

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2024

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2024 calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE DETROIT INSTITUTE OF ARTS</b>		<b>D</b> Employer identification number <b>38-1359510</b>
	Doing business as		<b>E</b> Telephone number <b>313-833-7900</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>218,233,910.</b>
	<b>5200 WOODWARD AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>DETROIT, MI 48202-4008</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>KATE SPRATT</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.DIA.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1885</b> <b>M</b> State of legal domicile: <b>MI</b>

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE DIA CREATES EXPERIENCES THAT HELP EACH VISITOR FIND PERSONAL MEANING IN ART.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>45</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>45</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a)	<b>5</b>	<b>499</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>641</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>1,410,254.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>199,848.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>78,256,145.</b>	<b>60,831,261.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>3,060,788.</b>	<b>3,620,393.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>14,133,680.</b>	<b>19,165,951.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,302,379.</b>	<b>2,334,856.</b>
		<b>100,752,992.</b>	<b>85,952,461.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>27,087,170.</b>	<b>29,466,694.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>4,397,633.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>30,890,905.</b>	<b>27,193,122.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>57,978,075.</b>	<b>56,659,816.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>42,774,917.</b>	<b>29,292,645.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>665,299,893.</b>	<b>742,514,278.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>17,097,157.</b>	<b>16,040,039.</b>
	<b>648,202,736.</b>	<b>726,474,239.</b>	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <i>Kate Spratt</i>	Date <b>5/15/2026</b>			
	Type or print name and title <b>KATE SPRATT, CFO/TREASURER</b>				
<b>Paid Preparer Use Only</b>	Preparer's name <b>AMY CIMINELLO</b>	Preparer's signature <b>AMY CIMINELLO</b>	Date <b>05/11/26</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00796388</b>
	Firm's name <b>PLANTE &amp; MORAN, PLLC</b>	Firm's EIN <b>33-1498605</b>		Phone no. (248) 375-7100	
Firm's address <b>2601 CAMBRIDGE CT., STE. 300 AUBURN HILLS, MI 48326</b>					

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE DIA CREATES EXPERIENCES THAT HELP EACH VISITOR FIND PERSONAL MEANING IN ART AND WITH EACH OTHER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 18,019,019. including grants of \$ 0. ) (Revenue \$ 3,734,741. ) STEWARDSHIP, CARE, ACCESS, PRESERVATION AND ACQUISITION OF THE COLLECTION: THE DETROIT INSTITUTE OF ARTS IS AMONG THE TOP ENCYCLOPEDIA MUSEUMS IN THE UNITED STATES. CORE TO DIA'S STEWARDSHIP ACTIVITIES IS THE LONG-TERM CARE AND PRESERVATION OF THE COLLECTION. THE DIA PROVIDES ACCESS TO WORKS OF ART THROUGH INNOVATIVE GALLERY INSTALLATIONS, WORLD-CLASS EXHIBITIONS, SCHOLARSHIP, INTERPRETATION, AND PUBLICATIONS. THE DIA PURCHASES OBJECTS INTENDED TO ENHANCE THE ARTISTIC QUALITY OF ITS COLLECTION AND TO CONNECT WITH OUR COMMUNITIES. PURCHASED ACQUISITIONS USE RESTRICTED FUNDS ESTABLISHED THROUGH DONATIONS TO THE MUSEUM. FY25 ACQUISITIONS AMOUNTED TO \$3,413,563. THE DIA ACQUIRES ART OBJECTS THROUGH GIFTS TO THE MUSEUM FROM DONORS. FY25 GIFTS AMOUNTED TO \$1,133,950.

4b (Code: ) (Expenses \$ 17,582,034. including grants of \$ 0. ) (Revenue \$ 62,895. ) AUDIENCE ENGAGEMENT: FROM THE FIRST VAN GOGH PAINTING TO ENTER A U.S. MUSEUM TO DIEGO RIVERA'S WORLD-RENOWNED "DETROIT INDUSTRY" MURALS, THE DIA PROVIDES VISITOR-FOCUSED, EXPERIENCES. VISITORS EXPERIENCE TOURS IN THE GALLERIES, SPECIAL EXHIBITIONS, LIVE MUSIC, FILMS, ARTMAKING AND FAMILY PROGRAMS. THE DIA IS COMMITTED TO CELEBRATING THE ARTS THROUGHOUT THE REGION, MOST NOTABLY WITH THE NATIONALLY ACCLAIMED INSIDE/OUT INSTALLATIONS OF HIGH-QUALITY REPRODUCTIONS PLACED IN LOCAL COMMUNITIES.

