.00	x						0.	0.	0.
(16) DR CHARLES BOYD	2.00									
BOARD MEMBER	2.00	x						0.	0.	0.
(17) RICHARD A. BRODIE	3.00							<u> </u>		
BOARD MEMBER		х						0.	0.	0.
	L						L			Form 990 (2020)

032007 12-23-20 Form **990** (2020)

	INOII INDI			*****					<u> </u>	JIO Tage 4
decidin A. Onicers, Directors,		ploy	ees,			ghes	st C		<b>!</b>	
(A)	(B)			Pos	C)			(D)	(E)	(F)
Name and title	Average	(do	not c				one	Reportable	Reportable	Estimated
	hours per		, unle					compensation	compensation	amount of
	week (list any		T	T	T	T	1	from	from related	other
	hours for	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	or d	<u>a</u>			sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	raster	<u>Itus</u>		휧	uadu		(44-27 1033-14100)		and related
	below	lan t	tiona tiona	_	nploy.	st co	, ht			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDSEY FORD BUHL	2.00									
BOARD MEMBER		X				<u> </u>		0.	0.	0.
(19) LANE COLEMAN	2.00									
BOARD MEMBER		X	<u> </u>					0.	0.	0.
(20) MARY CULLER	2.00									
BOARD MEMBER		X						0.	0.	0.
(21) LILLIAN DEMAS	3.00									
BOARD MEMBER		X					<u> </u>	0.	0.	0.
(22) ANDREA ROUMELL DICKSON	2.00								_	
BOARD MEMBER		X						0.	0.	0.
(23) MARLA DONOVAN	3.00									
BOARD MEMBER		X						0.	0.	0.
(24) NICOLE EISENBERG	2.00								_	_
BOARD MEMBER		X						0.	0.	0.
(25) RENATA SEALS EVANS	2.00									
BOARD MEMBER		X						0.	0.	0.
(26) CYNTHIA N. FORD	2.00								_	
BOARD MEMBER		Х					L	0.	0.	0.
1b Subtotal								2,032,363.	0.	230,411.
c Total from continuation sheets to Pa	rt VII, Section A						▶	0.	0.	0.
d Total (add lines 1b and 1c)							•	2,032,363.	0.	230,411.
<ol><li>Total number of individuals (including t</li></ol>	out not limited to th	ose	liste	d ab	ove)	\ wh	o re	ceived more than \$100.	000 of reportable	

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

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

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROWELL & MORING, 1001 PENNSYLVANIA AVE	PROFESSIONAL	F 41 200
NW, WASHINGTON DC, DC 20004	SERVICES	741,380.
CITY SHIELD SECURITY SERVICES		
3250 FRANKLIN ST, DETROIT, MI 48207	CONTRACT LABOR	451,184.
HONIGMAN LLP, 2290 FIRST NATIONAL		
BUILDING, DETROIT, MI 48226	LEGAL SERVICES	367,368.
KEATING CONTRACTING LLC		
22775 KESLIP DRIVE, NOVI, MI 48375	CONSTRUCTION	277,058.
KASCO CONTRACTING LLC		
226 E HUDSON, ROYAL OAK, MI 48067	CONSTRUCTION	221,789.
2 Total number of independent contractors (including but not limited to those \$100,000 of compensation from the organization ▶ 17	listed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII   Section A. Officers, Directors, T	rustees, Key E	mple	yee	s, ai	nd F	ligh	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average			Pos	C) ition			( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	lestitutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(27) DR ANTOINE GARIBALDI	2.00							_		•
BOARD MEMBER		X						0.	0.	0,
(28) CHRISTINE GIAMPETRONI	2.00	-						0.	0.	0.
BOARD MEMBER	<del> </del>	X	ļ			ļ		υ.	V+	
(29) THOMAS GUASTELLO BOARD MEMBER	2.00	x						0.	0.	0.
	1 3 00	<u> </u>	<del> </del>					0.	U ·	0.
(30) JOHN HANTZ BOARD MEMBER	3.00	x						0.	0.	0.
(31) HASSAN JABER	2.00				1					
BOARD MEMBER		x						0.	0.	0.
(32) ROBERT B JACOBS	2.00					<b> </b>				
BOARD MEMBER		X						0.	0.	0.
(33) MARY L KRAMER	2.00	П								
BOARD MEMBER		X						0.	0.	0.
(34) BONNIE LARSON	3.00									
BOARD MEMBER		X						0.	0.	0.
(35) DAVID LARSEN	2.00	ļ								
BOARD MEMBER	<b> </b>	X						0.	0.	0.
(36) MATTHEW B. LESTER	2.00	7						0.	0.	0.
BOARD MEMBER	1 2 00	Х			_			U •	U.	0,
(37) JOHN D LEWIS BOARD MEMBER	3.00	х						0.	0.	0.
(38) HUBERT W MASSEY	2.00							U •	<u> </u>	V.
BOARD MEMBER	2.00	Х						0.	0.	0.
(39) NANCY MITCHELL	2.00								<u> </u>	<u> </u>
BOARD MEMBER		х						0.	0.	0.
(40) TAKASHI OMITSU	2.00									
BOARD MEMBER		х						0.	0.	0.
(41) LINDA ORLANS	2.00	<u> </u>								
BOARD MEMBER		Х						0.	0.	0.
(42) JENNIFER HUDSON PARKE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(43) MARSHA PHILPOT	2.00							_		_
BOARD MEMBER	<u> </u>	Х						0.	0.	0.
(44) JUDITH PRITCHETT, PHD	2.00								,	•
SOARD MEMBER	<b> </b>	X			$\square$			0.	0.	0.
(45) CHRISTINE PROVOST	2.00	, .							_	^
SOARD MEMBER	1 2 2 2	X						0.	0.	0.
(46) MOHAMMAD QAZI	3.00	x						0.	0.	0.
BOARD MEMBER	i .									

