PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

15950 Dallas Parkway, Suite 600 Dallas, TX 75248 ph 972-661-1843 fx 972-490-4120

			** PUBLIC DISCLOSURE COPY	Y **		
	0		Return of Organization Exempt Fre	om Ir	ncome Tax	OMB No. 1545-0047
For	тy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			0 2019
`		uary 2020)	Do not enter social security numbers on this form as	it may be	e made public.	Open to Public
Depa	ntment 1 Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and th	ne latest i	information.	Inspection
<u>A</u> F	or th	e 2019 calend	ar year, or tax year beginning AUG 1, 2019 and end	ding JU	JL 31, 2020	
Β	Check it	C Name or	forganization		D Employer identifica	tion number
č	pplicat	DALLAS	CENTER FOR THE PERFORMING ARTS			
	Addr	ge FOUNDA	TION, INC.			
	Nam Chan	ge Doing b	USINESS AS AT&T PERFORMING ARTS CENTER		75-2890923	
	Initia	n Number	and street (or P.O. box if mail is not delivered to street address) Ro	om/suite	E Telephone number	
	Final Final	n/ 700 IN.	PEARL STREET N18	800	(214) 954-9925	
_	term ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,101,164.
	Ame retur	DALLAS	, TX 75201		H(a) Is this a group retu	
	Appl tion penc	ing F Name a	nd address of principal officer: KONRAD RUDNICKI		for subordinates?	
	-	SAME AS	C ABOVE		H(b) Are all subordinates inclu	
		empt status:		527	,	st. (see instructions)
		ite: 🕨 WWW.AT			H(c) Group exemption	
		-	x Corporation	L Year o	of formation: 2000 M	State of legal domicile: ^{TX}
F	art I				2210N 12 00	
e	1		e the organization's mission or most significant activities: THE CENTE		SSION IS TO	
anc			PUBLIC GATHERING PLACE THAT STRENGTHENS COMMUNITY AND			
ern	2		x if the organization discontinued its operations or disposed			:S. 63
200	3					63
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		lependent voting members of the governing body (Part VI, line 1b)			143
Activities & Governance	5		of individuals employed in calendar year 2019 (Part V, line 2a)			367
tivi			of volunteers (estimate if necessary)			730,032.
Ac	/ a		business taxable income from Form 990-T, line 39			30,678.
		Net unrelated			Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		12,593,680.	12,694,949.
anc	9		ce revenue (Part VIII, line 2g)		14,240,381.	9,075,927.
Revenue	10	•	come (Part VIII, column (A), lines 3, 4, and 7d)		153,928.	147,016.
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,567.	45,156.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		27,020,556.	21,963,048.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		275,000.	225,000.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
S	15	-	compensation, employee benefits (Part IX, column (A), lines 5-10)		6,747,885.	6,675,918.
Jse	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	l t		ng expenses (Part IX, column (D), line 25)  797, 190	0.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		23,839,020.	19,374,129.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		30,861,905.	26,275,047.
	19	Revenue less	expenses. Subtract line 18 from line 12		-3,841,349.	-4,311,999.
OC OC				Beg	ginning of Current Year	End of Year
t Assets or	20	Total assets (F	Part X, line 16)		217,413,101.	209,822,251.
tAs	21	Total liabilities	(Part X, line 26)		79,601,272.	76,206,350.
INet			fund balances. Subtract line 21 from line 20		137,811,829.	133,615,901.
	art II	-				
			I declare that I have examined this return, including accompanying schedules an			nowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which	n preparer l	has any knowledge.	
		Cianatur	e of officer		Data	
Sig		, -			Date	
Her	e		RUDNICKI, CFO			
			Anne numo una tito			

Check PTIN if self-employed P00853132			
No No			

Form **990** (2019)