4c (Code: ) (Expenses \$ 3,679,855. including grants of \$ 0. ) (Revenue \$ 3,700. ) EDUCATION: THE DIA IS A LEADER IN EDUCATION, PROVIDING FREE K12 FIELD TRIPS TO ONE OF THE NATION'S BEST ART MUSEUMS. THE DIA HOSTS MORE THAN 64,000 ANNUALLY. STUDENTS GET A UNIQUE OPPORTUNITY TO SEE WORLD-RENOWNED ARTWORK, HISTORY AND CULTURE. ENGAGEMENT STRATEGIES INCLUDE CRITICAL THINKING SKILLS, HANDS-ON ACTIVITIES, WRITING, ROLE PLAYING, DIALOGUE AND TEAM BUILDING. A MENU OF 15 GUIDED EXPERIENCES HELP TEACHERS DETERMINE WHICH MUSEUM EXPERIENCES BEST REINFORCE CURRICULUM LEARNING OUTCOMES. MORE THAN 1,400 TEACHERS ANNUALLY ATTEND DIA WORKSHOPS THAT PROMOTE ARTS ENRICHMENT EXPERIENCES FOR STUDENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 39,280,908.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 45		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 45		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MI
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**KATE SPRATT - 313-833-7900**  
**5200 WOODWARD AVE., DETROIT, MI 48202**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SALVADOR SALORT-PONS DIRECTOR, PRESIDENT & CEO	40.00 0.00			X			652,371.	0.	44,843.	
(2) NINA SAPP SENIOR VICE PRESIDENT/ CHIEF DEVELOP	40.00 0.00			X			333,992.	0.	51,351.	
(3) ELLIOTT BROOM CHIEF OPERATING OFFICER	40.00 0.00			X			274,163.	0.	24,449.	
(4) JUDITH DOLKART DEPUTY DIRECTOR, ART EDUCATION PROGR	40.00 0.00				X		242,425.	0.	26,884.	
(5) JENNIFER SNYDER CHIEF DIGITAL OFFICER	40.00 0.00			X			243,252.	0.	22,804.	
(6) MELISSA PENA EXECUTIVE DIRECTOR, TALENT, CULTURE	40.00 0.00					X	213,280.	0.	34,140.	
(7) KATE SPRATT CHIEF FINANCIAL OFFICER/TREASURER	40.00 0.00			X			207,280.	0.	33,347.	
(8) ANTHONY SMITH VP, LEARNING & AUDIENCE ENGAGEMENT	40.00 0.00					X	186,878.	0.	30,795.	
(9) ALAN DARR SR. CURATOR OF EUROPEAN ART & WALTER	40.00 0.00					X	163,748.	0.	25,448.	
(10) JULIE MCFARLAND EXECUTIVE DIRECTOR, PUBLIC AFFAIRS &	40.00 0.00					X	151,507.	0.	31,384.	
(11) NII QUARCOOPOME DEPARTMENT HEAD, AFRICA, OCEANIA & I	40.00 0.00					X	168,129.	0.	8,802.	
(12) LANE COLEMAN CHAIR	20.00 0.00	X					0.	0.	0.	
(13) CYNTHIA FORD VICE CHAIR - PART YEAR	3.00 0.00	X					0.	0.	0.	
(14) RALPH GERSON VICE CHAIR - PART YEAR	3.00 0.00	X					0.	0.	0.	
(15) MARLA DONOVAN SECRETARY	3.00 0.00	X					0.	0.	0.	
(16) BRYAN BARNHILL BOARD MEMBER - PART YEAR	2.00 0.00	X					0.	0.	0.	
(17) ANN BERMAN BOARD MEMBER	2.00 0.00	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHARLES BOYD BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(19) RICHARD BRODIE BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(20) DENISE BROOKS-WILLIAMS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(21) BO CHENG ART INSTITUTE AUTHORITY	2.00 0.00	X						0.	0.	0.
(22) MARY CULLER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(23) JOANNE DANTO BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(24) CHARLES DUNLAP BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(25) BLAKE ELLIS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(26) DAVID FLYNN ART INSTITUTE AUTHORITY	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,837,025.	0.	334,247.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,837,025.	0.	334,247.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 52

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
L.S. BRINKER COMPANY 3633 MICHIGAN AVENUE, DETROIT, MI 48216	CONSTRUCTION CONTRACTOR	5,216,104.
CULINAIRE INTERNATIONAL INC. 8303 ELMBROOK DR., DALLAS, TX 75247	CATERING SERVICES	952,390.
KASCO LLC 226 E. HUDSON, ROYAL OAK, MI 48067	CONSTRUCTION CONTRACTOR	782,967.
PLANTE & MORAN, 16060 COLLECTIONS CTR DR., CHICAGO, IL 60693	AUDITOR/CONSULTANT	428,034.
HMR DESIGNS, INC 4200 W. BRYN MAWR AVE., CHICAGO, IL 60646	EVENT PLANNING	427,268.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 36