	TROIT INST	rII	<u>'U'I</u>	'E	OF'	_ <u>A</u>	K.T	'S	38-135	9510
Part VII Section A. Officers, Directors	s, Trustees, Key E	mple	yee	s, ar	id H	ligh	est	Compensated Employe	ees (continued)	
(A)	(B)			(C	>)			(D)	(E)	(F)
Name and title	Average	1		Posi	tion	ı		Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat	арр	y)	compensation	compensation	amount of
	per							from	from related	other
	week	,,				oyee		the	organizations	compensation
	(fist any	irecto				ď		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rruste	el trustee		yee.	треп				organizations
	below	ndividual trustee or director	Institutional t		Key employee	Highest compensated employee	늄			
	line)	Indiv	instii	Officer	Keye	High	Former			
(47) DR IRVIN D REID	2.00									
BOARD MEMBER		Х						0.	0.	0.
(48) DONALD N RITZENHEIN	2.00									
BOARD MEMBER		X						0.	0.	0.
(49) TONY SAUNDERS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(50) PAULA SILVER	2.00									
BOARD MEMBER		X						0.	0.	0.
(51) BUZZ THOMAS	2.00								_	_
BOARD MEMBER		X						0.	0.	0.
(52) DR LORNA THOMAS	2.00							_	_	_
BOARD MEMBER		X						0.	0.	0.
(53) JASON TINSLEY	2.00								_	_
BOARD MEMBER		X						0.	0.	0.
(54) MOLLY VALADE	2.00	ļ						_		
BOARD MEMBER		X						0.	0.	0.
(55) PADMA VATTIKUTI	2.00									•
BOARD MEMBER		X						0.	0.	0.
(56) LARRY ALEXANDER	1.00			İ					0	0
BOARD MEMBER - PARTIAL YEAR	1 00	Х			$\dashv$			0.	0.	0.
(57) DENISE ANTON DAVID	1.00									0
BOARD MEMBER - PARTIAL YEAR		X				_		0.	0.	0.
(58) ANNE G FREDERICKS	1.00				- 1			ا م		0
BOARD MEMBER - PARTIAL YEAR	1 00	X		_				0.	0.	0.
(59) JENNIFER GILBERT	1.00							0	0	0
BOARD MEMBER - PARTIAL YEAR	1 00	Х	-		$\dashv$			0.	0.	0.
(60) MARY ANN GORLIN	1.00	<b>.</b> ,						0	n	•
BOARD MEMBER - PARTIAL YEAR	1 00	X						0.	0.	0.
(61) DR JAMES B JACOBS	1.00	Ψ.						0.	0	n
BOARD MEMBER - PARTIAL YEAR	1 00	X		-	$\dashv$			V .	0.	0.
(62) DR ALI MOIIN	1.00	x						0.	0.	n
BOARD MEMBER - PARTIAL YEAR	1 00	Δ		$\dashv$				U •	0.	0.
(63) PETER B OLEKSIAK	1.00	х			ĺ	Į		0.	0.	0.
BOARD MEMBER - PARTIAL YEAR (64) JULIE ROTHSTEIN	1.00	Δ		$\dashv$				V.	V •	0.
BOARD MEMBER - PARTIAL YEAR	1.00	х				ļ		0.	0.	0.
(65) SUZANNE SHANK	1.00	Ω		$\dashv$	$\dashv$			V •	0.	<u>U•</u>
	1.00	х		l	ı	ļ		0.	0.	0.
BOARD MEMBER - PARTIAL YEAR	1.00	Δ		$\dashv$	$\dashv$	$\dashv$		U •	V •	<u> </u>
(66) CHRISTINE SITEK BOARD MEMBER - PARTIAL YEAR	1.00	x						0.	0.	0.
DOMES REPORT LARTING TEAM		43.						V + 1	<u> </u>	V •
Takakka Dankilik Canting A 19-4-										
Total to Part VII, Section A, line 1c	**********************		*****			*****				

Form 990 THE DETROIT INSTITUTE OF ARTS 38-1359510														
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)	Name and title Average Position Reportable Reportable Estir													
Name and title										Estimated				
	hours	(cl	heck	(all	that	app	ly)	compensation	compensation	amount of other				
	per week					a	ĺ	from the	from related organizations	compensation				
	(list any	ctor				Highest compensated employee		organization	(W-2/1099-MISC)	from the				
	hours for	ır dire				teden		(W-2/1099-MISC)		organization				
	related	stee (	ruste		23	Beusa				and related				
	organizations below	uai tru	ona		ploye	E				organizations				
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	lighes	Former							
(67) REGINALD M TURNER JR	1.00	_	_	<u> </u>	-		-							
BOARD MEMBER - PARTIAL YEAR	1.00	X						0.	0.	0.				
(68) CAROL WALTERS	1.00			_		<del>                                     </del>	<del>                                     </del>			<u> </u>				
BOARD MEMBER - PARTIAL YEAR		х						0.	0.	0.				
(69) DR CELESTE WATKINS-HAYES	1.00						İ							
BOARD MEMBER - PARTIAL YEAR		X						0.	0.	0.				
***************************************														
					ļ	ļ								
					-	<u> </u>	-							
						-	-							
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							ļ							
		-												
				_			_							
		ĺ		ĺ										
		- 1												
				_			ļ							
SECTION														
}														
					l									
Total to Part VII, Section A, line 1c														
TOTAL OF ALL VII, SECTION A, RINE TO	**********	111111	1,51,51,54						<u> </u>	<del></del>				

Form 990 (2020) THE DET
Part VIII Statement of Revenue

<u> </u>		Check if Schedule O	contains a respons	e or note to any lir	ne in this Part VIII			
		Olison in Collocatio	somanio a respons	o or more to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	т.		1.1					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	a Federated campaigns	1a	3 433 645	1			
5			1b	3,433,845.	1			
ts.	'	c Fundraising events		······································	1			
<u>يَّ تَّ</u>	'	*	1d	20 756 000				
S.E.	'	e Government grants (contr		29,756,908.	-			
iti e	1	f All other contributions, gifts,		15 220 £10				
E E		similar amounts not included		15,329,610. 2,764,000.	•		2.0000000000000000000000000000000000000	
50		Noncash contributions included in	***************************************	2,704,000.	48,520,363.			
OR	ļ!	h Total. Add lines 1a-1f		Business Code	40,520,303.			
	١.	ENMEDDO TOU SOMILLEMIE	20	900099	262 431	65,702.		196,709.
ÌĈ.	2	D MUSEUM SERVICES	23	712110	262,411. 226,095.	226,095.		130,703,
e S	'	STEWARDSHIP & CARE (	POLIFORION	900099	62,015.	62,015.		
S 6	۱ '	LEARNING & AUDIENCE		712110	57,580.	57,580.		
Program Service Revenue		ashardon & enthanad	ENGAGEMENT	712110	37,300.	37,300.		
ž		All other program service i						
	· '	Total. Add lines 2a-2f	***************************************		608,101.			
	3	Investment income (includ					***************************************	
	3	other similar amounts)	· ·		1,651,452.		-78,894.	1,730,346.
	4	Income from investment o						
	4	Royalties	· ·		32,163.	32,163.		
	5	noyaliles	(i) Real	(ii) Personal	33,243.			
	٠.	a Gross rents		(ii) i oroonar	1			
		Less: rental expenses	6a 6b					
		Rental income or (loss)	6c					
		i Net rental income or (loss)						19 400 p. 10 a./ 11 444 c 1460 a 440 p. (1400 a 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
		Gross amount from sales of	(i) Securities	(ii) Other				
	, ,	assets other than inventory	7a 237,859,247					
	L	Less: cost or other basis	74 70 70 70 70 70 70 70 70 70 70 70 70 70					
ø	,		7b 231,170,582	. 0.				
n C	_		7c 6,688,665					
er Revenue		Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	<del></del>	6,806,207.	117,542.		6,688,665.
┈		Gross income from fundraisin	1					
ğ.	0.5	including \$	of					
٦		contributions reported on l						
			8:					
	ŀ	Less: direct expenses						
		: Net income or (loss) from f		<u> </u>				7.000 Care and Care a
		Gross income from gaming						
		Part IV, line 19	· I	3				
	h	1	91					
		: Net income or (loss) from g		<u> </u>				
		Gross sales of inventory, le						
		and allowances	1	a 1,268,481.				
	ь	Less: cost of goods sold						
•		Net income or (loss) from s		<b>&gt;</b>	764,417.	764,417.		
一				Business Code				
ž	11 a	ART, LECTURE AND DOC	ENT FEES	900099	2,800.	2,800.		
ie ie	b			900099	1,475.	1,133.		342.
Miscellaneous Revenue	c				,			
Be	d							<del></del>
Σ		Total. Add lines 11a-11d			4,275.			
	<u>-</u> 12	Total revenue. See instruction			58,386,978.	1,329,447.	-78,894.	8,616,062.

