** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For th	e 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 and ending	JUN 30, 202	22
В	Check I	C Name of organization	D Employer ider	tification number
1	applical	1e: }		
	Addr	THE DETROIT INSTITUTE OF ARTS		
F	Nam chan		38-1359	3510
<u> </u>	Intia			
$\overline{}$	Final	5200 WOODWARD AVENUE	313-833	
_	—iretur termi ated		G Gross receipts \$	203,490,248.
F	_] Ame	ded nameorm wit 40202 4000	H(a) Is this a grou	
	iretur: iretur:			ites? Yes X No
٠	lillon lillon pend	SAME AS C ABOVE	H(b) Are all subordinal	
	Tav.as			h a list. See instructions
		te: > WWW.DIA.ORG		
			H(c) Group exem	M State of legal domicile: MI
	art I	Summary	ear or formation: 100.	M State of legal domiche; M.L.
	T		COTAMBO BYDE	DIDNODO MUAM
æ	1	Briefly describe the organization's mission or most significant activities: THE DIA		KIENCES THAT
뚩	_	HELP EACH VISITOR FIND PERSONAL MEANING IN AR		
Governance	2	Check this box 🕨 🔲 If the organization discontinued its operations or disposed of m	į	
ð	3	Number of voting members of the governing body (Part VI, line 1a)	-	3 44
	"	Number of independent voting members of the governing body (Part VI, line 1b)		4 44
Activities &	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5 418
3	6	Total number of volunteers (estimate if necessary)		6 486
3		Total unrelated business revenue from Part VIII, column (C), line 12		7a 340,961.
	<u> </u>	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b 0.
			Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)	48,520,363	
2	9	Program service revenue (Part VIII, line 2g)	608,101	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,457,659	
ac.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	800,855	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	58,386,978	79,426,039.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
60	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	20,591,397	21,533,223.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
<u> </u>	b	Total fundralsing expenses (Part IX, column (D), line 25) 2,872,495.		
மி	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,782,920	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,374,317	. 47,165,532.
	19	Revenue less expenses. Subtract line 18 from line 12	16,012,661	32,260,507.
5 €			Beginning of Current Ye	End of Year
\$ <u>F</u>	20	Total assets (Part X, line 16)	547,056,318	519,986,739.
ASS	21	Total liabilities (Part X, line 26)	15,782,593	. 12,830,894.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	531,273,725	. 507,155,845.
		Signature Block		
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of	my knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prepa		
		NOTO 88714-	5-7	12/2023
Sign	,	Signature of offeer	Date	
Here		KATE SPRATT, CFO/TREASURER		
	-	Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		DAVID LOWENTHAL DAVID LOWENTHAL	05/10/23 1911-41	<u> </u>
Prep		Firm's name PLANTE & MORAN, PLLC		38-1357951
Use		Firm's address 2601 CAMBRIDGE CT., STE. 300	· · · · · · · · · · · · · · · · · · ·	
	27	AUBURN HILLS, MI 48326	Phone no C	248) 375-7100
h 4	Alaca (f	S discuss this return with the preparer shown above? See instructions	I Lucie m.	X Vac No

Part IV | Checklist of Required Schedules No. Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect х 4 during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-197 If "Yes." complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete я Х 8 Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Dld the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total 116 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b 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 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I, See instructions 17 Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes," complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Form 990 (2021)

Pai	t IV Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 /f "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		-	
	Schedule K, If "No," go to line 25a	24a		X
ь	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		
А	Did the organization act as an "on behalf of" Issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
4 CA	transaction with a disqualified person during the year? // "Yes," complete Schedule L, Part I	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
v	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
		25b		X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	ί
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	-		
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L., Part III	27		x
	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	1300	10.000	
28				1997
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	28a		Х
	"Yes," complete Schedule L, Part IV	28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		х
	"Yes," complete Schedule L, Part IV	29	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	x	
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
	Part V, line 1	34 35a	X	
35 a		33a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		x
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350	1	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2	30		4.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		Х	
	Note: All Form 990 filers are required to complete Schedule O tV Statements Regarding Other IRS Filings and Tax Compliance	38	<u> </u>	<u> </u>
Par	TV Statements Regarding Other IRS Filings and Tax Compliance			٠
	Check if Schedule O contains a response or note to any line in this Part V		/ <u>//</u>	
	1.1 410		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 118			
ь	Euter the humber of Forms Ar-50 sucioded ou line 1st cure. At not abblicable	4		
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	<u> 1c</u>	X	
132004	12-09-21	rom	1990	(2021)

Form 990 (2021) THE DETROIT INSTITUTE OF ARTS

[Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

	, I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2a 418	1	***	1911
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		70"	1
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	32435	
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			Х
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 transaction?	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5¢		
6a	- · · · · · · · · · · · · · · · · · · ·	-		x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		**
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		1
	were not tax deductible?	60	15.55	14.5%
7	Organizations that may receive deductible contributions under section 170(c).	7a	x	1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	T		
¢		7c		Х
	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year 7d	100	1940	Nigota.
Œ	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1000	1,475,	
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	100		45,000
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 1	4 8 9		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	- 33		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1000	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	i Tayre	
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is nooned to issue dominational plans	1	1	
C	Cutel the amount of tase set outliers	148		X
148	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		T
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
15	excess parachute payment(s) during the year?	15		X
	ff "Yes," see the instructions and file Form 4720, Schedule N.			1
16	Is the organization an educational institution subject to the section 4968 exclse tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			1
••	activities that would result in the Imposition of an excise tax under section 4951, 4952 or 4953?	17	1	
	If "Yes," complete Form 6069.	<u> </u>	1	<u> </u>
***	5	For	ր 990	(2021)

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	12542					X
Sec	tion A. Governing Body and Management				T		<u> </u>
			ı	امد		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		44			
	If there are material differences in voting rights among members of the governing body, or if the governing		ļ				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			ا ا			
ь	Enter the number of voting members included on line 1a, above, who are independent	1b		44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				1
	officer, director, trustee, or key employee?				2	X.	
3	Did the organization delegate control over management duties customarily performed by or under the	a direc	t 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 9	90 wa	s filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X
6	Did the organization have members or stockholders?			,	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or				
	more members of the governing body?		,		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockha	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by th	e following:		- wie i	- egg (-)-c	
a	The governing body?				8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?				8b	X	<u> </u>
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	it 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 Re	venue	CodeJ				7
						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 ch	apters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the for	m?	11a	A.	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					77	i '
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12a	X	\vdash
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	,	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					v	1
	on 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		
15	Did the process for determining compensation of the following persons include a review and approve	al by in	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					х	
a	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization		. , , ,		15b		1
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		444 A		}		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger				46-		x
	taxable entity during the year?				16a	7 13 1	 ^ -
b	If "Yea," did the organization follow a written policy or procedure requiring the organization to evaluate	te its p	participation -/-		[^:		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				16b	İ	
<u> </u>	exempt status with respect to such arrangements?	*******		 	100		
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶MI						
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	3-T (section 50	1(c)(3)s	s only)	availa	ble
18	for public inspection. Indicate how you made these available. Check all that apply		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- \-/(-/-			
	Tor public inspection. Indicate now you made these available. Check all that apply. [X] Own website Another's website X Upon request Other (explain	n on S	chedule O\				
46	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			icy, and	i finan	cial	
19	statements available to the public during the tax year.						
~~	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's booking the person who possesses the organization or the person who person who person or the person who person or the person of the person who person or the person of the person or the person of the p	oks an	d records				
20	KATE SPRATT - 313-833-7900	. ,					
	5200 WOODWARD AVE., DETROIT, MI 48202						
132004	3 12-09-21				Forn	990	(2021)

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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