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LINDSEY FORD BUHL BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(28) LAWRENCE GARCA BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(29) CHRISTINE GIAMPETRONI BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(30) TOM GUASTELLO ART INSTITUTE AUTHORITY - PART YEAR	2.00 0.00	X						0.	0.	0.
(31) SONIA HASSAN DUGGAN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(32) ROCHELLE HURT, MD BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(33) HASSAN JABER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(34) CHARLEY JACKSON ART INSTITUTE AUTHORITY	2.00 0.00	X						0.	0.	0.
(35) SHIRLEY KAIGLER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(36) ANESSA KRAMER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(37) DAVID LARSEN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(38) BONNIE LARSON TRANSITION OFFICER - PART YEAR	2.00 0.00	X						0.	0.	0.
(39) ROBERT LEONETTI BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(40) MATT LESTER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(41) JOHN LEWIS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(42) HUBERT MASSEY ART INSTITUTE AUTHORITY	2.00 0.00	X						0.	0.	0.
(43) JULIE MATUZAK BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(44) LATRICE MCCLENDON OBSERVER	2.00 0.00	X						0.	0.	0.
(45) BRIAN MCKINNEY, SR. BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(46) FAIR MILNES BOARD MEMBER	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) NANCY MITCHELL BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(48) ALI MOIIN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(49) TAK OMITSU BOARD MEMBER - PART YEAR	2.00 0.00	X						0.	0.	0.
(50) MARSHA PHILPOT BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(51) DAMON PORTER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(52) JUDY PRITCHETT BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(53) CHRISTINE PROVOST BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(54) DINA RICHARD BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(55) VICTORIA ROGERS OBSERVER - PART YEAR	2.00 0.00	X						0.	0.	0.
(56) JULIE ROTHSTEIN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(57) ALAN SCHWARTZ BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(58) RENATA SEALS ART INSTITUTE AUTHORITY	2.00 0.00	X						0.	0.	0.
(59) PAULA SILVER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(60) MICHAEL SIMCOE BOARD MEMBER - PART YEAR	2.00 0.00	X						0.	0.	0.
(61) LORI SINGLETON BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(62) JASON TINSLEY BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(63) PADMA VATTIKUTI BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(64) RHONDA WELBURN BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(65) KIMBERLEY WIEGAND ART INSTITUTE AUTHORITY	2.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>	3,258,185.		
	<b>c</b>	Fundraising events	<b>1c</b>	1,996,199.		
	<b>d</b>	Related organizations	<b>1d</b>			
	<b>e</b>	Government grants (contributions)	<b>1e</b>	34,814,252.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	20,762,625.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,203,555.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		60,831,261.		
	Program Service Revenue	<b>2 a</b>	MUSEUM SERVICES	Business Code 712110	1,886,619.	1,886,619.
<b>b</b>		ENTERPRISE ACTIVITIES	900099	1,302,402.	600,216.	702,186.
<b>c</b>		LEARNING & AUDIENCE ENGAGEMENT	712110	390,155.	390,155.	
<b>d</b>		STEWARDSHIP & CARE COLLECTION	900099	41,217.	41,217.	
<b>e</b>						
<b>f</b>		All other program service revenue				
<b>g</b>		<b>Total.</b> Add lines 2a-2f		3,620,393.		
Other Revenue		<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		10,381,668.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties		21,040.	21,040.	
	<b>6 a</b>	Gross rents	(i) Real	958,287.		
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses		0.		
	<b>6 c</b>	Rental income or (loss)		958,287.		
	<b>d</b>	Net rental income or (loss)		958,287.		958,287.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	139,105,405.		
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses		130,321,122.		
	<b>7 c</b>	Gain or (loss)		8,784,283.		
	<b>d</b>	Net gain or (loss)		8,784,283.		8784283.
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,996,199. of contributions reported on line 1c). See Part IV, line 18		176,095.			
<b>8 b</b>	Less: direct expenses		1,265,944.			
<b>c</b>	Net income or (loss) from fundraising events		-1,089,849.		-1089849.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
<b>9 b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances		1,521,034.			
<b>10 b</b>	Less: cost of goods sold		694,383.			
<b>c</b>	Net income or (loss) from sales of inventory		826,651.	826,651.		
Miscellaneous Revenue	<b>11 a</b>	PARTNERSHIP UBTI ACTIVITY	Business Code 901101	1,410,254.		1410254.
	<b>b</b>	OTHER MUSEUM SERVICES	900099	204,773.	30,460.	174,313.
	<b>c</b>	ART, LECTURE AND DOCENT FEES	900099	3,700.	3,700.	
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		1,618,727.		
<b>12</b>	<b>Total revenue.</b> See instructions		85,952,461.	3,800,058.	1410254.	19910888.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	2,386,777.	781,209.	1,218,785.	386,783.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	21,264,920.	16,613,452.	2,641,706.	2,009,762.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	1,028,681.	803,668.	127,792.	97,221.
9 Other employee benefits .....	3,067,240.	2,396,315.	381,038.	289,887.
10 Payroll taxes .....	1,719,076.	1,343,047.	213,558.	162,471.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	142,356.		142,356.	
c Accounting .....	254,415.		254,415.	
d Lobbying .....	10,076.		10,076.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	4,192,301.		4,192,301.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	3,592,007.	2,111,847.	862,725.	617,435.
12 Advertising and promotion .....	315,070.	480.	314,590.	
13 Office expenses .....	1,090,071.	650,257.	162,117.	277,697.
14 Information technology .....	1,615,381.	692,235.	923,146.	
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	460,674.	365,335.	48,902.	46,437.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	67,355.	-17.	67,283.	89.
20 Interest .....	95,965.		95,965.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	1,140,617.	963,642.	176,721.	254.
23 Insurance .....	771,719.	613,830.	157,889.	
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.)				
a <b>ART ACQUISITIONS</b>	4,547,513.	4,547,513.		
b <b>EQUIPMENT &amp; FACILITIES</b>	2,460,560.	2,225,883.	204,224.	30,453.
c <b>UTILITIES</b>	2,080,125.	2,080,125.		
d <b>BUS SUBSIDIES</b>	802,175.	802,175.		
e All other expenses	3,554,742.	2,289,912.	785,686.	479,144.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	56,659,816.	39,280,908.	12,981,275.	4,397,633.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	55,011,055.	<b>2</b>	60,181,915.
	<b>3</b> Pledges and grants receivable, net .....	37,623,534.	<b>3</b>	33,000,532.
	<b>4</b> Accounts receivable, net .....	842,209.	<b>4</b>	1,038,094.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	412,817.	<b>8</b>	361,584.
	<b>9</b> Prepaid expenses and deferred charges .....	516,884.	<b>9</b>	488,568.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 44,079,077.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 10,861,094.	<b>10c</b>	33,217,983.
	<b>11</b> Investments - publicly traded securities .....	99,876,001.	<b>11</b>	111,750,995.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	441,108,555.	<b>12</b>	498,501,383.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,791,651.	<b>15</b>	3,973,224.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	665,299,893.	<b>16</b>	742,514,278.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,348,272.	<b>17</b>	3,826,934.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	623,357.	<b>19</b>	280,642.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	3,198,827.	<b>24</b>	2,919,792.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	9,926,701.	<b>25</b>	9,012,671.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	17,097,157.	<b>26</b>	16,040,039.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	391,658,812.	<b>27</b>	450,081,470.
	<b>28</b> Net assets with donor restrictions .....	256,543,924.	<b>28</b>	276,392,769.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	648,202,736.	<b>32</b>	726,474,239.
	<b>33</b> Total liabilities and net assets/fund balances .....	665,299,893.	<b>33</b>	742,514,278.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	85,952,461.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,659,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	29,292,645.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	648,202,736.
5	Net unrealized gains (losses) on investments	5	49,342,345.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-363,487.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	726,474,239.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18763455.	33918929.	27988101.	42340026.	26017009.	149027520
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....	29756908.	37240082.	26629032.	35916119.	34814252.	164356393
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	48520363.	71159011.	54617133.	78256145.	60831261.	313383913
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						313383913

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	48520363.	71159011.	54617133.	78256145.	60831261.	313383913
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1683615.	138,154.	6337598.	9282964.	11360995.	28803326.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....					218,884.	218,884.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		82,046.	205,055.	188,036.	1052594.	1527731.
<b>11 Total support.</b> Add lines 7 through 10						343933854
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12 25,618,845.	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	91.12 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	92.99 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. 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

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**FUNDRAISING REVENUE**

2021 AMOUNT: \$ 82,046.

2022 AMOUNT: \$ 205,055.

2023 AMOUNT: \$ 188,036.

2024 AMOUNT: \$ 176,095.

**ENTERPRISE ACTIVITIES**

2024 AMOUNT: \$ 702,186.

**OTHER MUSEUM SERVICES**

2024 AMOUNT: \$ 174,313.

Multiple horizontal lines for providing additional information.

**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

THE DETROIT INSTITUTE OF ARTS

Employer identification number

38-1359510

Organization type (check one):

**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

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number  <b>38-1359510</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>5,007,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,375,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,276,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number  <b>38-1359510</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part 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
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number  <b>38-1359510</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**  
**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number (EIN) <b>38-1359510</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	10,076.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	10,076.													
<b>d</b> Other exempt purpose expenditures .....	56,649,741.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	56,659,817.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.	1,000,000.	
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	12,307.	13,175.	11,628.	10,076.	47,186.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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)).

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and taxable amount.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information.