032009 12-23-20

Form 990 (2020) THE DETROIT INSTITUTE OF ARTS
Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor	ise or note to any line in		<u></u>	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	**************************************			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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				
5	Compensation of current officers, directors,	1 522 761	426,900.	775,599.	330,262
_	trustees, and key employees	1,532,761.	420,300.	113,333.	330,202
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
***	persons described in section 4958(c)(3)(B)	15,126,339.	11,394,468.	2,038,503.	1,693,368.
7	Other salaries and wages	17,140,337.	11,004,400.	2,000,000	-,055,500
8	Pension plan accruals and contributions (include	719,897.	531,761.	107,432.	80 70 <i>4</i>
_	section 401(k) and 403(b) employer contributions)	2,078,095.		332,986.	80,704 243,569
9	Other employee benefits	1,134,305.	807,696.	189,731.	136,878
10	Payroll taxes	1,134,303.	007,0301	100,,010	130,070
11	Fees for services (nonemployees):  Management				
a		358,243.		358,243.	
b	Legal Accounting	182,865.		182,865.	
ç	Lobbying	933,784.	925,000.	8,784.	
	Professional fundraising services. See Part IV, line 17	333,7011	220,000		
f	Investment management fees	2,784,168.		2,784,168.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	3,247,733.	2,509,808.	584,633.	153,292
12	Advertising and promotion	404,485.	285.	404,200.	
13	Office expenses	1,047,836.	769,718.	88,394.	189,724.
14	Information technology	1,151,926.	491,131.	584,330.	76,465.
15	Royalties				
16	Occupancy				
17	Travel	19,392.	19,145.	247.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	10,927.	3,902.	7,025.	
20	Interest	174,988.	342.	47,565.	127,081.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,055,627.	931,362.	123,195.	1,070.
23	Insurance	596,744.	468,608.	128,136.	····
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ART ACQUISITIONS	4,885,571.	4,885,571.		
b	EQUIPMENT & FACILITIES	1,788,019.	1,651,995.	76,549.	59,475
c	UTILITIES	1,777,127.	1,777,127.		
d	BUS SUBSIDIES	274,713.	274,713.		
_	All other expenses	1,088,772.	420,566.	186,669.	481,537
25	Total functional expenses. Add lines 1 through 24e	42,374,317.	29,791,638.	9,009,254.	3,573,425.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments		,	33,648,878.	2	40,633,845.
	3	Pledges and grants receivable, net			44,468,645.	3	37,163,350.
	4	Accounts receivable, net			2,742,351.	4	2,156,342.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	intial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described				6	 
ţ	7	Notes and loans receivable, net				7	= 0.0 1.01
Assets	8	Inventories for sale or use		************	605,512.	8	522,134.
Ä	9	Prepaid expenses and deferred charges			652,557.	9	635,616.
	10 a			22 -25 254			
		basis. Complete Part VI of Schedule D	10a	30,526,351.			00 005 066
	þ			7,291,085.	23,780,785.		
	11	Investments - publicly traded securities			49,209,208.	11	48,153,113.
	12	Investments - other securities. See Part IV, line 11			269,987,004.		391,318,264.
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			0 064 425	14	2 220 200
	15	Other assets. See Part IV, line 11			2,064,437.	15	3,238,388.
	16	Total assets. Add lines 1 through 15 (must equa			427,159,377. 775,226.	16	547,056,318.
	17	Accounts payable and accrued expenses			113,440.	17	1,169,146.
	18	Grants payable			201,207.	18	187,627.
	19	Deferred revenue			201,207.	19	107,027.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pr				21	
ies	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substa controlled entity or family member of any of these				22	
[a]		Secured mortgages and notes payable to unrelate	-			23	
	23 24	Unsecured notes and loans payable to unrelated			8,201,654.	24	7,953,735.
	25	Other liabilities (including federal income tax, pays		i	0,201,001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	20	parties, and other liabilities not included on lines					
	•	of Schedule D			6,112,789.	25	6,472,085.
	26			**********	15,290,876.	26	15,782,593.
		Organizations that follow FASB ASC 958, chec				25000	
Se		and complete lines 27, 28, 32, and 33.					
Ě	27	Net assets without donor restrictions			231,586,745.	27	321,119,811.
3at	28	Net assets with donor restrictions			180,281,756.	28	210,153,914.
힏		Organizations that do not follow FASB ASC 95				410/45	
2		and complete lines 29 through 33.	•	,			
ö	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inco	•	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		31	
Net Assets or Fund Balances	32	-		,,,,,,,,,,	411,868,501.	32	531,273,725.
	33	Total liabilities and net assets/fund balances			427,159,377.	33	547,056,318.
							Form <b>990</b> (2020

Form 990 (2020)