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

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

Check this box if neither the organization no	or any related o	rga	nizat			npen	sat	ed any current officer, di	rector, or trustee.	<i>(</i> =\
(A)	(B)			(C				(D)	(€)	(F)
Name and title	Average	(ರಂ	not ct	Pos≀ reckir	TOFE	than d	one	Reportable	Reportable	Estimated
	hours per	box.	unies ter an	sa per da di	son k racto	s both r/trus	n an tee)	compensation	compensation from related	amount of other
	week					I		from the	organizations	compensation
	(list any hours for	teste er diector				_		organization	(W-2/1099-MISC/	from the
	related	e cr	叢			1		(W-2/1099-MISC/	1099-NEC)	organization
•	organizations	husit	al frus		JEB	ě		1099-NEC)		and related
	below	ndixistal	askzional tuske	₩.	ęd III	문문	.	· ·		organizations
	line)	India	35%	Officer	азбердшә бау	Mohest compensated employee	Farmer			
(1) SALVADOR SALORT-PONS	40.00									20 061
DIRECTOR, PRESIDENT & CEO				X				527,266.	0.1	32,861.
(2) NINA SAPP	40.00								ا م	20 644
SENIOR VICE PRESIDENT/ CHIEF DEVELOP				L.	X	<u> </u>	ļ	338,083.	0.	28,644.
(3) ROBERT BOWEN	40.00									04 603
EXECUTIVE VICE PRESIDENT/CFO/TREASUR				X		L	<u> </u>	275,160.	0.	24,693.
(4) JUDITH DOLKART	40.00							004 105	, ,	22 010
DEPUTY DIRECTOR, ART EDUCATION PROGR					Х	_		234,125.	0.	22,919.
(5) ELLIOTT BROOM	40.00							100 004	o.	28,459.
CHIEF OPERATING OFFICER	12.22	—	ļ	X	ļ	-	₽	192,084.	<u> </u>	20,422.
(6) MELISSA PENA GALLIS	40.00	1				١,,		150 121	0.	28,330.
EXECUTIVE DIRECTOR TALENT & CULTURE	4.0 0.0	ļ			<u> </u>	X	-	150,131.		
(7) NII QUARCOOPEMO	40.00	Į.	İ			***		147,366.	0.	23,961.
DEPARTMENT HEAD, AFRICA, OCEANIA & I	40 00		ļ <u>-</u>			X	ļ	147,300+	V •	23,302.
(8) ALAN DARR	40.00	ļ				x		136,435.	0.	28,697.
SENIOR CURATOR OF EUROPEAN ART & WAL	40.00		⊢	 		1	╁	100,400.		
(9) JOHN STEELE	40.00	┨				x		146,710.	0.	17,256.
VICE PRESIDENT EXHIBITION COLLECTION (10) DAVID FLYNN	40.00			\vdash	-	+		110//120-		
SENIOR VICE PRESIDENT, PUBLIC & COMM	40.00	1				x		149,165.	0.	12,823.
(11) EUGENE A GARGARO JR	20.00			 		+	†			
CHAIRMAN		x			ļ			0.	0.	0.
(12) RALPH J GERSON	3.00	1	\vdash		 	†	T			
VICE CHAIR		\mathbf{x}					l	0.	0.	0.
(13) RHONDA D WELBURN	3.00		1			1	T			
VICE CHAIR		x						0.	0.	0.
(14) LAWRENCE GARCIA	3.00	Π	T			T				
SECRETARY		\mathbf{x}		L				0.	0.	0.
(15) BRYAN ¢ BARNHILL II	2.00					T				_
BOARD MEMBER		X			L	<u> </u>		0.	0.	0.
(16) ANN E BERMAN	2.00							_	_	_
BOARD MEMBER		X	$oxed{oxed}$		_	1	\perp	0.	0.	0.
(17) DR CHARLES BOYD	2.00					İ				
BOARD MEMBER	<u> </u>	<u>X</u>	<u> </u>	<u> </u>	<u> </u>		1_	0.	0.	0 - Form 990 (2021)

132007 12-09-21

Form **990** (2021)

Part VII Section A. Officers, Directors,	Trustees, Key Emp	oloy	ees,	anc	Hic	hes	t C	ompensated Employee	s (continued)			
(A)	(B)	(B) (C)						(D)	(E)		(F)	
Name and title	Average	(40		Pos		than c	100	Reportable	Reportable	E:	stimate	bd
	hours per	box	. มกโล:	ss per	son is	s both	an	compensation	compensation	ar	nount	of
	week	·	cer an	(d & d)	recto	r/trust	ee)	from	from related		other	.,
	(list any	di secon						the	organizations	•	ipensa rom the	
	hours for related	3	<u>e</u>			saked		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		janizat	
	organizations	誓	星		22	nedu		1099-NEC)	1025-1400)	1 -	d relat	
	below	雪	2	_	髻		מל	100011207	•		anizati	
	line)	Scinidual Eustee	astitutienst trestee	(Mari	Key employee	Highest compensated esotopes	Former	1				
(18) RICHARD A BRODIE	3.00											_
BOARD MEMBER		X						0.	0.	ļ		0.
(19) LINDSEY FORD BUHL	2.00							_	_			_
BOARD MEMBER		Х	<u> </u>					0.	0.	<u> </u>		0.
(20) LANE COLEMAN	2.00											
BOARD MEMBER		X					L	0.	0.			0.
(21) MARY CULLER	2.00				1				_			_
BOARD MEMBER		X	<u> </u>	<u> </u>			w	0.	0.	.		0.
(22) LILLIAN DEMAS	2.00	ļ						_	_			^
BOARD MEMBER		X						0.	0.			0.
(23) MARLA DONOVAN	3.00			ĺ								ο.
BOARD MEMBER		X	ļ			ļ	ļ	0.	0.	-		<u> </u>
(24) NICOLE EISENBERG	3.00							0.	0.			0.
BOARD MEMBER	3 00	X	<u> </u>	⊢				<u> </u>	V •			V -
(25) CYNTHIA N FORD	3.00	x		1				0.	l o.			0.
BOARD MEMBER	3.00	12	 	-	\vdash	<u> </u>				-		
(26) CHRISTINE GIAMPETRONI	3.00	x	1	Ì				0.	l o.			0.
BOARD MEMBER			I	1	1	<u>. </u>		2,296,525.	Ö.		8,6	
16 Subtotal								0.	0.			0.
c Total from continuation sheets to P.								2,296,525.	O.		8,6	43.
d Total (add lines 1b and 1c)	but not limited to th		liete	d at	2000	u	O FE	· · · · · · · · · · · · · · · · · · ·	.000 of reportable			
2 Total number of individuals (including compensation from the organization		1000	11010	,	3046	, ****		2001147111111111111111111111111111111111	, w = + + 1 · - · · - · · - · ·			29
compensation from the organization		•									Yes	No
3 Did the organization list any former o	fficer director trust	ee. I	(ev (ame	love	a. or	hio	ihest compensated emp	loyee on	4540	1000	
line 1a? If "Yes," complete Schedule										3		X
4 For any individual listed on line 1a, is:	the sum of reportab	le co	mb	อกรอ	tion	and	oth	ner compensation from t	he organization		a Aprilei	13.7%
and related organizations greater than										4	X	<u> </u>
5 Did any person listed on line 1a recely	the state of the s								4,57	1		
rendered to the organization? If "Yes.										5		X
Section B. Independent Contractors												
1 Complete this table for your five higher	st compensated ind	aqet	nde	nt c	ontr	acto	rs ti	nat received more than (enegmod to 000,001	ation f	rom	
the organization. Report compensation	n for the calendar y	oar (endii	ng w	oth c	or wi	ithir	the organization's tax y	ear.			
							- 1	(B)	1	- ((C)	

(B) (A) Compensation Description of services Name and business address CITY SHIELD SECURITY SERVICES 1,132,796. CONTRACT LABOR 3250 FRANKLIN ST, DETROIT, MI 48207 PROFESSIONAL PURPLE ROCK SCISSORS LLC 816 W, CHURCH STREET, ORLANDO, FL 32805 RUBENSTEIN ASSOCIATES, 825 EIGHTH AVE 24TH 470,971. SERVICES PROFESSIONAL 360,000. SERVICES FLOOR, NEW YORK, NY 10019 KASCO CONTRACTING LLC 352,490. CONTRACT LABOR 226 E HUDSON, ROYAL OAK, MI 48067 PROFESSIONAL PHILLIPS OPPENHEIM 246,000. 135 W 50TH ST STE 200, NEW YORK, NY 10020 SERVICES 2 Total number of independent contractors (including but not limited to those listed above) who received more than 23 \$100,000 of compensation from the organization Form **990** (2021) SEE PART VII, SECTION A CONTINUATION SHEETS