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://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**

**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 .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of 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 qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	466,891,398.	395,851,309.	365,343,109.	388,076,766.	299,775,320.
b Contributions	7,951,873.	27,153,489.	4,876,211.	20,617,730.	3,420,534.
c Net investment earnings, gains, and losses	48,213,149.	46,366,909.	26,849,532.	-41,942,317.	85,776,987.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,509,267.	2,480,309.	1,217,543.	1,409,070.	896,075.
f Administrative expenses					
g End of year balance	521,547,152.	466,891,398.	395,851,309.	365,343,109.	388,076,766.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 53.7400 %
  - b Permanent endowment 33.2400 %
  - c Term endowment 13.0200 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   | X   |    |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,688,217.		2,688,217.
b Buildings		15,551,863.	4,082,368.	11,469,495.
c Leasehold improvements		18,328,803.	1,595,709.	16,733,094.
d Equipment		3,675,837.	2,408,104.	1,267,733.
e Other		3,834,357.	2,774,913.	1,059,444.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				33,217,983.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other		
(A) <b>ALTERNATIVE INVESTMENTS</b>	<b>498,501,383.</b>	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	<b>498,501,383.</b>	

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>POST RETIREMENT HEALTHCARE OBLIGATION</b>	<b>3,012,352.</b>
(3) <b>ACCRUED PAYROLL AND OTHER EMPLOYEE</b>	<b>3,380,822.</b>
(4) <b>OTHER</b>	<b>2,619,497.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>9,012,671.</b>

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	131,481,234.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	49,342,345.	
b	Donated services and use of facilities	2b	756,856.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	755,823.	
e	Add lines 2a through 2d	2e		50,855,024.
3	Subtract line 2e from line 1	3		80,626,210.
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	4a	4,192,301.	
b	Other (Describe in Part XIII.)	4b	1,133,950.	
c	Add lines 4a and 4b	4c		5,326,251.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		85,952,461.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	54,050,748.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	756,856.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		756,856.
3	Subtract line 2e from line 1	3		53,293,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,192,301.	
b	Other (Describe in Part XIII.)	4b	-826,377.	
c	Add lines 4a and 4b	4c		3,365,924.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		56,659,816.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART III, LINE 1A:**

IN CONFORMITY WITH ALLOWABLE MUSEUM FINANCIAL STATEMENT PRESENTATION PRACTICE, THE VALUE OF THE ART COLLECTION IS EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION, AND, AS SUCH, PURCHASES FOR THE COLLECTION ARE RECORDED AS EXPENDITURES FOR THE ACQUISITION OF ART OBJECTS ON THE STATEMENT OF ACTIVITIES IN THE YEAR IN WHICH THE OBJECTS ARE ACQUIRED. SUCH ART IS ACCESSIONED TO THE PERMANENT COLLECTION OF THE MUSEUM UPON APPROVAL OF THE BOARD.

**PART III, LINE 4:**

THE WORKS OF ART ARE HELD IN CHARITABLE TRUST FOR EDUCATIONAL, RESEARCH AND CURATORIAL SERVICES.

**PART V, LINE 4:**

INCOME EARNED ON ENDOWMENT FUNDS IS USED TO FURTHER THE MISSION OF THE DIA INCLUDING FUNDING FOR A VARIETY OF ACTIVITIES WHICH ARE BOTH RESTRICTED AND UNRESTRICTED. THESE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, OPERATIONS, STAFF POSITIONS, ART ACQUISITIONS, ETC.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

EXPENSES OF SPECIAL EVENTS & ACTIVITIES	1,265,944.
COST OF GOODS SOLD	694,383.
ADJUSTMENT FOR PARTNERSHIP UBTI ACTIVITY	-1,410,254.
AMDA CONFERENCE FEES	137,000.
FUNDRAISING 6680 WRITE OFFS	68,750.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 755,823.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GIFTS OF WORKS OF ART 1,133,950.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES OF SPECIAL EVENTS & ACTIVITIES -1,265,944.

COST OF GOODS SOLD -694,383.

GIFTS OF WORKS OF ART 1,133,950.

TOTAL TO SCHEDULE D, PART XII, LINE 4B -826,377.

Multiple horizontal lines for supplemental information.







**Part IV Foreign Forms**

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

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**SCHEDULE F, PART I, LINE 3(F)**

**THE TOTAL INVESTMENTS IN THE REGION IS \$199,995,931.**

Lined area for supplemental information.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	FASH BASH (event type)	1 (total number)	
Revenue	1	1,563,924.	581,050.	27,320.	2,172,294.
	2	1,476,636.	501,932.	17,631.	1,996,199.
	3	87,288.	79,118.	9,689.	176,095.
Direct Expenses	4				
	5				
	6	10,800.	160,467.		171,267.
	7	304,477.	113,392.	16,147.	434,016.
	8	11,700.	10,940.	1,500.	24,140.
	9	505,907.	126,881.	3,733.	636,521.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-1,089,849.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the 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, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART II:**

**THE SCHEDULE G CALCULATION REMOVES CONTRIBUTION RECEIVED FROM GROSS REVENUE RELATED TO FUNDRAISING EVENTS. THIS CREATES THE APPEARANCE OF A LOSS SHOWN ON SCHEDULE G, LINE 11. THE TRUE NET INCOME OF THE TWO LARGEST EVENTS WOULD BE AS FOLLOWS:**

**GALA:**

GROSS RECEIPTS: \$1,563,924  
 LESS EXPENSES: (832,884)  
 NET INCOME: \$731,041

**FASH BASH:**

GROSS RECEIPTS: \$581,050  
 LESS EXPENSES: (411,678)  
 NET INCOME: \$169,370



**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number <b>38-1359510</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	<b>X</b>
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	<b>X</b>
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SALVADOR SALORT-PONS DIRECTOR, PRESIDENT & CEO	(i)	652,067.	0.	304.	17,250.	27,593.	697,214.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NINA SAPP SENIOR VICE PRESIDENT/ CHIEF DEVELOP	(i)	333,688.	0.	304.	17,075.	34,276.	385,343.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ELLIOTT BROOM CHIEF OPERATING OFFICER	(i)	273,595.	0.	568.	12,161.	12,288.	298,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JUDITH DOLKART DEPUTY DIRECTOR, ART EDUCATION PROGR	(i)	242,121.	0.	304.	12,379.	14,505.	269,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER SNYDER CHIEF DIGITAL OFFICER	(i)	243,120.	0.	132.	12,330.	10,474.	266,056.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MELISSA PENA EXECUTIVE DIRECTOR, TALENT, CULTURE	(i)	213,082.	0.	198.	10,896.	23,244.	247,420.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATE SPRATT CHIEF FINANCIAL OFFICER/TREASURER	(i)	207,082.	0.	198.	10,469.	22,878.	240,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANTHONY SMITH VP, LEARNING & AUDIENCE ENGAGEMENT	(i)	186,007.	0.	871.	9,444.	21,351.	217,673.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ALAN DARR SR. CURATOR OF EUROPEAN ART & WALTER	(i)	162,072.	0.	1,676.	4,946.	20,502.	189,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JULIE MCFARLAND EXECUTIVE DIRECTOR, PUBLIC AFFAIRS &	(i)	150,739.	0.	768.	7,813.	23,571.	182,891.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NII QUARCOOPOME DEPARTMENT HEAD, AFRICA, OCEANIA & I	(i)	167,634.	0.	495.	8,382.	420.	176,931.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