032012 12-23-20

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

		THE	DETROIT IN	STITUTE OF A	RTS			3	8-1359510
Pε	ırt I	Reason for Public	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	).	
The	organi	zation is not a private found							
1	ΓŤ	A church, convention of ch					1)(A)(i).		
2	一	A school described in sect	•						
3	一	A hospital or a cooperative					in.		
4	一	A medical research organiz						iii). Enter	the hospital's name.
	L!	city, and state:		ingationality with a rivolphia.		••••	( - )( - )( - )		,
5		An organization operated for	or the henefit of a co	llege or university owner	or operat	ed by a go	vernmental un	it describe	ed in
J	L	section 170(b)(1)(A)(iv). (0		acge of aniversity owner	or operat	ou by u go	rectification de		· · · · · · · · · · · · · · · · · · ·
_			-	eantal unit daggribad in	aaatian di	20/6//4)//	(c)		
6	片	A federal, state, or local go	-						nublic described in
7	X	An organization that norma		ntial part of its support i	rom a gove	ernmentai	unit or from the	e General i	paniic described in
_		section 170(b)(1)(A)(vi). (C	•						
8	닉	A community trust describe					.1 741 4		
9		An agricultural research org							
		or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	ne college	or
	·······	university:							
10	Ш	An organization that norma	*						
		activities related to its exen	•						
		income and unrelated busin		(less section 511 tax) fro	om busines	sses acqui	red by the orga	anization a	iπer June 30, 1975.
		See section 509(a)(2). (Co	•						
11		An organization organized							
12		An organization organized							
		more publicly supported or							Sheck the box in
		lines 12a through 12d that							ali da a
а	L	Type I. A supporting orga							
		the supported organization			majority o	n the airec	ctors or trustee	s or the st	phound
		organization. You must o	•		الما المعادد الماليا		al avancimation	(a) by bay	ina
b	L	Type II. A supporting org							
		control or management o			ame perso	ns mai co	ntroi or manay	e me subi	Jorted
_		organization(s). You mus	•		in acanad	tion with a	and functionally	, integrate	ad with
C	L	Type III functionally inte						yintegrate	with,
_1	Γ		* * * *	•	=	-		ad organi	zation(s)
d	<u> </u>	Type III non-functionally that is not functionally int							
		requirement (see instructi						an accord	VOI 1000
_	Γ	Check this box if the orga	•					Type III	
е		functionally integrated, or					Type I, Type II	, rypo ne	
	Ento	the number of supported of				ation.			
		de the following information		d organization(s)					
9		Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1·10 above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)
				00010 (000 11011 00110110)					
						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
				i kanggarang ang ang Paring Pa			I		I

104481 2

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24467560.	25668717.	34783290.	32024169.	18763455.	135707191
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	23853455.	25447441.	26054826.	34935263.	29756908.	140047893
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	48321015.	51116158.	60838116.	66959432.	48520363.	275755084
5	The portion of total contributions				1.0000000000000000000000000000000000000		
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						0.
6	Public support. Subtract line 5 from line 4.						275755084
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	48321015.	51116158.	60838116.	66959432.	48520363.	275755084
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,					:	
	and income from similar sources	5263682.	6738867.	7399454.	5967075.	1683615.	27052693.
	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	344,030.	253,662.	263,608.	208,853.		1070153.
11	Total support. Add lines 7 through 10						303877930
12	Gross receipts from related activities,	etc. (see instructio	ns)		******	12 22	<u>,255,849.</u>
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (li	ine 6, column (f), di	ivided by line 11, c	olumn (f))		14	90.75 %
	Public support percentage from 2019					15	84.72 <u>%</u>
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	, ,					
17a	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances tes	st. The organization	n qualifies as a pul	blicly supported or	rganization	*******************	▶□
b	10% -facts-and-circumstances test	- 2019. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu	mstances test. The	e organization qua	lifies as a publicly	supported organiz	ation	▶□
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar	nd see instructions	<b>&gt;</b>
					Caba	dula A /Form 990	AT 000 E71 2020

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

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

Se	ction A. Public Support	, ,					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 per-				İ		
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to		İ				
	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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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					[	
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for th	e organization's fir	st. second. third, f	ourth, or fifth tax v	ear as a section 5	01(c)(3) organizatio	n.
• •							<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2020 (li	· · · · · · · · · · · · · · · · · · ·		olumn (f))		15	%
	Public support percentage from 2019		<del>-</del>			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	20 (line 10c, colun	nn (f), divided by lir	ne 13, column (f))		17	%
	Investment income percentage from 2	·				18	%
	33 1/3% support tests - 2020. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2019. If the	=	-				
_	line 18 is not more than 33 1/3%, chec	=					▶□
			•			tructions	

Ves No

## Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
	1000000	
	Yes	No
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1	4599680	
		Alegalii
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5a	*5*5*5*61	
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9b		
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	98000	345/AF
	59999	51666
10a		12.4
10b		

14280506 147228 104481

Pá	art IV Supporting Organizations (continued)		<del>,</del>	·
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		99333	
í	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	inversión.		
	11c below, the governing body of a supported organization?	11a		<u> </u>
i	A family member of a person described in line 11a above?	11b		
(	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Se	ction B. Type I Supporting Organizations			·
		Laurence d'avec	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	10000000		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	and heavily	
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,	12.000	12.163	
~_	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	ction C. Type II Supporting Organizations			1
		90000000	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		\$115E	
80	the supported organization(s).  ction D. All Type III Supporting Organizations	1 1		L
	Cuton D. An Type in Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
1	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	1940 Norysky	r Hernigo
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		an a	
	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 line 2, above, did the organization's supported organizations have a		100000	
-	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s).		
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	s).	
2	Activities Test. Answer lines 2a and 2b below.	000000000000000000000000000000000000000	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			0.000
	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	2000	10.000000
b	· · · · · · · · · · · · · · · · · · ·			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	US VENEZA NE	50,550	10000
_	these activities but for the organization's involvement.	2b	Estata.	1000000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		(3/3/3/6/6)	1879/1989	140,446
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	434436	31816A.
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h	1000000	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust or	n Nov. 20, 1970 ( <i>explain in</i> <b>P</b> a	rt VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complet	e Sections A through E.	
Sect	ion 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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	110000		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors	2000 2000 2000 2000		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to			
•	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting organiz	zation (see
	instructions).	-		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 9 Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (ii) (ī) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2020 Amount for 2020 Distributable amount for 2020 from Section C, line 6 Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2020 a From 2015 b From 2016 c From 2017 d From 2018 e From 2019 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2020 distributable amount Carryover from 2015 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2020 from Section D, line 7: Applied to underdistributions of prior years b Applied to 2020 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019
 e Excess from 2020

Pa line Se	ippiemental irt IV, Section A, e 1; Part IV, Section D, lines 5, ee instructions.)	lines 1, 2	2, 3b, 3c, 4 nes 2 and 3	ib, 4c, 5 3; Part l	ia, 6, 9a, 9b V. Section E	, 9c, 11a, 11 E, lines 1c, 2	b, and 1 a, 2b, 3a	1c; Part IV, 3 , and 3b; Pa	Section B, lines rt V, line 1; Part	1 and 2; Par V, Section 8	rt IV, Section C, 3, line 1e; Part V,	,
SCHEDULE	A, PART	II,	LINE	10,	EXPLA	NATION	FOR	OTHER	INCOME:			
FUNDRAIS	ING REVE	NUE									<del></del>	<del></del>
2016 AMO	UNT: \$	344	,030.									
2017 AMO	UNT: \$	253	,662.									
2018 AMO	UNT: \$	263	,608.									
2019 AMO	UNT: \$	208	,853.								*******	
2020 AMO	UNT: \$	0.				······································					····	
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### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **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

2020

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of the organization Employer identification number THE DETROIT INSTITUTE OF ARTS 38-1359510 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_ 🕨 \$ \_ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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

Name of organization

**Employer identification number** 

#### THE DETROIT INSTITUTE OF ARTS

38-1359510

TUE DI	EIROII INSIIIUIE OF ARIS	1 30	T333310
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,000,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,125,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### THE DETROIT INSTITUTE OF ARTS

38-1359510

art li Nonc	eash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	***************************************
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	***************************************
(a) No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4,4,4,4,4,4,4,4,4		  \$	

Name of organization Employer identification number 38-1359510 THE DETROIT INSTITUTE OF ARTS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. ence.) Use duplicate copies of Part III if additional space is needed. (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (c) Use of gift (d) Description of how gift is held from (b) Purpose of gift Part ! (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ.