	TROIT INST								38-135	3210
Part VII Section A. Officers, Director	s, Trustees, Key Er	nplo	yee	s, a	nd F	tigh	est	Compensated Employe	es (continued)	
(A)	(B)			(6	C)			(Đ)	(E)	(F)
Name and title	Average			Pos	ition)		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	app	y)	compensation	compensation	amount of
	per					T		from	from related	other
	week	TO V				20.00		the	organizations	compensation
	(list any	200				£		organization	(W-2/1099-MISC)	from the organization
	hours for related	100	32		ļ	Sara		(W-2/1099-MISC)		and related
	organizations	똷	¥ .		22	퉕				organizations
	below	ledividual Enustee or de ecolo	Institution & trestee	_	옽	Hythest compenseded employee	Į.			
	line)	le ĝij	E E	18.00 18.00	Key employee	臺	Fermer			
(27) THOMAS GUASTELLO	2.00									
BOARD MEMBER		X						0.	0.	0.
(28) SONIA HASSAN	2.00				1					_
BOARD MEMBER		X			ļ			0.	0.	0.
(29) JOHN HANTZ	3.00	ļ							_	_
BOARD MEMBER		X				ļ	_	0.	0.	0.
(30) HASSAN K JABER	2.00						1	_		_
BOARD MEMBER		X			ļ	ļ		0.	0.	0.
(31) ROBERT JACOBS	2.00									_
BOARD MEMBER		X		· · · · · · · · · · · · · · · · · · ·	-	⊢	_	0.	0.	0.
(32) BONNIE ANN LARSON	3.00					ļ	ĺ	,	0.	0.
BOARD MEMBER		X			-			0.	V.	V +
(33) DAVID P LARSEN	3.00							0.	0.	0.
BOARD MEMBER		X			ļ			U •	V.	V -
(34) MATTHEW B LESTER	2.00							0.	0.	0.
BOARD MEMBER	2.00	X				\vdash	_	V+	V *	
(35) JOHN D LEWIS BOARD MEMBER	1 2.00	х				1		0.	0.	0.
(36) DR HUBERT W MASSEY	2.00	Α	-		-	 		· · · · · · · · · · · · · · · · · · ·		X
BOARD MEMBER	2.00	X						0.	0.	0.
(37) NANCY MITCHELL	2.00	1			-	├─				
BOARD MEMBER		х						0.	0.	0.
(38) TARASHI OMITSU	2.00				-	 		T		
BOARD MEMBER		x		ł				0.	0.	0.
(39) JENNIFER HUDSON PARKE	2.00				Ī					
BOARD MEMBER		x				1		0.	0.	0.
(40) MARSHA L PHILPOT/MUSIC	2.00		-							
BOARD MEMBER		X						0.	0.	0.
(41) JUDITH PRITCHETT, PHD	2.00		ĺ							
BOARD MEMBER		Х					<u> </u>	0.	0.	0.
(42) CHRISTINE PROVOST	3.00							_		
BOARD MEMBER		Х	ļ					0.	0.	0.
(43) MOHAMMAD QAZI	3.00					1	1		_	_
BOARD MEMBER		X			<u> </u>	ļ	ļ	0.	0.	0.
(44) W FAIR RADOM	3.00						1	_	_	_
BOARD MEMBER		X			 	<u> </u>	ļ	0.	0.	0.
(45) TONY SAUNDERS	2.00	4.						^	0.	0.
BOARD MEMBER		X	\vdash	<u> </u>	ļ	 		0.	U.	
(46) RENETA C SEALS	2.00	v				1		0.	0.	0.
BOARD MEMBER		X	<u> </u>		<u></u>	<u> </u>	<u> </u>	0.	0.	J
]	
Total to Part VII, Section A, line 1c			******	Calabaration .			····			1

								<u>'S</u>		
Part VII Section A. Officers, Directors, T	rustees, Key Er	nple	yee	s, ar	nd H	ligh	est (Compensated Employe	ses (continued)	
(A)	(B)				>)			(D)	(Æ)	(F)
Name and title	Average	ĺ		Pos				Reportable	Reportable	Estimated
	hours	(c	hack	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				3766		the	organizations	compensation
	(list any	25				amp		organization	(W-2/1099-MISC)	from the
	hours for related	edividud costes os deschar	# #			läghest ceuspenszeed emphyte		(W-2/1099-MISC)		organization and related
	organizations	age a	Has	}	e24	15t		İ		organizations
	below	199		_	agd III	100 A	<u></u>			
	line)	夏	Ashiutana haste	Officer	eakapdwa kay	量	配配	İ		
(47) PAULA F SILVER	2.00									
BOARD MEMBER		х						0.	0.	0
(48) BUZZ THOMAS	3.00									
BOARD MEMBER		x						0.	0.	0.
(49) DR. LORNA THOMAS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(50) JASON E TINSLEY	2.00							_		
BOARD MEMBER		X		_				0.	0.	0.
(51) MOLLY VALADE	2.00							,	Λ.	^
BOARD MEMBER	1 2 22	X					<u> </u>	0.	0.	0.
(52) PADMA VATTIKUTI	2.00	٠,,						0.	0.	0.
BOARD MEMBER	1 2 20	Х						<u>V.</u>	V +	
(53) KIMBERLY WIEGAND	2.00	ų.				l .	}	0.	0.	0.
BOARD MEMBER (54) DENISE BROOKS-WILLIAMS	2.00	X.		\vdash			ļ	V+	V +	V +
BOARD MEMBER	2.00	x						0.	0.	0.
(55) ANDREA ROUMELL DICKSON	2.00	Α.		_		<u> </u>		<u> </u>		<u> </u>
BOARD MEMBER - PARTIAL YEAR	2.00	x						0.	0.	0.
(56) ANTOINE M GARIBALDI	2.00									
BOARD MEMBER - PARTIAL YEAR		x						0.	0.	0.
(57) MARY KRAMER	2.00									
BOARD MEMBER - PARTIAL YEAR		\mathbf{x}						0.	0.	0.
(58) LINDA ORLANS	2.00									
BOARD MEMBER - PARTIAL YEAR		x					,	0.	0.	0.
(59) IRVAN D REID	2.00									
BOARD MEMBER - PARTIAL YEAR		X						0.	0.	O.
(60) DONALD RITZENHEIN	2.00]							_	_
BOARD MEMBER - PARTIAL YEAR		X				L		0.	0.	0.
					^	ļ				
		ł								
		ļ				-	-			***************************************
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The state of the s		<u> </u>				l				
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	1									

38-1359510 Page 9 THE DETROIT INSTITUTE OF ARTS Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under business revenue function revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 3,417,106 1b b Membership dues 636,933 c Fundraising events 10 d Related organizations 14 37,240,082, Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 29,864,890 1,336,518 Q Noncash contributions included in lines 1a-1f 71,159,011 Total. Add lines 1a-1f Business Code 2 a MUSEUM SERVICES 779,490 779,490 712110 Service 494,657. 179,017, 900099 ENTERPRISE ACTIVITIES 673,674. Program Serv Revenue LEARNING & AUDIENCE ENGAGEMENT 712110 286,441. 206 441 d STEWARDSHIP & CARE COLLECTION 900099 76,531. 76,531 f All other program service revenue 1,816,136. g Total. Add lines 2s-2f investment income (including dividends, interest, and 138,154. other similar amounts) 138,154. Income from investment of tax-exempt bond proceeds 42,721. 42,721 5 Royalties (ii) Personal (i) Real 339,763 6a 6 a Gross rents 6b b t.ess; rental expenses ... 339,763. c Rental income or (loss) 339,763, 339,763. d Net rental income or (loss) • (i) Securities (ii) Other 7 a Gross amount from sales of 127,596,624 412 500 assets other than inventory b Less: cost or other basis 75 123,074,151 0 and sales expenses 4,522,473, 412 500 c Gain or (loss) 4934973, 4,934,973 d Net gain or (loss) 8 a Gross income from fundraising events (not 636,933. of including \$ contributions reported on line 1c). See 82,046 Part IV, line 18 201 449 b Less: direct expenses -119,403. -119,403 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses - Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 1,557,320 and allowances 788,609 b Less: cost of goods sold 768 711 768 711 Net income or (loss) from sales of inventory Business Code 11 a PARTNERSHIP UBTI ACTIVITY 340,961 340,961 901101 1,935. b OTHER MISC REVENUE 3,212. 1,277. 900099 1,600 900099 1,800. ART, LECTURE AND DOCENT FEES d All other revenue

132009 12-09-21

Form **990** (2021)

5790079.

345,973.

79,426,039.