THE DIRECTOR RECEIVED A PAID MEMBERSHIP TO ONE BUSINESS CLUB, WHERE HE  
CONNECTS WITH SUPPORTERS OF THE ORGANIZATION, THE ARTS AND OTHER COMMUNITY,  
POLITICAL AND BUSINESS LEADERS OF IMPORTANCE TO THE ORGANIZATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **THE DETROIT INSTITUTE OF ARTS** Employer identification number **38-1359510**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....	<input checked="" type="checkbox"/>	84	1,133,950.	DONOR STATED VALUE
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ( _____ )				
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **8**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<input checked="" type="checkbox"/>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....	<input checked="" type="checkbox"/>	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	<input checked="" type="checkbox"/>	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, LINE 32B:  
THE DIA USES AUCTION HOUSES (PRIMARYLY SOTHEBY'S AND CHRISTIE'S) TO  
SELL GIFTS OR WORKS OF ART NOT ACCEPTED INTO THE COLLECTION.

Lined area for supplemental information.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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](http://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

**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 \$188,000,000

**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 & FINANCE COMMITTEE. UPON COMPLETION  
OF THE AUDIT & FINANCE 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  
THOROUGH REVIEW OF STAFF AND BOARD AFFILIATIONS AND TRANSACTIONS IS  
CONDUCTED TO ENSURE ALL ARE IN COMPLIANCE WITH DIA POLICY.

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

THE COMPENSATION OF THE DIA'S DIRECTOR/CEO IS DETERMINED BY THE  
COMPENSATION COMMITTEE OF THE DIA'S BOARD OF DIRECTORS, IN ACCORDANCE WITH  
ALL APPLICABLE EMPLOYMENT AGREEMENT TERMS AND CONDITIONS. AMONG OTHER  
FACTORS, THE COMPENSATION COMMITTEE CONSIDERS COMPARABILITY DATA PROVIDED  
BY THE ASSOCIATION OF ART MUSEUM DIRECTORS ANNUAL SALARY SURVEY, LOCAL  
MARKET CONDITIONS, AND EXECUTIVE PERFORMANCE. ANY DEVIATION FROM TERMS  
CONTAINED IN ANY APPLICABLE EMPLOYMENT CONTRACT MUST BE MUTUALLY AGREED TO  
BY THE DIA AND THE IMPACTED EMPLOYEE. TERMS WERE REVIEWED AND APPROVED BY  
THE TRI-COUNTY ARTS AUTHORITIES.

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

THE AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED TO THE  
INSTITUTION'S WEBSITE. GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST ARE  
MADE AVAILABLE UPON REQUEST BY THE PUBLIC.

**FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:**

INCREASE IN UNDER FUNDED PENSION PLAN OBLIGATION	1,158,734.
CHANGE IN POST RETIREMENT HEALTHCARE OBLIGATION	-317,717.
ADJUSTMENT FOR PARTNERSHIP UBTI ACTIVITY	-1,410,254.
AMDA CONFERENCE FEES	137,000.
FUNDRAISING 6680 WRITE OFFS	68,750.
TOTAL TO FORM 990, PART XI, LINE 9	-363,487.

**FORM 990, PART XII, LINE 2C:**

THE AUDIT AND FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization

THE DETROIT INSTITUTE OF ARTS

Employer identification number

38-1359510

AUDIT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Lined area for additional information or notes.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning JUL 1, 2024, and ending JUN 30, 2025

2024

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets at end of year 742,514,278, D Employer identification number 38-1359510, E Group exemption number, F Check box if an amended return.

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust, State college/university, 6417(d)(1)(A) Applicable entity

H Check if filing only to claim: Credit from Form 8941, Refund shown on Form 2439, Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No X No

L The books are in care of KATE SPRATT Telephone number 313-833-7900

Part I Total Unrelated Business Taxable Income table with 11 rows and 2 columns (description, amount). Total: 199,848.

Part II Tax Computation table with 7 rows and 2 columns (description, amount). Total: 41,968.

Part III Tax and Payments table with 4 rows and 2 columns (description, amount). Total: 41,968.

<b>Part III Tax and Payments</b> (continued)			
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....	5	0.
6 a	Payments: Preceding year's overpayment credited to the current year .....	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....	6b	180,000.
c	Tax deposited with Form 8868 .....	6c	0.
d	Foreign organizations: Tax paid or withheld at source (see instructions) .....	6d	
e	Backup withholding (see instructions) .....	6e	
f	Credit for small employer health insurance premiums (attach Form 8941) .....	6f	
g	Elective payment election amount from Form 3800 .....	6g	
h	Payment from Form 2439 .....	6h	
i	Credit from Form 4136 .....	6i	
j	Other (see instructions) .....	6j	
7	<b>Total payments.</b> Add lines 6a through 6j .....	7	180,000.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....	8	
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....	9	
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....	10	138,032.
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b> 45,000. <b>Refunded</b> .....	11	93,032.

<b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here .....		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....		
4	Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code		Available post-2017 NOL carryover	
900099		\$ 480,545.	
		\$	
		\$	
		\$	
6 a	Reserved for future use .....		
b	Reserved for future use .....		