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

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	(See separate instructions), then	Value Or and to Best III			
	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.		Tenn	loyer identification number
Man	ne of organization	TACET TACETORISME	መ አከመፅ	Emp	38-1359510
Dr	art I-A Complete if the ord	ROIT INSTITUTE O	r AKTS	or is a section 527 or	
1.6	arti-A Complete it the org	gamzadon is exempt und	er section sortor	Of 13 & Section OE1 Of	gamzadori
	Provide a description of the organiz	national adjugate and inclinate autition	nal namnaiga activities i	in Part IV	
	Political campaign activity expendit	•	, ,	<b>&gt;</b> \$	
	Volunteer hours for political campa				
3	volunteer modes for political campa	gn acavaces			
Pa	art I-B Complete if the org	janization is exempt und	er section 501(c)(	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	<b>&gt;</b> \$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	<b></b> ▶\$	
3	If the organization incurred a section				
4a	Was a correction made?	• • • • • • • • • • • • • • • • • • • •	.,		Yes No
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o If "Yes," describe in Part IV.				VI.0.
		anization is exempt und			······································
	Enter the amount directly expended				
2	Enter the amount of the filing organ		=		
	exempt function activities				
3	Total exempt function expenditures				
	line 17b				
4	Did the filing organization file Form	1120-POL for this year?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No
5	Enter the names, addresses and en				
	made payments. For each organiza contributions received that were pro-				
	political action committee (PAC). If				o dogrogated fand of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) = 114	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
				:	If none, enter -0
	***************************************				

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020

1,000,000.

1,500,000.

250,000.

250,000.

250,000.

250,000.

d Grassroots nontaxable amount
e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1 c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred by organization managers under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it lies Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Vers substantially all (90% or more) dues received nondeductible by members?  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying appenditures of \$2,000 or less?  3 Did the organization and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  b Curryover from last year  c Total  4 Hinotics were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reason	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)		(p)
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred by organization managers under section 4912 of If the filing organization incurred a section 4912 of If the filing organization incurred a section 4912 tax, did if tile Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  1 Dues, assessments and similar amounts from members Section 182(e) nondeductible lobbying and political expensitures from 182(e) dues 4 If notices were sent and the amount on line 2.e exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures (See linstructions) 5 Taxable moun	of the lobbying activity.	Yes	No		lmount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only inhouse lobbying expenditures of \$2,000 or less? 2 Did the organization incurred to political campaign activity expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 503(e)(1)(A) notices of nondeductible section 162(e) dues 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure expenditure next year? 5 Taxable amount of lobbying and political expenditures (See instructions) 5 Taxable amount of lobbying and political expenditures (See instructions)	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
d Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b If "Yes," enter the amount of any tax incurred under section 4912  c If "Yes," enter the amount of any tax incurred by organization managers under section 4912  d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization agree to carry over lobbying expenditures of \$2,000 or less?  3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  1 Dues, assessments and similar amounts from members  5 Dit(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f) tax was paid).  a Current year  b Carryover from last year  c Total  3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and political expenditures (See instructions)  5 Taxable amount of lobbyi	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filling organization incurred a section 4912 tax, clid if lie Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization argree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization argree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization after (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."  1 Dues, assessments and similar amounts from members 4 Dues, assessments and similar amounts from members 5 Carryover from last year 5 Carryover from last year 6 Carryover from last year 7 Catal 8 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 9 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expensition agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  4 In notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of no					
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	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of	e prior year n 501(c)(i "No" OR	? 5), or s (b) Pa	gection rt III-A, li  ta eb ec	ne 3, is
Part IV   Supplemental Information	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polynomials.	e prior year n 501(c)(i "No" OR cal	? 5), or s (b) Pa	gection rt III-A, li  la la la lc lc lc lc lc lc lc lc lc lc lc lc lc	ne 3, is
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures	e prior year n 501(c)(i "No" OR cal	? 5), or s (b) Pa	gection rt III-A, li  ta eb ec	ne 3, is
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# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE DETROIT INSTITUTE OF ARTS

Employer identification number 38-1359510

ra	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ids of Accounts. Complete it the
	L	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor a	dvised funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purp	ose conferring
Pa	t II Conservation Easements. Complete if the organic	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education) Preservation	n of a historically important land area
	Protection of natural habitat	Preservation	on of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	
đ	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a historic str	ucture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located >	and the same of th
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing of	conservation easements during the year
	were constructed and analysis of the second and analysis of the second and analysis of the second and analysis of the second and analysis of the second analysis		
7	Amount of expenses incurred in monitoring, inspecting, handlines \$	ng of violations, and enforcing conse	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section	170(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue stateme	nt and balance sheet works
	of art, historical treasures, or other similar assets held for publi		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under FASB AS		÷ ·•
а		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<b>▶</b> \$
	Accete included in Form 990 Part Y		<b>&gt;</b> ¢

032051 12-01-20

Schedule D (Form 990) 2020

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

3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its										
	collection items (check all that apply):										
а	X Public exhibition	d X Loan or exchange program									
b	X Scholarly research	e		Other							
С	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ney further th	ne organizatio	on's exer	npt p	urpose ii	n Part i	XIII.	
5	During the year, did the organization solicit o										
	to be sold to raise funds rather than to be ma									Yes	X No
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?										
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										·····
		·	•							Amount	
С	Beginning balance						. [	1c			
	Additions during the year						- 1	1d			
е	Distributions during the year						- 1	1e			
f	Ending balance						[	<b>1</b> f			
	Did the organization include an amount on Fo						ity?			Yes	☐ No
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII										
-	t V Endowment Funds. Complete i									·	
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) T	hree year:	s back	(e) Four y	ears back
1a	Beginning of year balance	299,775,320.	280	,615,272.	240,72	9,237.	2	15,686,	197.	188,0	48,945.
	Contributions	3,420,534.	12	,562,317.	27,55	1,535.		10,295,	047.	9,3	21,788.
c	Net investment earnings, gains, and losses	85,776,987.	7	,168,157.	13,73	8,890.		15,633,	087.	17,9	04,355.
	Grants or scholarships										
	Other expenditures for facilities										
_	and programs	896,075.		570,426.	1,40	4,390.		885	,094.	-4	11,109.
f	Administrative expenses										
g	End of year balance	200 000 000 000 000 000 615 272 240				40,729,	237.	215,6	86,197.		
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a	) held as:						
	Board designated or quasi-endowment	55.0000	%	<b>.</b>	•						
b	Permanent endowment > 30.0000	%	<del></del>								
	Term endowment ► 15.0000	·············									
-	The percentages on lines 2a, 2b, and 2c show										
За	Are there endowment funds not in the posses		tion tha	it are held ar	nd administe	red for th	ne org	ganizatio	n		
	by:	•								Y	es No
	(i) Unrelated organizations						. ,			3a(i)	X
	(ii) Related organizations									3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?				.,,,,		3b	
4	Describe in Part XIII the intended uses of the	· ·									
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.										
	Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value								value		
	basis (investment) basis (other) depreciation										
1a	Land 2,667,703. 2,667,703										
	Buildings	15 551 062 2 537 102 1					3,024				
C	Leasehold improvements				5,194.	619,741. 5,				5,735	
	Equipment			2,31	3,104.			,434			,670.
	Other	1		3,63	8,487.	2,	575	,728		1,062	
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)										
		,						Sci	nedule	D (Form 9	390) 2020