2,135,988

340,961

e Total. Add lines 11a-11d

Total revenue. See instructions

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in t	his Part IX	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundralsing 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		1		
	Individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1,866,396.	542,823.	924,795.	398,778.
	trustees, and key employees	1,000,330.	242,022-	727,777	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	15,346,946.	11,615,474.	2,194,234.	1,537,238.
7	Other salaries and wages	13,340,340.	11,047,2720	4,12,1,11	
8	Pension plan accruals and contributions (include	699,836.	526,244.	102,953.	70,639.
	section 401(k) and 403(b) employer contributions)		1,703,145.	408,622.	263,854.
9	Other employee benefits	2,375,621. 1,244,424.	882,476.	222,685.	139,263.
Ю	Payroll taxes	1,244,444	004,470+	222,000.	
11	Fees for services (nonemployees):		}		
а	Management	001 450		201,450.	
þ	Legal	201,450.		221,970.	
c	Accounting	221,970.		12,307.	
d	Lobbying	12,307.		**************************************	
e	Professional fundraising services. See Part IV, line 17	2 260 277	teletative for the control of energy	3,262,277.	
f	Investment management fees	3,262,277.		3,202,271	
g	Other. (If line 11g amount exceeds 10% of line 25,	4 5 40 654	2 206 644	1,387,811.	258,619.
	column (A), amount, list line 11g expenses on Sch O.)	4,543,074.	2,896,644.	450,486.	200,010.
12	Advertising and promotion	461,436.	10,950.	211,156.	164,539.
13	Office expenses	1,136,504.	760,809. 517,325.	552,883.	81,240
14	Information technology	1,151,448.	517,345.	334,003+	01,240.
15	Royalties				
16	Occupancy		45 443	1,242.	3,654.
17	Travel	50,339.	45,443.	1,446.	3,007
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		000	6,712.	
19	Conferences, conventions, and meetings	7,512.	800.	0,/12.	77,470.
20	Interest	77,470.			17,470.
21	Payments to affiliates		1 AAF 200	91,775.	762
22	Depreciation, depletion, and amortization	1,028,335.	935,798.		704
23	Insurance	734,462.	541,984.	192,478.	
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule O.)	6,762,168.	6,762,168.		
a		2,126,778.	2,126,778.		
b	UTILITIES	1,732,366.	1,624,931.	101,304.	6,131
¢	EQUIPMENT & FACILITIES	217,579.	217,579.	- Y - 7 - Y	
d		1,904,834.	1,852,482.	182,044.	-129,692
е		47,165,532.	33,563,853	10,729,184.	2,872,495
25	Total functional expenses. Add lines 1 through 24e	4/,105,534.	33,303,033.	<u> </u>	
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1			
	Check here if following SOP 98-2 (ASC 958-720)			L	Form 990 (202

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	PROFESSION 111 111 111 111 111 111 111 111 111 1		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	6,6,6,6,6
	2	Savings and temporary cash investments	40,633,845.	2	26,946,986.
	3	Pledges and grants receivable, net	37,163,350.	3	40,369,725.
	4	Accounts receivable, net	2,156,342.	4	2,037,379.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		marig	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		3,744-7.	e sergio energia sono più existenzia i
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
粒	7	Notes and loans receivable, net	FAC # 4 4 4	7	242 020
Assets	8	Inventories for sale or use	522,134.	8	341,939.
4	9	Prepaid expenses and deferred charges	635,616.	9	308,550.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 32,561,109.	00.00		04 044 405
	þ	Less: accumulated depreciation 10b 8,316,704.	23,235,266.	10c	24,244,405.
	11	Investments - publicly traded securities	48,153,113.	11	43,328,461.
	12	Investments · other securities. See Part IV, line 11	391,318,264.	12	380,345,623.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	3 730 300	14	2 062 671
:	15	Other assets. See Part IV, line 11	3,238,388.	15	2,063,671.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	547,056,318. 1,169,146.	16	519,986,739. 3,271,916.
	17	Accounts payable and accrued expenses	1,103,140.	17	3,2/1,310.
	18	Grants payable	187,627.	18	275,442.
	19	Deferred revenue	10/,02/+	19 20	2/2,442.
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		<u>Z1</u>	
es.	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
<u> </u>		controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties		23	
_	23 24	Unsecured notes and loans payable to direlated third parties	7,953,735.		3,732,752.
	24 25	Other flabilities (including federal income tax, payables to related third	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	6,472,085.	25	5,550,784.
	26	Total liabilities, Add lines 17 through 25	15,782,593.	26	12,830,894.
		Organizations that follow FASB ASC 958, check here		100	
S		and complete lines 27, 28, 32, and 33.		19(1)	
일	27	Net assets without donor restrictions	321,119,811.	27	293,706,859.
3ak	28	Net assets with donor restrictions	210,153,914.	28	213,448,986.
폏		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.		14.4	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
ie	32	Total net assets or fund balances	531,273,725.	32	507,155,845.
-	33	Total liabilities and net assets/fund balances	547,056,318.	33	519,986,739.
	100 17 100	THE REPORT OF THE PARTY OF THE			Form 990 (2021)

SCHEDULE A

(Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public inspection

Employer identification number

THE DETROIT INSTITUTE OF ARTS 38-1359510 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. .] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (déscribed on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions)), Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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 falls to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	25668717.	3 4 783290.	<u>32024169.</u>	<u> 18763455.</u>	<u> 33918929.</u>	145158560
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					[
	or expended on its behalf	25447441.	26054826.	34935263.	<u> 29756908.</u>	<u>37240082.</u>	153434520
3	The value of services or facilities					İ	
_	furnished by a governmental unit to		!				
	the organization without charge						
4	Total. Add lines 1 through 3	51116158.	60838116.	66959432.	<u>48520363.</u>	71159011.	298593080
	The portion of total contributions						İ
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						ļ
	on line 1 that exceeds 2% of the						
	amount shown on line 11.						
	column (f)						6077559.
æ	Public support. Subtract line 5 from line 4.						292515521
Sec	tion B. Total Support	Initial Control of the Control of th					
	ndar year (or fiscal year beginning in)	(a) 2017	(ь) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	51116158.	60838116.	66959432.	48520363.	71159011.	298593080
	Gross income from interest,						
۰	dividends, payments received on			İ			1
	securities loans, rents, royalties,				Ì	1	
	and income from similar sources	6738867.	7399454.	5967075.	1683615.	138,154.	<u>21927165.</u>
۵	Net income from unrelated business						
4	activities, whether or not the						
	business is regularly carried on				j		
10	Other income. Do not include gain						
10	or loss from the sale of capital]					
	assets (Explain in Part VI.)	253,662.	263,608.	208,853.		82,046.	808,169.
44	Total support. Add lines 7 through 10						321328414
12	Gross receipts from related activities.	etc. (see instruction	ons)			The state of the s),814,257.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section t	501(c)(3)	
	organization, check this box and sto	p hore					·····
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
	Public support percentage for 2021 (column (f))		14	91.03 %
45	Bublic support percentage from 2020	Schedule A. Part	II line 14			15	90.75 %
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	eten have. The organization qualifies	as a publicly supp	orted organization	1			F. L.
6	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check ti	nis box
	and stop here. The grospization gus	lifies as a publiciv :	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2021, If the org	ganization did not	check a box on lin	e 13, 16a, or 16b.	and line 14 is 10%	or more,
	and if the organization meets the fac-	ts-and-circumstance	es test, check this	box and stop he	ere. Explain in Par	t VI how the organi	zation
	meets the facts and circumstances to	est. The organization	on qualifies as a po	ublicly supported o	organization		
Ъ	10% -facts-and-circumstances tes	t - 2020. If the ord	ganization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he facts-and-circur	nstances test, che	ick this box and s	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicly	y supported organ	ization ,,,,	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box	and see instruction	15
	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.					Schødule A	(Form 990) 2021