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	AMY CIMINELLO	AMY CIMINELLO	05/11/26	PTIN P00796388
	Firm's name	Firm's EIN		
	PLANTE & MORAN, PLLC	33-1498605		
Firm's address	Phone no.			
AUBURN HILLS, MI 48326	(248) 375-7100			

May the IRS discuss this return with the preparer shown below (see instructions)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
---	---	-----------------------------

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHICAGO PACIFIC FOUNDERS FUND II LP	N/A	352.
TCV XI LP	N/A	3.
CARNELIAN ENERGY CAPITAL III LP	N/A	39.
CARNELIAN ENERGY CAPITAL IV LP	N/A	80.
CARNELIAN ENERGY CAPITAL II LP	N/A	4.
CHARITABLE CONTRIBUTIONS - TCV XI, L.P.	N/A	3.
TOTAL TO FORM 990-T, PART I, LINE 4		481.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2019  
 FOR TAX YEAR 2020  
 FOR TAX YEAR 2021  
 FOR TAX YEAR 2022  
 FOR TAX YEAR 2023

TOTAL CARRYOVER		
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	481	
TOTAL CONTRIBUTIONS AVAILABLE	481	
TAXABLE INCOME LIMITATION AS ADJUSTED	20,033	
EXCESS CONTRIBUTIONS	0	
EXCESS 100% CONTRIBUTIONS	0	
TOTAL EXCESS CONTRIBUTIONS	0	
ALLOWABLE CONTRIBUTIONS DEDUCTION		481
TOTAL CONTRIBUTION DEDUCTION		481

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1  
OMB No. 1545-0047

**2024**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> Name of the organization <b>THE DETROIT INSTITUTE OF ARTS</b>	<b>B</b> Employer identification number <b>38-1359510</b>
<b>C</b> Unrelated business activity code (see instructions) <b>900099</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E Describe the unrelated trade or business** **PARTNERSHIP FLOWTHROUGH ITEMS**

<b>Part I</b> Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales _____			
<b>b</b> Less returns and allowances _____ <b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Part III, line 8) .....	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c .....	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions .....	<b>4a</b> 232,309.		232,309.
<b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts .....	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <b>STATEMENT 3</b> .....	<b>5</b> 1,177,945.		1,177,945.
<b>6</b> Rent income (Part IV) .....	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Part V) .....	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....	<b>8</b>		
<b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....	<b>9</b>		
<b>10</b> Exploited exempt activity income (Part VIII) .....	<b>10</b>		
<b>11</b> Advertising income (Part IX) .....	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement) .....	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12 .....	<b>13</b> 1,410,254.		1,410,254.

**Part II Deductions Not Taken Elsewhere.** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

<b>1</b> Compensation of officers, directors, and trustees (Part X) .....	<b>1</b>		
<b>2</b> Salaries and wages .....	<b>2</b>		
<b>3</b> Repairs and maintenance .....	<b>3</b>		
<b>4</b> Bad debts .....	<b>4</b>		
<b>5</b> Interest (attach statement). See instructions .....	<b>5</b>		
<b>6</b> Taxes and licenses .....	<b>6</b>		
<b>7</b> Depreciation (attach Form 4562). See instructions .....	<b>7</b>		
<b>8</b> Less depreciation claimed in Part III and elsewhere on return .....	<b>8a</b>		<b>8b</b>
<b>9</b> Depletion .....	<b>9</b>		
<b>10</b> Contributions to deferred compensation plans .....	<b>10</b>		
<b>11</b> Employee benefit programs .....	<b>11</b>		
<b>12</b> Excess exempt expenses (Part VIII) .....	<b>12</b>		
<b>13</b> Excess readership costs (Part IX) .....	<b>13</b>		
<b>14</b> Other deductions (attach statement) <b>SEE STATEMENT 4</b> .....	<b>14</b>		728,380.
<b>15 Total deductions.</b> Add lines 1 through 14 .....	<b>15</b>		728,380.
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) .....	<b>16</b>		681,874.
<b>17</b> Deduction for net operating loss. See instructions <b>STMT 5 STMT 7</b> .....	<b>17</b>		480,545.
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....	<b>18</b>		201,329.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

**Part III Cost of Goods Sold** Enter method of inventory valuation

1 Inventory at beginning of year .....	1	
2 Purchases .....	2	
3 Cost of labor .....	3	
4 Additional section 263A costs (attach statement) .....	4	
5 Other costs (attach statement) .....	5	
6 <b>Total.</b> Add lines 1 through 5 .....	6	
7 Inventory at end of year .....	7	
8 <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....	8	
9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) .....				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) .....				0.
4 Deductions directly connected with the income in lines 2a and 2b (attach statement) .....				
5 <b>Total deductions.</b> Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) .....				0.

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

	A	B	C	D
2 Gross income from or allocable to debt-financed property .....				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) .....				
b Other deductions (attach statement) .....				
c Total deductions (add lines 3a and 3b, columns A through D) .....				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....				
5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....				
6 Divide line 4 by line 5 .....	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 .....				
8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....				0.
9 Allocable deductions. Multiply line 3c by line 6 .....				
10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) .....				0.
11 <b>Total dividends-received deductions</b> included in line 10 .....				0.

**Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations						
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10		
(1)						
(2)						
(3)						
(4)						
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).		
<b>Totals</b>			0.	0.		

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A).		Add amounts in column 5. Enter here and on Part I, line 9, column (B).
<b>Totals</b>		0.		0.

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4	
5	Gross income from activity that is not unrelated business income .....	5	
6	Expenses attributable to income entered on line 5 .....	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7	



FORM 990-T (A)