Complete if the organization answered "Yes"			of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other (A) ALTERNATIVE INVESTMENTS	391,318,264.	END-OF-YEAR MARKET	VALUE
	331,310,204.	BND OF TEAR MARKET	ALTHOU
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.	391,318,264.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15.	
	Description		(b) Book value
(1)	<u> </u>		
(2)	<del></del>		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		<b>&gt;</b> I	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(h) Rook value
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) POST RETIREMENT HEALTHCAR			
ANT TATES	<u> </u>		3,551,629.
ACCUSED NAMED AND ACCUSED	EMPI.OVEF		2,920,456.
	TILLIA FRI		2,220,300
(5)			
(6)			
(7)			
(8)			
Fotal. (Column (b) must equal Form 990. Part X. col. (B) line	251	<b>&gt;</b>	6,472,085.
<ol> <li>I jability for uncertain tax positions. In Part XIII. provide</li> </ol>		the organization's financial statements th	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 THE DETROIT INSTITUTE OF AR	TS	38-	1359510 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statemen			
<del>*************************************</del>	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	156,069,634.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		200 (00) 200 (00)	
а	Net unrealized gains (losses) on investments	$_{2a}$ 102,236,357.		
b	Donated services and use of facilities			
С	Recoveries of prior year grants	2c		
đ	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	103,230,824.
3	Subtract line 2e from line 1		3	52,838,810.
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 2,784,168.		
	Other (Describe in Part XIII.)		10.00	
c	Add lines 4a and 4b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4c	5,548,168.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)		5	58,386,978.
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per F	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	,		27 000 616
1	Total expenses and losses per audited financial statements		1	37,820,616.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1 440 570		
	Donated services and use of facilities		4654334 300443	
	Prior year adjustments	2b		
-	Other losses	2c 47 922		
	Other (Describe in Part XIII.)		10000000	490,403.
	Add lines 2a through 2d		2e	37,330,213.
	Subtract line 2e from line 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	37,330,213.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a 2,784,168.		
	Investment expenses not included on Form 990, Part VIII, line 7b	0 050 006		
	Other (Describe in Part XIII.)		4c	5,044,104.
-	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	42,374,317.
	t XIII Supplemental Information.	***************************************	L <u>v</u>	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines 1b and 2b; Part V, line 4	; Part	X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi			
	4-			
PAR	T III, LINE 1A:			
IN	CONFORMITY WITH ALLOWABLE MUSEUM FINANCIAL	STATEMENT PRESE	NTA	TION
PRA	CTICE, THE VALUE OF THE ART COLLECTION IS	EXCLUDED FROM TH	E S	TATEMENTS
		~	m T O	
<u>OF</u>	FINANCIAL POSITION, AND, AS SUCH, PURCHASES	S FOR THE COLLEC	TTO	N ARE
DEC	ORDED AS EXPENDITURES FOR THE ACQUISITION (	ስፑ ልዩጥ በቤተ <u>ፑ</u> ሮጥና በ	M TI	не
KEC	ORDED AS EXPENDITORES FOR THE ACQUISITION (	or AMI ODOLICID C		***
STA	TEMENT OF ACTIVITIES IN THE YEAR IN WHICH '	THE OBJECTS ARE	ACQ	UIRED.
577.0	TO A CONCOLOURD HO HITE DEDMANENT COLL	COUTON OF THE MI	CEIT	M TIDON
SUC	H ART IS ACCESSIONED TO THE PERMANENT COLL	ECTION OF THE MU	<u> </u>	M UPON
APP	ROVAL OF THE BOARD.			······································
PAR	T III, LINE 4:			
THE	WORKS OF ART ARE HELD IN CHARITABLE TRUST	FOR EDUCATIONAL	, R	ESEARCH

AND CURATORIAL SERVICES.

Schedule D (Form 990) 2020

## SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

THE DETROIT INS	TITUTE O	F ARTS			38-135951	.0			
			side the United States. Comple	ete if the organi					
Form 990, Part I									
•		n maintain record	ds to substantiate the amount of its gra	nts and other a	ssistance,				
-	_		he selection criteria used to award the		<del></del>	Yes No			
2 For grantmakers. Desc	ribe in Part V the	e organization's (	procedures for monitoring the use of its	grants and oth	er assistance outs	ide the			
United States.									
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)									
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		ity listed in (d)	(f) Total expenditures			
	offices in the region	l accents and	(by type) (such as, fundraising, program services, investments, grants to	, -	ram service, specific type	for and			
	in the region	contractors	recipients located in the region)		s) in the region	investments in the region			
		in the region				in the region			
CENTRAL AMERICA AND									
THE CARIBBEAN -									
ANTIGUA & BARBUDA,						20 566 224			
ARUBA, BAHAMAS,	0	0	INVESTMENTS			230,566,234.			
		· · · · · · · · · · · · · · · · · · ·							
1									
			<b> </b>			1			
				and and the second or an artist from					
3 a Subtotal	0	0				230,566,234.			
<b>b</b> Total from continuation									
sheets to Part I	0	0				0.			
c Totals (add lines 3a	_					120 566 224			
and 3b)	0	0			apenesa in milijih asalesa (S	230,566,234.			