ch	edule A (Form 990) 2021 T	HE DETROI	r institu	TE OF ARTS	3	38-135	9510 Page 3
Pa	rt III Support Schedule for (Organizations	Described in S	Section 509(a)((2)		
	(Complete only if you chacked	the box on line 10	of Part I or If the	organization failed	to qualify under Pa	ut II. If the organiza	tion fails to
	qualify under the tests listed b	elow, please comp	lete Part II.)				
e	tion A. Public Support					"	
ale	ndar year (or fiscal year beginning in) 📂	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	A STATE OF THE STA					
	membership fees received. (Do not						
	include any "unusual grants.")						
_	Gross receipts from admissions,						
~	merchandise sold or services per-						
	formed, or facilities furnished in	1					
	any activity that is related to the				1		
_	organization's tax-exempt purpose						
3	Gross receipts from activities that				1		
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				i		
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities]		
	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and			İ			
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)			na garataya basa			
	tion B. Total Support						
ler	dar year (or fiscal year beginning in) 🕨	(a) 2017	(ь) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6		A				
	Gross income from interest,		18.8 - 11.1 - 11.1 - 11.				
	dividends, payments received on					İ	
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income		,				
		{					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
1	Net income from unrelated business activities not included on line 10b.						
	whether or not the business is					j	
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital					l	
	assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12.)	L , ,					
1	First 5 years. If the Form 990 is for th	ie organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n
	check this box and stop here			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			····
ec	tion C. Computation of Publi	c Support Perc	centage				
5	Public support percentage for 2021 (li	ine 8, column (f), di	vided by line 13, o	olumn (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves						
7	Investment income percentage for 20	21 (line 10c, colum	n (f), divided by lir	ne 13, column (fl)		17	%
	Investment income percentage from				1	18	%
	33 1/3% support tests - 2021. If the					3 1/3%, and line 17	ls not
	more than 33 1/3%, check this box an						
	• • • • •						

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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2021

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

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")? //
 "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)(8) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- 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
- 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
 If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal 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
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	3.74	
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3b	1949	11.5.5
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3c	47.45	1,75,67
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Schedule A (Form 990) 2021

Yes No		rt IV Supporting Organizations (continued)			
A person who directly or indirectly controls, either alone or together with personal described on lines 11b and 11b below. Person described on line 11a above? A 38% controlled entry of a person described on line 11a above? A 38% controlled entry of a person described on line 11a above? A 38% controlled entry of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide destail to 15b. Type I Supporting Organizations 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 organizations officers, directors, or trustees at all times during the lax year? If "No," describe in Pert V I now the supported organizations of efficiency operated, supervised, or controlled the organization in Pert V I now the supported organization ober than the supported organization, describe from the powers to expend the supporting organization ober than the supported organization ober than the supported organization ober than the supported organization ober than the supported organization ober than the supported organization ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizatio				Yes	No
A person who directly or indirectly controls, either alone or together with personal described on lines 11b and 11b below. Person described on line 11a above? A 38% controlled entry of a person described on line 11a above? A 38% controlled entry of a person described on line 11a above? A 38% controlled entry of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide destail to 15b. Type I Supporting Organizations 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 organizations officers, directors, or trustees at all times during the lax year? If "No," describe in Pert V I now the supported organizations of efficiency operated, supervised, or controlled the organization in Pert V I now the supported organization ober than the supported organization, describe from the powers to expend the supporting organization ober than the supported organization ober than the supported organization ober than the supported organization ober than the supported organization ober than the supported organization ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizations ober than the supported organizatio	11	Has the organization accepted a gift or contribution from any of the following persons?		14.5	1
b A family member of a person described on line 11s above? A 33% controlled entry of a parson described on line 11s or 11b above? If "Yes" to line 11s, 11b, or 11c, provide detail in Part V. Section B. Type I Supporting Organizations 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 gower for regularly appoint or elect at least a majority of the organization officers, directors, or trustees at all times during the lax year? If "No," describe in Part V how the supported organization officers, directors, or trustees at all times during the lax year? If "No," describe in Part V how the supported organization organization, describe how the powers to expand additor remose officers, directors, or trustees at all times all times and the providing grain and the part of the supported organization organization and the supported organization organization organization with the providing grain and the part of the supported organization or the trust me supported organization organization with the providing grain and the supported organization organization or the trust me supported organization organization. Part VI how providing auch benefit carried of the purposes of the supported organization with the purposes of the supported organizations. 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 organizations or trustees of each of the organization's supported organizations or trustees of each of the organization's supported organizations or trustees of each of the supporting organization was vested in the same persons that controlled or managed the supporting organization was vested in the same persons that controlled or managed the supported organization provided organization and the organization and the organization and the organization and the organization and the supported organization and the	а		1000	- 1	
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		11c below, the governing body of a supported organization?	11a		
A slowle controlled entry of a person described on line 11a or 11b above? If "res" to line 11a, 11b, of 11c, provide stability Per VI Supporting Organizations 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 now the supported organizations of officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI now the supported organization of their organization and repairation and worthless. If the organization had not all the year organization of the trust organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the directors or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization of the supported organization or the supported organization of the supported organization or the supported organization or the supported organization or the supported organization or the supported organization or the supported organization organization or the date of notification, and elip copies of the organization or the organization or the supported organization organization organization organization organization organization organization organiza	b	A family member of a person described on line 11a above?	11b		
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 regulately appoint or elect at least a majority of the organization officers, directors, or interests at all times during the tax year? If I'A's, despine in PRV II how this supported organization officers, directors, or interests at all times during the tax year? If I'A's, despine in PRV II how this supported organization officers, directors, or interests were affocated among the supported organization and the conditions or mestificinors, if any period organization and the tax year. 2 Did the organization period the supported organization officers, directors, or interests were affocated among the supported organization when the conditions or mestificinors, if any period organization is that operated, supported organizations organizations and the supported organizations organizations in the supported organizations organizations in the same persons that controlled or managed or management of the supporting Organizations 1 Were a majority of the organization's supported organizations in the tax year, if a supported organization's I'I'N's, describe in PRV II how control or management of the supporting Organizations or supported organization's tax year, if a written notice describing the type and amount of support provided during the prior tax year, if a copy of the Form 990 that was most recently lifed as of the date of notification, and (if) copies of the organization's tax year, if a written notice describing the type and amount of support provided during the prior tax year, if a written notice describing the type and amount of support provided during the prior tax year, if a written notice describing the type and amount of support provided during the prior tax year, if a written notice describing the type and amount of support provided during the prior tax year, if a written in the supported organization is necessary to the date of notificat	¢	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1100	74	77.5
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Schedule A (Form 990) 2021

instructions).

Schedule A (Form 990) 2021

Breakdown of line 7:
 Excess from 2017
 Excess from 2018
 Excess from 2019
 Excess from 2020
 Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

> Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Schedule B (Form 990) (2021)

Employer identification number

Name of the organization		Employer identification number	
	TH	E DETROIT INSTITUTE OF ARTS	38-1359510
Organiza	tion type (check o	ne):	
Filers of:		Section:	
Form 990	or 990-EZ	501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990	-PF	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	ly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.
		filing Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	
Special P	lules		
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F line 1. Complete Parts I and II.	I that received from any one
(contributor, during iterary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, soin nat purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er instead of the contributor name and address), II, and III.	entific,
i A	rear, contributions is checked, enter he ourpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled mo ere the total contributions that were received during the year for an exclusively religious uplete any of the parts unless the General Rule applies to this organization because it repetition, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., eceived <i>nonexclusively</i>
Caution: . answer "N	An organization thato to" on Part IV, line :	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, requirements of Schedule B (Form 990).	rm 990), but it must

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

Part I	Contributors (see Instructions). Use duplicate copies of Part I if additions	il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$5,000,000.	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>5,000,000</u> .	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>4,451,875.</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
4		\$ <u>3,500,000</u> .	Person X Payroli
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22.62 11.11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE DETROIT INSTITUTE OF ARTS

38-1359510

art II N	Noncash Property (see instructions). Use duplicate copies of Par	rt 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		MARKET THE TOTAL OF THE TOTAL O	
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
		\$	

******* ****** 1 A7401

Name of	organization		Employer identification number
THE C	ETROIT INSTITUTE OF ART	s	38-1359510
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in sec a) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		W-11-11-11-11-11-11-11-11-11-11-11-11-11	
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE C

(Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Inspection

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 senarate instructions), then

 Section 501(c)(4), (5), or (6) organization 	anizations: Complete Part III.			
Name of organization	MINDS TOTAL STATE OF THE STATE		Emr	loyer identification number
•	DETROIT INSTITUTE C	F ARTS	''	38-1359510
Part I-A Complete if the	organization is exempt unc	ler section 501(c)	or is a section 527 or	ganization.
Provide a description of the or Political campaign activity exp	ganization's direct and indirect politic	cal campaign activities i	in Part IV.	\$
Part I-B Complete if the	organization is exempt und	ler section 501(c)(3).	
 Enter the amount of any excise Enter the amount of any excise If the organization incurred a s Was a correction made? b if "Yes," describe in Part IV. 	e tax incurred by the organization un- e tax incurred by organization manag ection 4955 tax, did it file Form 4720	der section 4955 pers under section 4955 of for this year?		Yes No
Part I-C Complete if the	organization is exempt und	ler section 501(c),	except section 501(>)(3).
Enter the amount of the filing of exempt function activities Total exempt function expending 17b	ended by the filing organization for se organization's funds contributed to of tures. Add lines 1 and 2. Enter here a	ther organizations for se	ection 527	\$
6 Enter the names, addresses ar made payments. For each orga contributions received that we	form 1120-POL for this year? Indication number (Elanization number (Elanization listed, enter the amount paire promptly and directly delivered to (C). If additional space is needed, proving the control of the contro	iN) of all section 527 po id from the filing organiz a separate political orga	litical organizations to whic tation's funds. Also enter th anization, such as a separa	h the filing organization le amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			annua annua annua annua annua annua annua annua annua annua annua annua annua annua annua annua annua annua an	

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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)).