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 3

DESCRIPTION	NET INCOME OR (LOSS)
CARNELIAN ENERGY CAPITAL II - ORDINARY BUSINESS INCOME (LOSS)	1,565,197.
CARNELIAN ENERGY CAPITAL II - INTEREST INCOME	5,184.
CARNELIAN ENERGY CAPITAL II - OTHER PORTFOLIO INCOME (LOSS)	-1,589.
CARNELIAN ENERGY CAPITAL II - OTHER INCOME (LOSS)	-530,443.
LEXINGTON MIDDLE MARKET - ORDINARY BUSINESS INCOME (LOSS)	-7,531.
LEXINGTON MIDDLE MARKET - NET RENTAL REAL ESTATE INCOME	40.
LEXINGTON MIDDLE MARKET - OTHER NET RENTAL INCOME (LOSS)	5.
LEXINGTON MIDDLE MARKET - INTEREST INCOME	4,040.
LEXINGTON MIDDLE MARKET - DIVIDEND INCOME	3,863.
LEXINGTON MIDDLE MARKET - ROYALTIES	154.
LEXINGTON MIDDLE MARKET - OTHER INCOME (LOSS)	-15,006.
LEXINGTON CAPITAL PARTNERS IX (AIV I) LP - ORDINARY BUSINESS INCOME (LOSS)	326.
LEXINGTON CAPITAL PARTNERS IX (AIV I) LP - INTEREST INCOME	7.
LEXINGTON CAPITAL PARTNERS IX (AIV I) LP - DIVIDEND INCOME	28.
LEXINGTON CAPITAL PARTNERS IX (AIV I) LP - OTHER INCOME (LOSS)	-866.
LEXINGTON CAPITAL PARTNERS IX LP - ORDINARY BUSINESS INCOME (LOSS)	-3,858.
LEXINGTON CAPITAL PARTNERS IX LP - NET RENTAL REAL ESTATE INCOME	5,679.
LEXINGTON CAPITAL PARTNERS IX LP - OTHER NET RENTAL INCOME (LOSS)	-128.
LEXINGTON CAPITAL PARTNERS IX LP - INTEREST INCOME	6,184.
LEXINGTON CAPITAL PARTNERS IX LP - DIVIDEND INCOME	5,671.
LEXINGTON CAPITAL PARTNERS IX LP - ROYALTIES	97.
LEXINGTON CAPITAL PARTNERS IX LP - OTHER INCOME (LOSS)	-14,003.
TCV X, LP - ORDINARY BUSINESS INCOME (LOSS)	-54,871.
MCGINNTY ROAD VALUE FUND I, LP - ORDINARY BUSINESS INCOME (LOSS)	14,143.
MCGINNTY ROAD VALUE FUND I, LP - OTHER NET RENTAL INCOME (LOSS)	2,473.
MCGINNTY ROAD VALUE FUND I, LP - INTEREST INCOME	23,910.
MCGINNTY ROAD VALUE FUND I, LP - OTHER INCOME (LOSS)	-32,406.
CARNELIAN ENERGY CAPITAL III LP - ORDINARY BUSINESS INCOME (LOSS)	1,887,945.
CARNELIAN ENERGY CAPITAL III LP - INTEREST INCOME	6,643.
CARNELIAN ENERGY CAPITAL III LP - ROYALTIES	13,125.
CARNELIAN ENERGY CAPITAL III LP - OTHER INCOME (LOSS)	-940,211.
CHICAGO PACIFIC FOUNDERS FUND II LP - ORDINARY BUSINESS INCOME (LOSS)	-618,084.
CHICAGO PACIFIC FOUNDERS FUND II LP - NET RENTAL REAL ESTATE INCOME	1,152.
CHICAGO PACIFIC FOUNDERS FUND II LP - INTEREST INCOME	82,016.
CHICAGO PACIFIC FOUNDERS FUND II LP - OTHER INCOME (LOSS)	-16,276.
RA CAPITAL HEALTHCARE FUND LP - ORDINARY BUSINESS INCOME (LOSS)	-728.
SOUND POINT TACTICAL LOAN OPPORTUNITY FUND I, LP - ORDINARY BUSINESS INCOME	-526.

TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XIV, L.P. - ORDINARY BUSINESS INCOM	-17,427.
TCV XI, L.P. - ORDINARY BUSINESS INCOME (LOSS)	10,046.
TCV XI, L.P. - INTEREST INCOME	364.
TCV XI, L.P. - DIVIDEND INCOME	11.
TCV XI, L.P. - OTHER PORTFOLIO INCOME (LOSS)	2.
TCV XI, L.P. - OTHER INCOME (LOSS)	-46,343.
TIDEMARK FUND I LP - ORDINARY BUSINESS INCOME (LOSS)	-1,088.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS XV, L.P. - ORDINARY BUSINESS INCOME	-2,232.
QUANTUM ENERGY PARTNERS VIII LP - ORDINARY BUSINESS INCOME (LOSS)	-10,898.
CARNELIAN ENERGY CAPITAL IV, LP - ORDINARY BUSINESS INCOME (LOSS)	916,665.
CARNELIAN ENERGY CAPITAL IV, LP - INTEREST INCOME	5,435.
CARNELIAN ENERGY CAPITAL IV, LP - ROYALTIES	7,416.
CARNELIAN ENERGY CAPITAL IV, LP - OTHER INCOME (LOSS)	-1,091,303.
CHICAGO PACIFIC FOUNDERS FUND III-A, LP - ORDINARY BUSINESS INCOME (LOSS)	23,637.
MRP VALUE FUND II, LP - ORDINARY BUSINESS INCOME (LOSS)	1,243.
MRP VALUE FUND II, LP - INTEREST INCOME	17,576.
MRP VALUE FUND II, LP - OTHER INCOME (LOSS)	-12,536.
CARNELIAN ENERGY CAPITAL V, LP - ORDINARY BUSINESS INCOME (LOSS)	-8,670.
VIKING STRUCTURED CAPITAL (OFFSHORE) LP - DIVIDEND INCOME	64.
VIKING STRUCTURED CAPITAL (OFFSHORE) LP - OTHER INCOME (LOSS)	-5,580.
AXIOM ASIA 6, LP - ORDINARY BUSINESS INCOME (LOSS)	65.
COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - ORDINARY BUSINESS INCOME (LOSS)	1.
COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - INTEREST INCOME	70.
COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - DIVIDEND INCOME	69.
COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - OTHER PORTFOLIO INCOME (LOSS)	5.
COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - GUARANTEED PAYMENTS	130.
COMMONFUND CAPITAL VENTURE PARTNERS XII, LP - OTHER INCOME (LOSS)	-133.
<b>TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5</b>	<b>1,177,945.</b>

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
INVESTMENT MANAGEMENT FEES		715,755.
PROFESSIONAL SERVICE FEES		12,625.
<b>TOTAL TO SCHEDULE A, PART II, LINE 14</b>		<b>728,380.</b>

FORM 990-T (A)

POST 2017 NOL SCHEDULE

STATEMENT 5

PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
480,545.	480,545.	0.

990-T SCH A

POST-2017 NET OPERATING LOSS DEDUCTION

STATEMENT 6

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	430,488.	430,488.	0.	0.
06/30/20	545,787.	545,787.	0.	0.
06/30/21	78,894.	78,894.	0.	0.
06/30/22	276,212.	276,212.	0.	0.
06/30/23	563,896.	83,351.	480,545.	480,545.
NOL CARRYOVER AVAILABLE THIS YEAR			480,545.	480,545.