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

Schedule F (Form 990) 2020

| Part | | Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

t (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
1	recipient organization anization by the IRS, o	is listed above that are r	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r tion 501(c)(3) equ	ecognized as a tax livalency letter	<b>A</b>		
3 Enter total number of other organizations or entities	other organizations or	r entities				<b>A</b>		

Schedule F (Form 990) 2020

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Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. THE DETROIT INSTITUTE OF ARTS Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance

# Schedule F (Form 990) 2020 Part IV Foreign Form

rait	roreign Forms		
	_		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	(T.)	F
	Corporation (see Instructions for Form 926)	X Yes	∐_ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? # "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No
		Schedule F (Forr	n 990) 2020

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

2020

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

THE DETROIT INSTITUTE OF ARTS

Employer identification number 38-1359510

P	art I Questions Regarding Compensation			
<b></b>			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	100000		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  X Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	topological and the second sec			
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	<b>建</b>		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
	addition, and officers, meloanly the data, meloanted breathing the data and an arrangement and arrangement and arrangement and arrangement and arrangement and arrangement and arrangement and arrangement and arrangement arrangement and arrangement			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
·	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	[22] reproved by the board of compensations			
,	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
_		4a	25/10/22	X
a	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
D		4c		X
C	Participate in or receive payment from an equity-based compensation arrangement?  If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.	120,000	2002	100000000
	if "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each term in Factor.			
	Out and the FOM/AVO) FOM/AVM) and FOM/AVM) argenizations must complete lines 5-0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
5				
	contingent on the revenues of:	5a	50,000	X
a		5b		X
В	Any related organization?			
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	6a	1900000	X
	The organization?	6b		X
Đ	Any related organization?	00	94498	
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7	10000000	Х
_	not described on lines 5 and 6? If "Yes," describe in Part III	20000	180/880	143
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	2500000	1-
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	1 45566	Napida	BARRES-
	Regulations section 53 4958-6(c)?	9	I	1

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

Schedule J (Form 990) 2020

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)-(ii) 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.

	H	(B) Breakdown of W-2	W-2 and/or 1099-MIS	and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	<u> </u>	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(j)(a)	in column (B) reported as deferred on prior Form 990
(1) SALVADOR SALORT-PONS	ε	434,718.	0	315.	14,250.	17,943.	467,226.	0
DIRECTOR, PRESIDENT & CEO	<u> </u>	0.	0.	.0	.0	0	0	0
	€	276,312.	0.	315.	13,846.	13,515.	303,988.	0.
DENT/CHIEF DEVELOPM		0.	0.	0.	0	0	0	0.
	(j)	223,435.	.0	1,741.	11,308.	9,659.	246,143.	0
EXECUTIVE VICE PRESIDENT/CFO/TREASUR (	<b>(E)</b>	0.	• 0	0.	.0	0	0.	0
KART	€	186,417.	0.	304.	6,058.	8,951.	201,730.	0.0
DEPUTY DIRECTOR, ART, EDUCATION & PR (	(11)		0.	.0	.0	0.	0.	0.
FLYNN	 =	183,160.	• 0	123.	9,231.	8,396.	200,910.	0.
SENIOR VP, PUBLIC & COMMUNITY AFFAIR (	€	0.	0.	.0	• 0	0.	0.	0.
(6) ELLIOTT BROOM	ε	157,157.	.0	527.	.900,8	15,787.	181,477.	0.
VICE PRESIDENT, MUSEUM OPERATIONS	(ii)	.0	• 0	.0	0	0	0	0.
(7) MELISSA PENA GALLIS	(1)	146,756.	0.	179.	7,560.	19,551.	174,046.	.0
EXECUTIVE DIRECTOR, TALENT & CULTURE (	Œ	0.	0.	.0	• 0	.0	.0	0
(8) NII QUARCOOPOME	€	143,372.	.0	748.	4,383.	17,869.	166,372.	.0
DEPT HEAD OF AFRICA, OCEANA & IND AME (	Œ	0.	0.	.0	0	0.	.0	0.
(9) ALAN DARR	] (u)	132,663.	0.	798.	6,805.	20,631.	160,897.	0.
SENIOR CURATOR OF EUROPEAN ART DEPT (	(ii)	0.	• 0	• 0	• 0	0.	• 0	.0
(10) JOHN STEELE	(i)	142,841.	0.	482.	7,265.	9,397.	159,985.	0
VP, EXHIBITIONS, COLLECTIONS & INFO	(ii)	0.	.0	.0	0	.0	• 0	0.
	≘							
	(E)							
	≘							
)	(E)							
	8							
	<u> </u>							
	€							
	€							
	≘							
	(i)							
	=							
	(1)							

Schedule J (Form 990) 2020

PART I, LINE 1A:
THE DIRECTOR RECEIVED A PAID MEMBERSHIP TO ONE BUSINESS CLUB, WHERE HE
CONNECTS WITH SUPPORTERS OF THE ORGANIZATION, THE ARTS AND OTHER COMMUNITY,
POLITICAL AND BUSINESS LEADERS OF IMPORTANCE TO THE ORGANIZATION.
Schedule J (Form 990) 2020

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#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization THE DETROIT INSTITUTE OF ARTS

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

Employer identification number 38-1359510

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contributi amounts reported o Form 990, Part VIII, lir	on nonce	(d) ethod of deten ish contribution		ts
1	Art - Works of art	X	128		00.DONOR	STATED	VALU	E
2	Art - Historical treasures							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles				**	w		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -		<u></u>					
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial		·					
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts	····						
23	Scientific specimens							
24	Archeological artifacts							
 25	Other							
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828						8	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 t	hrough 28, that i	t		
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30	Da	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard cor	ntributions?	<u>3</u>	1 X	<u> </u>
	Does the organization hire or use third parties of							
	contributions?					32	2a X	<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is	s checked,			
	describe in Part II.							

032141 11-23-20

LHA

Schedule M (Form 990) 2020

032142 11-23-20

## **SCHEDULE 0**

Department of the Treasury

Internal Revenue Service

(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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE DETROIT INSTITUTE OF ARTS

Employer identification number 38-1359510

FORM 990, PART G, GROSS RECEIPTS:
GROSS RECEIPTS INCLUDES GROSS PROCEEDS FROM SALES OF INVESTMENT
SECURITIES RATHER THAN JUST NET GAIN. THIS ARTIFICIALLY INFLATES THE
GROSS RECEIPTS AMOUNT BY APPROXIMATELY \$231,200,000.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
ON MARCH 13, 2020, THE MUSEUM STOPPED PROVIDING PUBLIC EXPERIENCES IN
ACCORDANCE WITH DIRECTIVES ISSUED BY THE STATE OF MICHIGAN DUE TO THE
COVID-19 GLOBAL PANDEMIC. THE MUSEUM REOPENED IN JULY 2020 WITH
ADVANCED TIMED TICKETS, VISITOR TEMPERATURE CHECKS, REDUCED ATTENDANCE
AND SOCIAL DISTANCING REQUIREMENTS. ADJUSTING MUSEUM OPERATIONS TO
ENSURE A SAFE ENVIRONMENT FOR VISITORS AND STAFF REQUIRED ONE-TIME
EXPENDITURES TO MODIFY THE FACILITY. EARNED REVENUE CONTINUES TO BE
AFFECTED DUE TO THE REDUCED NUMBER OF VISITORS. THE MUSEUM HAS
IDENTIFIED SEVERAL SOURCES OF FUNDING OPPORTUNITIES IN ORDER TO
MITIGATE THE REVENUE REDUCTION.
FORM 990, PART VI, SECTION A, LINE 2:
DR. LORNA THOMAS AND BUZZ THOMAS HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX FIRM WHICH PREPARES THE DIA FORM 990 PROVIDES A PRESENTATION AND
REVIEW OF THE TAX RETURN TO THE AUDIT COMMITTEE. UPON COMPLETION OF THE
AUDIT COMMITTEE REVIEW, THE FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS
IN ADVANCE OF FINAL FILE SUBMISSION TO THE IRS. A BOARD RESOLUTION IS NOT
REQUIRED IN ORDER FOR THE FORM 990 TO BE FILED.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization
THE DETROIT INSTITUTE OF ARTS

Employer identification number 38-1359510

FORM 990, PART VI, SECTION B, LINE 12C:

THE DIA'S CONFLICT OF INTEREST POLICY IS PROVIDED TO ALL STAFF UPON JOINING
THE DIA. THE POLICY IS PART OF THE DIA PROFESSIONAL PRACTICES GUIDELINES.