For	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(1	a)	(b)	
of the lobbying activity.			No	Am	ount
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 b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
¢	Media advertisements?				
d					
e	** - ** - * - * - * - * - * - * - * - *				
f	Grants to other organizations for lobbying purposes?				
ġ	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?				
i	Total. Add lines 1c through 1l		sidenti serben		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			A CARTER S	rang saladalah
	If "Yes," enter the amount of any tax incurred under section 4912	900090			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or se	ction	
	501(c)(6).				
				Yes	No
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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	501(c)(5), or se	ction	
	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		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		3000 000 1000 000	3	
	expenses for which the section 527(f) tax was paid).		200		
а	Current year		2a		
b					
c	Total		۱		
3			١ ـ		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds		73.50		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditure next year?		4_	ł	
5	Taxable amount of lobbying and political expenditures. See instructions				
	t IV : Supplemental Information		···· 1 9		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lieth Part II-	A fines 1 s	nd 2 /See	
	active descriptions required for Part PA, line 1, Part PB, line 4, Part PB, line 5, Part IPA (annuated group)	nsy, rarch	m, 111105 1 0	000 Z (000	
ารนน	ictions); and Part IPB, line 1. Also, complete this part for any additional information.				
					.

SCHEDULE D (Form 990)

Oppartment 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

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the				
•	organization answered "Yes" on Form 990, Part IV, line 6.				
***************************************		(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	<u> </u>			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds		
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose (conferring		
	impermissible private benefit?		Yes No		
Pa	rt II 🐬 Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, I	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (for example, recrea	AN AN AN AN AN AN AN AN AN AN AN AN AN A	a historically important land area		
	Protection of natural habitat	Preservation of	a certified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form			
	day of the tax year.		Held at the End of the Tax Year		
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
c	Number of conservation easements on a certified historic stru				
d	Number of conservation easements included in (c) acquired a				
	listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax		
	year -				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per		——————————————————————————————————————		
	violations, and enforcement of the conservation easements (t				
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing cons	ervation easements during the year		
_	***************************************				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	on easements during the year		
_	> \$		V 41 AFRA (II		
8	Does each conservation easement reported on line 2(d) above		provincial provincial		
	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 footn	ote to the organization's financial stateme	ents that deschoes the		
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oti	her Similar Assets		
	Complete if the organization answered "Yes" on Form		A manufacture of the state of t		
40	If the organization elected, as permitted under FASB ASC 958		nd halance sheet works		
14	of art, historical treasures, or other similar assets held for pub	•			
	service, provide in Part XIII the text of the footnote to its finan-	•	•		
	If the organization elected, as permitted under FASB ASC 958				
b	art, historical treasures, or other similar assets held for public	•			
	•	exhibition, education, or research in lunch	erance of public service,		
	provide the following amounts relating to these items:		. ¢		
	(i) Revenue included on Form 990, Part VIII, line 1		. .		
^	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea	auron, or other cimilar proofs for financial			
2	-		gan, provide		
_	the following amounts required to be reported under FASB AS	——————————————————————————————————————	. •		
8	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X				
M	record included his contract, Falt A		F Y		

132051 10-26-21

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 THE DETROIT	INSTITUTE OF	ARTS	38-1359510 Page 3
Part VIII Investments - Other Securities.		111(10	And the same of th
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value		n: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	380,345,623.	END-OF-YEAR	MARKET VALUE
(B)			
(C)			
(D)		4	
(E)			
(F)			
(G)			
(H)	300 34E 633		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	380,345,623.		The state of the s
Complete if the organization answered "Yes"	on Corm 900 Part 8/ Has 1	He See Form 900 Part Y	line 13
(a) Description of investment	(b) Book value		n: Cost or end-of-year market value
	(b) BOOK VAIDE	(a) Managar A Angeron	The Cook of Grand Type The The Cook of Grand Type The Cook of Grand Type Type Type Type Type Type Type Type
(1)	***************************************		BORNING BORNE BUTTER OF THE TOTAL CONTROL OF THE STREET OF
(3)			I I I I I I I I I I I I I I I I I I I
(4)			
(5)			
(6)			
(7)			
(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" (1d. See Form 990, Part X,	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, F	
1. (a) Description of liability		***************************************	(b) Book value
(1) Federal income taxes			
(2) POST RETIREMENT HEALTHCARE			
(3) OBLIGATION			2,806,073.
(4) ACCRUED PAYROLL AND OTHER	EMPLOYEE		2,744,711.
(5)			0.0000
(6)			
(7)			
(8)			

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

Schedule D (Form 990) 2021

5,550,784.