SCH A (990-T)

SCHEDULE A NOL DETAIL

STATEMENT 7

TAXABLE INCOME FROM ALL ENTITIES	681,874.
THIS ENTITIES PORTION OF TAXABLE INCOME	681,874.
THIS ENTITIES PERCENTAGE OF PRE-2018 NET OPERATING LOSS	100.00%
THIS ENTITIES ALLOWED PRE-2018 NET OPERATING LOSS	0.
TAXABLE INCOME AFTER PRE-2018 NET OPERATING LOSS	681,874.
80% INCOME LIMITATION	545,499.
POST-2017 AVAILABLE	480,545.
LESSER OF POST-2017 NET OPERATING LOSS OR 80% LIMITATION	480,545.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2024**

Name <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number <b>38-1359510</b>
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Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>32,135.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>32,135.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>142,392.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>57,782.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>200,174.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>32,135.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>200,174.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>232,309.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**THE DETROIT INSTITUTE OF ARTS**

**38-1359510**

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1a**  
**1b**  
**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 8</b>						

- 3** Gain, if any, from Form 4684, line 39 .....
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....
- 6** Gain, if any, from line 32, from other than casualty or theft .....
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**3**  
**4**  
**5**  
**6**  
**7** **57,782.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions .....
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**8**  
**9** **57,782.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	12	13	14	15	16	17

- 11** Loss, if any, from line 7 .....
- 12** Gain, if any, from line 7 or amount from line 8, if applicable .....
- 13** Gain, if any, from line 31 .....
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a .....
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....
- 17** Combine lines 10 through 16 .....

**11** ( )  
**12**  
**13**  
**14**  
**15**  
**16**  
**17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18a**  
**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2024)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	<b>20</b>		
21 Cost or other basis plus expense of sale	<b>21</b>		
22 Depreciation (or depletion) allowed or allowable	<b>22</b>		
23 Adjusted basis. Subtract line 22 from line 21	<b>23</b>		
24 Total gain. Subtract line 23 from line 20	<b>24</b>		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	<b>25a</b>		
b Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	<b>26a</b>		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>		
d Additional depreciation after 1969 and before 1976	<b>26d</b>		
e Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>		
f Section 291 amount (corporations only)	<b>26f</b>		
g Add lines 26b, 26e, and 26f	<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	<b>27a</b>		
b Line 27a multiplied by applicable percentage	<b>27b</b>		
c Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>		
b Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
34 Recomputed depreciation. See instructions	<b>34</b>	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 8

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CARNELIAN ENERGY CAPITAL II						12,487.
LEXINGTON MIDDLE MARKET						2,300.
LEXINGTON CAPITAL PARTNERS IX LP						-222.
CHICAGO PACIFIC FOUNDERS FUND II LP						36,870.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS						-6,796.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS						-1,694.
CARNELIAN ENERGY CAPITAL IV, LP						14,837.
TOTAL TO 4797, PART I, LINE 2						57,782.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No. 1545-0123

**2024**

Name <b>THE DETROIT INSTITUTE OF ARTS</b>	Employer identification number <b>38-1359510</b>
--	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b .....				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked .....				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked .....				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked .....				<b>32,135.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) .....			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h .....			<b>7</b>	<b>32,135.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b .....				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked .....				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked .....				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked .....				<b>142,392.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9 .....			<b>11</b>	<b>57,782.</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....			<b>13</b>	
<b>14</b> Capital gain distributions .....			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h .....			<b>15</b>	<b>200,174.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b>	<b>32,135.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b>	<b>200,174.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns .....	<b>18</b>	<b>232,309.</b>

**Note:** If losses exceed gains, see *Capital Losses* in the instructions.





**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

Identifying number

**THE DETROIT INSTITUTE OF ARTS**

**38-1359510**

**1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 .....

**1a**

**b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets .....

**1b**

**c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets .....

**1c**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	<b>SEE STATEMENT 9</b>						

**3** Gain, if any, from Form 4684, line 39 .....

**3**

**4** Section 1231 gain from installment sales from Form 6252, line 26 or 37 .....

**4**

**5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824 .....

**5**

**6** Gain, if any, from line 32, from other than casualty or theft .....

**6**

**7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows .....

**7**

**57,782.**

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

**8** Nonrecaptured net section 1231 losses from prior years. See instructions .....

**8**

**9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions .....

**9**

**57,782.**

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):



**11** Loss, if any, from line 7 .....

**11**

( )

**12** Gain, if any, from line 7 or amount from line 8, if applicable .....

**12**

**13** Gain, if any, from line 31 .....

**13**

**14** Net gain or (loss) from Form 4684, lines 31 and 38a .....

**14**

**15** Ordinary gain from installment sales from Form 6252, line 25 or 36 .....

**15**

**16** Ordinary gain or (loss) from like-kind exchanges from Form 8824 .....

**16**

**17** Combine lines 10 through 16 .....

**17**

**18** For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

**a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions .....

**18a**

**b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 .....

**18b**

LHA For Paperwork Reduction Act Notice, see separate instructions.

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
20 Gross sales price ( <b>Note:</b> See line 1a before completing.)	<b>20</b>		
21 Cost or other basis plus expense of sale	<b>21</b>		
22 Depreciation (or depletion) allowed or allowable	<b>22</b>		
23 Adjusted basis. Subtract line 22 from line 21	<b>23</b>		
24 Total gain. Subtract line 23 from line 20	<b>24</b>		
<b>25 If section 1245 property:</b>			
a Depreciation allowed or allowable from line 22	<b>25a</b>		
b Enter the <b>smaller</b> of line 24 or 25a	<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.			
a Additional depreciation after 1975. See instructions	<b>26a</b>		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	<b>26b</b>		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	<b>26c</b>		
d Additional depreciation after 1969 and before 1976	<b>26d</b>		
e Enter the <b>smaller</b> of line 26c or 26d	<b>26e</b>		
f Section 291 amount (corporations only)	<b>26f</b>		
g Add lines 26b, 26e, and 26f	<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.			
a Soil, water, and land clearing expenses	<b>27a</b>		
b Line 27a multiplied by applicable percentage	<b>27b</b>		
c Enter the <b>smaller</b> of line 24 or 27b	<b>27c</b>		
<b>28 If section 1254 property:</b>			
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	<b>28a</b>		
b Enter the <b>smaller</b> of line 24 or 28a	<b>28b</b>		
<b>29 If section 1255 property:</b>			
a Applicable percentage of payments excluded from income under section 126. See instructions	<b>29a</b>		
b Enter the <b>smaller</b> of line 24 or 29a. See instructions	<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
34 Recomputed depreciation. See instructions	<b>34</b>	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

FORM 4797

PROPERTY HELD MORE THAN ONE YEAR

STATEMENT 9

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
CARNELIAN ENERGY CAPITAL II						12,487.
LEXINGTON MIDDLE MARKET						2,300.
LEXINGTON CAPITAL PARTNERS IX LP						-222.
CHICAGO PACIFIC FOUNDERS FUND II LP						36,870.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS						-6,796.
TIGER GLOBAL PRIVATE INVESTMENT PARTNERS						-1,694.
CARNELIAN ENERGY CAPITAL IV, LP						14,837.
TOTAL TO 4797, PART I, LINE 2						57,782.