ALL STAFF MEMBERS ARE REQUIRED TO SIGN THEY HAVE READ, UNDERSTOOD AND AGREE
TO ABIDE BY THE GUIDELINES. THE CONFLICT OF INTEREST POLICY IS FURTHER
REINFORCED IN THE DIA PURCHASING POLICY AND PROCEDURE MANUAL. BOTH

DOCUMENTS ARE AVAILABLE ONLINE AND ARE DISTRIBUTED TO STAFF ANY TIME

UPDATES OR CHANGES ARE MADE. NEW DIA BOARD MEMBERS ARE REQUIRED TO COMPLETE
A FORM NOTING ALL AFFILIATIONS. ON AN ANNUAL BASIS DIA BOARD MEMBERS

PROVIDE AN UPDATE OF RELATIONSHIPS AND AFFILIATIONS WHICH ARE REVIEWED TO

DETERMINE POTENTIAL CONFLICT OF INTEREST. AS PART OF THE ANNUAL AUDIT, A

THOROUGH REVIEW OF STAFF AND BOARD AFFILIATIONS AND TRANSACTIONS IS

CONDUCTED TO ENSURE ALL ARE IN COMPLIANCE WITH DIA POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE DIA'S DIRECTOR/CEO AND THE DIA'S EXECUTIVE VICE

PRESIDENT IS DETERMINED BY THE COMPENSATION COMMITTEE OF THE DIA'S BOARD OF

DIRECTORS, IN ACCORDANCE WITH ALL APPLICABLE EMPLOYMENT AGREEMENT TERMS AND

CONDITIONS. AMONG OTHER FACTORS, THE COMPENSATION COMMITTEE CONSIDERS

COMPARABILITY DATA PROVIDED BY THE ASSOCIATION OF ART MUSEUM DIRECTORS

ANNUAL SALARY SURVEY, LOCAL MARKET CONDITIONS, AND EXECUTIVE PERFORMANCE.

ANY DEVIATION FROM TERMS CONTAIN IN ANY APPLICABLE EMPLOYMENT CONTRACT MUST

BE MUTUALLY AGREED TO BY THE DIA AND THE IMPACTED EMPLOYEE. CONTRACT TERMS

ARE REVIEWED AND APPROVED BY THE TRI-COUNTY ARTS AUTHORITIES.

FORM 990, PART VI, SECTION C, LINE 19:

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED TO THE

# SCHEDULE R (Form 990)

Name of the organization

Parti

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

2020	Onen to Dishi

OMB No. 1545-0047

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

Upen to Public Inspection

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

THE DETROIT INSTITUTE OF ARTS

Employer identification number 38-1359510

Direct controlling End-of-year assets Total income Î Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity 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
d EIN Primary activity
1

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

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Schedule R (Form 990) 2020

38-1359510

Page 2

Schedule R (Form 990) 2020 THE DETROIT INSTITUTE OF ARTS

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. Part III

(a)	(q)	(0)	(p)	(e)	(j)	(6)	£)	ω	9	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	2 a C	General or managing partner?	General or Percentage managing ownership
		(бдипоэ		sections 512-514)			Yes		Yes No	
	:									
	-									

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. Part IV

	_gg_	S S										
ε	Section 512(b)(13) controlled entity?	Yes	-		×	 	 -	<del>- ,</del>	 -	<del>-</del>	 	 <u></u>
(£)	<u> </u>				100\$							
(6)	of ear	doodio			1,000.							
ω	Share of total income				-375,101.							
(e)	(C.y	(iena)			CCORP							
(p)	Direct controlling entity		THE DETROIT	INSTITUTE OF	ARTS							
(3)	Legal domicife (state or foreign	country)			MI							
(a)	Primary activity				INVESTMENT COMPANY							
(a)	Name, address, and EIN of related organization		FSDIA ACQUISITIONS CO - 38-3416266	5200 WOODWARD AVE	DETROIT, MI 48202							

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

Note: Complete line 4 if any pathy in listed in Down II III as IV at this solution in				-	L.	ı
Note: Complete fine in any entiry is listed in fails in, in, or IV of this scriedule.	177				Yes No	اه
a Bareint of fill interest fill annuities fill reveltion or fill reveltion and form a controllar	s will one of more rel	transactions with one of more related organizations listed in Parts II-IV?	n Parts II-1V?		1	1.
			***************************************	ā	∢	ابر
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>				<b>P</b>	×	ы
c Gift, grant, or capital contribution from related organization(s)				۲	×	ا
d Loans or loan quarantees to or for related organization(s)		} d =	***************************************	2	<u>*</u> 	ا
	***************************************		***************************************	<u> </u>	١	ال
e Loans or loan guarantees by related organization(s)				- -	×	اب
				ACC		
f Dividends from related organization(s)				+	×	.bd
				ţ	×	٠
Purchase of assets from related organization(s)	**************************************		***************************************	4	*	١,
i Exchange of assets with related organization(s)				;		٠١
i Lease of facilities, equipment, or other assets to related organization(s)				= ;	< ≻	d b
			***************************************		\$	ا.
k tases of facilities actitioment or other seests from related organization(s)					<b>?</b>	
				¥	Ç	اہ
<ol> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ol>	nization(s)			=	×	ы
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ē	×	54
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			۽	×	یرا
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				Ş	×	<b>.</b>
		***************************************	***************************************	<u></u>	1 100	1
p Reimpursement paid to related organization(s) for expenses		***************************************		유	×	×I
q Reimbursement paid by related organization(s) for expenses	***************************************			19	×	ابح
						A:
r Other transfer of cash or property to related organization(s)		***************************************		<u>,</u>	×	×
s Other transfer of cash or property from related organization(s)		***************************************		18	×	54
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	tho must complete thi	s line, including covered r	elationships and transaction thresholds.			
	(4)	(3)	₹)			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	volved		
(2)						
(3)						
(5)						
IES						
10/ 032163 10-28-20			Schedule	Schedule R (Form 990) 2020	990) 20	180

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

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

Name, address, and ElN of entity	(b) (c) (d) (d) (e) (f) (g)	Code V-UB  General of Percentage   Code V-UB  Gen					
		Finally activity	-				