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

	GOIG D (FORM 990) 2021 THE DETROTT TRESTITOTE OF ARTE		TODODEA Lade.
Pa	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	_	20,385,318.
1	Total revenue, gains, and other support per audited financial statements	··· . ***	20,305,310.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments 2a - 55,532,67	9	
a b	Donated services and use of facilities 2b 436,97		
ė	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d 649,09	5.	
e	Add lines 2a through 2d	2e	-54,446,613.
3	Subtract line 2e from line 1	. 3	74,831,931.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b 1,331,83		4 504 100
C	Add lines 4a and 4b		4,594,109.
5 Da	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retur	79,426,040.
rai	- 1 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		43,998,450.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	100	
a	Donated services and use of facilities 2a 436,97	1.	
b	Prior year adjustments 2b		
¢	Other losses 2c		
d	Other (Describe in Part XIII.)	Hydel	
e	Add lines 2a through 2d	2e	436,971.
3	Subtract line 2e from line 1	. 3	43,561,479.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_	
а	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4a 3, 262, 27 4b 341, 77		
þ			3,604,053.
С 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fart I, line 18.)	g	47,165,532.
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, Ii	ne 4; Part	X, Ilne 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PAR	T III, LINE 1A:		
T N T	CONFORMITY WITH ALLOWABLE MUSEUM FINANCIAL STATEMENT PRE	C FATTA	TT ()NI
T TA	CONFORMITI WITH ADDOWABLE MOSEON FINANCIAL STATEMENT FAL	STATIST	4 4 VIV
PRA	CTICE, THE VALUE OF THE ART COLLECTION IS EXCLUDED FROM	THE S'	TATEMENTS
	CITCH TARREST OF BASE CONTRACTOR OF THE CONTRACT		
OF	FINANCIAL POSITION, AND, AS SUCH, PURCHASES FOR THE COLL	ECTIO	N ARE
REC	ORDED AS EXPENDITURES FOR THE ACQUISITION OF ART OBJECTS	ON T	HE
STA	TEMENT OF ACTIVITIES IN THE YEAR IN WHICH THE OBJECTS AR	E ACO	UIRED.
~~~	T ADD TO ACCURATION DO DATE STOMESTING COLLECTION OF BUILD	************	M TITLEDAT
SUC	H ART IS ACCESSIONED TO THE PERMANENT COLLECTION OF THE	MUSEU	M OPON
* 50 50	ROVAL OF THE BOARD.		
AL E	ROVAL OF THE BOARD,		
PAR	T III, LINE 4:		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
THE	WORKS OF ART ARE HELD IN CHARITABLE TRUST FOR EDUCATION	AL, R	ESEARCH
	CITE A MODELLE CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL CONTROL		
$\alpha_{ND}$	CHRATORIAL SERVICES.		

Schedule D (Form 990) 2021 THE DETROIT INSTITUTE OF ARTS  [Part XIII] Supplemental Information (continued)	38-1359510 Pege 5
PART V, LINE 4:	
INCOME EARNED ON ENDOWMENT FUNDS IS USED TO FURTHER T	HE MISSION OF THE DIA
INCLUDING FUNDING FOR A VARIETY OF ACTIVITIES WHICH A	RE BOTH RESTRICTED
AND UNRESTRICTED. THESE ACTIVITIES INCLUDE, BUT ARE N	OT LIMITED TO,
OPERATIONS, STAFF POSITIONS, ART ACQUISITIONS, ETC.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
EXPENSES OF SPECIAL EVENTS & ACTIVITIES	201,448.
COST OF GOODS SOLD	788,608.
ADJUSTMENT FOR PARTNERSHIP UBTI ACTIVITY	-340,961.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	649,095.
PART XI, LINE 4B - OTHER ADJUSTMENTS: GIFTS OF WORKS OF ART	1,331,832.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
REIMBURSEMENT RECORDED AS INCOME ON F/S	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
EXPENSES OF SPECIAL EVENTS & ACTIVITIES	-201,449.
COST OF GOODS SOLD	-788,608.
GIFTS OF WORKS OF ART	1,331,833.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	341,776.
	C-L-14-D (C000) 2021

Schedule D (Form 990) 2021

#### 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.

**Open to Public** 

OM9 No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

THE DETROIT INS	TITUTE O	F ARTS			38-135951	
		ctivities Out	side the United States. Compl	ete if the organ	ization answered "Y	'es" on
Form 990, Part I			ds to substantiate the amount of its gra		acciatance	
•	_		the selection criteria used to award the		****	Yes Do
2 For grantmakers, Desc United States.	cribe in Part V the	e organization's	oracedures for monitoring the use of its	s grants and ot	her assistance outsi	de the
3 Activities per Region. (T	ne following Part	: I, line 3 table ca	in be duplicated If additional space is n	eeded.)		
(a) Region	(b) Number of offices In the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	ls a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN -						
ANTIGUA & BARBUDA,						
ARUBA, BAHAMAS,			INVESTMENTS			182,745,643.
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	**************************************	***************************************			***************************************	
3 a Subtotal	0	0				82,745,643.
b Total from continuation sheets to Part I	O	o				o.
c Totals (add lines 3a and 3b)	o	0				82,745,643.
LHA For Paperwork Reducti	ion Act Notice. s	see the Instruct	ions for Form 990.		Schedule F (	Form 990) 2021

Schedule F (Form 990) 2021

Part II 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.

1 (a) Name of organization	(b) IRS code section and EtN (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)
				11.434444				
1	f recipient organization lanization by the IRS, o	is listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt \$01(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	e foreign country, ction 501 (c)(3) eq	recognized as a tax juivalency letter	<b>A A</b>		
S Effer total number of	CRIEF TOTAL BUTTOPF OF CHIEF OF CHIEF OF STREET	el Illies					Sche	Schedule F (Form 990) 2021

THE DETROIT INSTITUTE OF ARTS Schedule F (Form 990) 2021

Page 3

38-1359510

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.

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

### SCHEDULE G (Form 990)

## Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

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

Open to Public Inspection

Name of the organization  THE DETR	OIT INSTITUTE OF	ARTS	5			38-1359	ntification number 510
	Complete if the organization answe			Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not
Indicate whether the organization raise a	e Solicita f Solicita g Special  oral agreement with any individual t VII) or entity in connection with p duals or entities (fundraisers) pursu	ition of ition of I fundra I (includ irofessi	non-g gover ising d ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contribu	ustody	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
				THE R. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S. L. S.			
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List all states in which the organization or licensing.	is registered or licensed to solicit	contrib	utions	or has been notified	l it is e	exempt from re	gistration
II							
Address of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	(III. 1115-111-111)						
HA For Panerwork Reduction Act Notice	e, see the Instructions for Form	990 or	990-E	Z.		Schedule	G (Form 990) 2021

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Pa	ırt	II Fundraising Events. Complete if the of fundraising event contributions and group in the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the											
	Γ	or landraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events								
				` '	, -	(d) Total events (add col. (a) through							
			GALA	FASH BASH	1	col. (c))							
e			(event type)	(event type)	(total number)								
Revenue	1	Gross receipts	436,538.	188,316.	94,125.	718,979.							
	2	Less: Contributions	432,928.	130,740.	73,265.	636,933.							
	3	Gross income (line 1 minus line 2)	3,610.	57,576.	20,860.	82,046.							
	4	Cash prizes											
	Ť												
ω'n	5	Noncash prizes											
pense	6	Rent/facility costs											
Direct Expenses	7	Food and beverages	6,793.	158,175.	24,234.	189,202.							
۵	8	Entertainment											
	9	Other direct expenses		4,129.	1,100.	12,247.							
	10	Direct expense summary. Add lines 4 through				201,449.							
Pa	11 Net income summary. Subtract line 10 from line 3, column (d) -119,403.  Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than												
		\$15,000 on Form 990-EZ, line 6a.	maweled lea on loim	330, 1 21111, 1110 13, 0, 1	oported more train								
æ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add							
Revenue			****	bingo/progressive bingo		col. (a) through col. (c))							
8	1	Gross revenue											
30	2	Cash prizes											
Direct Expenses	3	Noncash prizes											
irect	4	Rent/facility costs											
	5	Other direct expenses											
Ì		Volunteer labor	Yes%	Yes %	Yes %								
	7	Direct expense summary. Add lines 2 through	5 in column (d)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>.</b>	***************************************							
	8	Net gaming income summary, Subtract line 7 t	from line 1, column (d)			1100 40 11111 11111 11111 11111 11111 11111 1111							
_	E-+		.4										
		er the state(s) In which the organization conduc ne organization licensed to conduct gaming act	_			Yes No							
		No," explain:											
l0≄	Wer	re any of the organization's gaming licenses rev	roked, suspended, or ter	minated during the tax v	ear?	Yes No							
		es," explain:	•										
3208	2 10	21-21			Sched	dule G (Form 990) 2021							

Sch	chedule G (Form 990) 2021 THE DETROIT INSTITUTE OF ARTS 38-1359		Page 3
11	1 Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	2. Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		F
	to administer charitable gaming?	Yes	L No
13	3 Indicate the percentage of gaming activity conducted in:		6/
3	a the diganization shearly		
b	h An outside facility		
14	4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name -		
	Address >		
15a	5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
t	b if "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount		
	of gaming revenue retained by the third party > \$		
c	c If "Yes," enter name and address of the third party:		
	Name 🟲		
	Address >		
16	6 Gaming manager information:		
	Name >		
	Gaming manager compensation 🕨 \$		
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		
	Description of services provided		
	<u> </u>		
	Director/officer Employee Independent contractor		
47	7 Mandatory distributions:		
٦/,	· · · · · · · · · · · · · · · · · · ·		
	retain the state gaming license?	Yes	No
t	b Enter the amount of distributions required under state law to be distributed to over the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state		
	organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9.	9b. 10b.
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	(30, 13c, 16, and 17b, as appreade, 7430 provide any december 1		
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132083 10-21-21

Schedule (	3 (Form 990)	THE DETROIT	INSTITUTE OF ARTS	38-1359510 Page 4
Part IV	Supplemental In	formation (continued)	INSTITUTE OF ARTS	
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### SCHEDULE J (Form 990)

# **Compensation Information**

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

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

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE DETROIT INSTITUTE OF ARTS

Employer identification number

38-1359510

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,	1338		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	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)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	x	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1000	17.77	
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	х	
	Reduced with attacking the area streaming the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of the stream of th	14,500	1000	1000
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's		15.00	
•	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	100		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant  Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	During the case of the service blaked as Court COO. Duet VIII. Cookley A. line to with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	40		x
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4c		x
¢	Participate in or receive payment from an equity-based compensation arrangement?	**C	1000	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			100
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		х
a	The organization?	5a		X
Þ	Any related organization?	5b	.5 x 1 x 1	<u> </u>
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			· •
a	The organization?	6a		X
b	Any related organization?	6b	51,113	
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		"	**
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			-
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	if "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		<b></b>

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

Schedule J (Form 990) 2021

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

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

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

	(B) Break	down of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	edwoo	(i) Base compensation	(fi) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
ADOR SALORY-PONS	(i) 526	,962.	0.	304.	14,500.	18,361.	560,127.	0.
ECTOR, PRESIDENT & CEO		1	.0	.0	0.	0.	0.	0.
	(1) 337	77	• 0	304.	14,500.	14,144.	366,727.	0.
SENIOR VICE PRESIDENT/ CRIEF DEVELOP (		0.	.0	0	0.	0	0	0.
	(1) 273	,484.	* 0	1,676.	13,825.	10,868.	299,853.	0.
EXECUTIVE VICE PRESIDENT/CFO/TREASUR (		٠ ١	.0	0.	.0	0.	1	0.
BRT	(i) 233	82	.0	304.	11,851.	11,068.	257,044.	0.
DEPUTY DIRECTOR, ART EDUCATION PROGR (B)	=	0.	.0	* 0	0.	0.	0.	0.
(5) ELLIOTT BROOM	(I) 191	, 57	0.	513,	9,779.	18,680.	220,543.	0
CHIEF OPERATING OFFICER			0.	0.	0.	0	.0	0.
(6) WELLSSA PENA GALLIS (6)	(i) 149	, 95	0	180.	7,711.	20,619.	178,461.	0.
EXECUTIVE DIRECTOR TALENT & CULTURE (	(1)		0.	.0	0	0.	.0	0
(7) WII QUARCOOPEMO	(i) 145	, 91	.0	1,447.	4,470.	19,491.	171,327.	0
DEPARTMENT HEAD, AFRICA, OCRANIA & I			.0	.0	0.	0.		0.
(8) ALAN DARR	135	99	0	768.	7,046.	21,651.	165,132.	0.
SENIOR CURATOR OF BUROPBAN ART & WAL   (	(m)	0.	0.1	0.	0.	0.	.0	0.
(9) JOHN STEELE	(1) 145	,964.	0.	746.	7,398.	9,858.	163,966.	.0
VICE PRESIDENT EXHIBITION COLLECTION (		0	0	.0				0.
(10) DAVID FLYNN	(1) 149	, 08	0.	84.	7,512.	5,311,	161,988.	.0
SENIOR VICE PRESIDENT, PUBLIC & COMM	•	0	0	0.	.0	0.	.0	0.
	\$							
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Schedule J (Form 990) 2021

### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

**Noncash Contributions** 

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.

OMB No. 1545-0047

Inspection

Name of the organization

THE DETROIT INSTITUTE OF ARTS

Employer identification number 38-1359510

Pa	rt   Types of Property		P			# _F1		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) ethod of deter sh contributio		ts
1	Art - Works of art	X	227	1,331,832.	DONOR	STATED	VALU	E
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		4,686.	DONOR	STATED	VALU	E
5	Clothing and household goods							
6	Cars and other vehicles							
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			WARRANCE TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE				
13	Qualified conservation contribution -							
1.3	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	Texidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26 26	Other ( )							
27	Other ► ()							
28	Other • (							
<u> 29</u>	Number of Forms 8283 received by the organization	ation during	the tax year for c	ontributions	A			
4.4	for which the organization completed Form 828						7	
	101 Miles the evaluation activities as a series	-,	<b>.</b>				Yes	No
305	During the year, did the organization receive by	contributio	n anv property rep	orted in Part I, lines 1 throug	h 28, that i	t T		3000
000	must hold for at least three years from the date	of the Initia	contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?			\$41*171*1*******************************		3	0a	X
h	If "Yes," describe the arrangement in Part II.			***************************************		····		
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribut	ions?	L3	31 X	
	Does the organization hire or use third parties o							
OT.						3	2a X	
<b>.</b>	contributions?  If "Yes," describe in Part II.							1
33	If the organization didn't report an amount in co	dumn (c) for	a type of property	for which column (a) is ched	ked.			
-	describe in Part II.	(4)	_ 1, pa a property					
НΔ	For Paperwork Reduction Act Notice, see t	he Instruct	ions for Form 990	).		Schedule M (F	Form 990	) 2021

LHA

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

Schedule M (Form 990) 2021

132142 11-17-21

### SCHEDULE O (Form 990)

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 Form 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest Information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

**Ψυν Προυρότο τλιουτοιίσε όε δεσί** 

Employer identification number 38-1359510

THE DETROIT INSTITUTE OF ARIS   30-1333710
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 \$123,100,000.
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.
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  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2021

Schedule O (Form 990) 20:	21					Page :
Name of the organization		DETROIT	INSTITUTE O	F ARTS		Employer identification number 38-1359510
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SCHEDULER (Form 990)

Part

# Related Organizations and Unrelated Partnerships

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

★ Attach to Form 990.

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

Open to Public Inspection 2021

OMB No. 1545-0947

Employer identification number 38-1359510 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. THE DETROIT INSTITUTE OF ARTS Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
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.	tions. Complete if the organization a	nswered "Yes" on Form 990, F	art IV, line 34, beca	use it had one or n	lore related tax exem	Ęį.
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code P section sta	ي او ج	(f) Direct controlling entity	155 T E
				(C) (C) (C)		Se Aes
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.		-	_	Schedule R (	Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 THE DETROIT INSTITUTE OF ARTS

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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

(i) (k) General or Percentage measaging ownership partner?			
Per S			
(j) Ganeral or managing partne?	3		
(i) Code V-UBI amount in box 20 of Schedule K-1 Form 1065)			
(h) Disproporationate altications?			
(g) Share of end-of-year assets			
(f) Share of total income			
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicite istate or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

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

(i) Section 512(b)(13) controlled entity?	No									
	Yes			×						 
(h) Percentage ownership				100\$						
(g) Share of end-of-year	assess			1,000.						
(f) Share of total income				-389,942.						
(e) Type of entity (C corp., S corp.	r i			C CORP						
(d) Direct controlling entity		THE DETROIT	INSTITUTE OF	ARTS						
(C) Legal domicile Istate or foreign	(Jaungo			MI						 
(b) Primary activity				INVESTMENT COMPANY						
(a) Name, address, and EIN of related organization		FSDIA ACQUISITIONS CO - 38-3416266	5200 WOODWARD AVE	DETROIT, MI 48262						

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Schedule R (Form 990) 2021

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				,	-	1
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts IHV?	as with one or more re	ated organizations listed i	n Parts IHV?		2	_1
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	2	•		-	×	ĭ
<ul> <li>Gift, grant, or capital contribution to related organization(s)</li> </ul>				£	×	i
c Gift, grant, or capital contribution from related organization(s)				2 5	: ×	1
d Loans or loan guarantees to or for related organization(s)				2 =	×	1
e Loans or loan guarantees by related organization(s)				2 4	×	1
				2	-	1
f Dividends from related organization(s)				*	×	
				-	×	ı
h Purchase of assets from related organization(s)				f	×	ı
i Exchange of assets with related organization(s)				¥	×	1
j Lease of facilities, equipment, or other assets to related organization(s)				- ;=	×	1
19 - 20 - 40 - 40 - 40 - 40 - 40 - 40 - 40					, 1	İ
				¥	X	1
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×	l
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£	×	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			£	×	1
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				ç	×	1
					_	1
p Reimbursement paid to related organization(s) for expenses			;	£	×	
q Reimbursement paid by related organization(s) for expenses				Ç	×	I
						ı
r Other transfer of cash or property to related organization(s)				+	×	
s Other transfer of cash or property from related organization(s)				45	×	I
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	who must complete th	is line, including covered r	elationships and transaction thresholds.			1
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	volved		į.
	(Cart and Cart					1
(1)				ŀ		- 1
[2]						
8						l
101						1
(4)						- 1
(5)						
						1
(9)	-					ł
132163 11-17-21			Schedule	Schedule R (Form 990) 2021	90) 2021	<b>T</b>

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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.

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raille, autress, and Ein of entity	Primary activity	Legal comicile (state or foreign	Frecominant income prefered, unrelated, executed from the under	partness sec.	Share of total	Share of end-of-year	Despeoper- Sonate	Dispraper Code V-UBI General or Percentage fonts amount in box 20 managing ownership	General or maraging	Percentage ownership
		country)	sections 512-514)	Yes No	іпсоте	assets	Yes	0: Schedule X-1 (Form 1065)	Yes No	
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