	990 (2019) FOUNDATION, INC.		75-28	890923 Pa	age
Pai	rt III Statement of Program Service A	-			
	Check if Schedule O contains a response	or note to any line in this Part III			X
1	Briefly describe the organization's mission: TO PROVIDE A PUBLIC GATHERING PLACE		AND		
	FOSTERS CREATIVITY THROUGH THE PRES				
	ARTS EDUCATION PROGRAMS.				
2	Did the organization undertake any significant p	rearram convices during the year whi	h wara not listed on the		
2	prior Form 990 or 990-EZ?	8 8 9		Yes X	No
_	If "Yes," describe these new services on Schedu	ule O.			٦
3	Did the organization cease conducting, or make If "Yes," describe these changes on Schedule C		cts, any program services?	Yes X	] No
4	Describe the organization's program service acc	complishments for each of its three la	rgest program services, as measured	by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are	e required to report the amount of gra	ants and allocations to others, the tota	al expenses, and	
	revenue, if any, for each program service reporte				
4a	(Code:) (Expenses \$21,21			8,383,40	50.
	THE NONPROFIT AT&T PERFORMING ARTS ( A 10-ACRE CAMPUS IN THE HEART OF TH				
	CULTURAL INCUBATOR FEATURING THE FI	· - · - · · · · · · · · · · · ·			
	EDUCATION PROGRAMS. THE CENTER PRES				
	DANCE COMPANIES, SPEAKERS, CONCERTS	1			
	THE BEST OF THE CITY'S NEW, EMERGING	-	· ·		
	THE CENTER PROVIDES STAGES AND SUPPORT	ORT FOR ITS FIVE ESTEEMED R	ESIDENT		
	COMPANIES INCLUDING OPERA, THEATRE	AND DANCE. WE OPEN OUR ARM	S TO ALL.		
	(CONTINUES ON SCHEDULE O)				
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$		
	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$		
			) (Revenue \$		
4c 4d	Other program services (Describe on Schedule 0	O.)	) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$) (Revenue \$		
4d	Other program services (Describe on Schedule 0				
4d	Other program services (Describe on Schedule 0 (Expenses \$ including	O.) g grants of \$		) Form <b>990</b> (	(2011)

Form	990 (2019) FOUNDATION, INC. 75-28909	23	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		<u> </u>
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
•	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		<u> </u>
U		8	x	
9	Schedule D, Part III	0		<u> </u>
J				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	x	
10	If "Yes," complete Schedule D, Part IV	9	- 23	├──
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
	Part VI	11a	~	├──
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	├──
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	──
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1.0	v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	—
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	
932003	01-20-20	Form	990	(2019)

14310602 701245 123101.2

³ 2019.05094 DALLAS CENTER FOR THE PER 123101.1

	990 (2019) FOUNDATION, INC. 75-289	)923	P	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		x
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
~	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
a		28a		x
Ь	"Yes," complete Schedule L, Part IV			x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		<u> </u>
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	000		x
20	"Yes," complete Schedule L, Part IV		x	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	л	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		x
<b>04</b>	contributions? If "Yes," complete Schedule M	. 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	. 32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		v	
07	Part V, line 1		X X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	A	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
Fal				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		4.2	Yes	No
-		43		
b		0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	.   1c	X 000	
932004	01-20-20	Form	<b>990</b>	(2019)

Form	990 (2019) FOUNDATION, INC.	75-2890	923	P	Page 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				_					
				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 143									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
				X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	. <u>3b</u>	X	<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	. 4a		X					
b	If "Yes," enter the name of the foreign country		-							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).								
					X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact				X					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		<b> </b>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		<u>6b</u>							
7	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor		X						
			. 7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
_	to file Form 8282?		7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_							
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co				X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				X					
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
•			. 8							
9	Sponsoring organizations maintaining donor advised funds.		0							
			. <u>9b</u>							
10	Section 501(c)(7) organizations. Enter:	10-								
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-							
11	Section 501(c)(12) organizations. Enter:	11a								
	Gross income from members or shareholders		-							
D		11b								
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5	-							
	Is the organization licensed to issue qualified health plans in more than one state?		13a							
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
c	Enter the amount of reserves on hand	13c								
14a			14a		x					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			1	1					
	excess parachute payment(s) during the year?		15		x					
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x					
	If "Yes," complete Form 4720, Schedule O.			1	1					
				000						

Form **990** (2019)

932005 01-20-20

14310602 701245 123101.2

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS

	990 (2019) FOUNDATION, INC. 75-28909		Р	age <b>6</b>
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year [1a] 6	3		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	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?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	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			
	KONRAD RUDNICKI - (214) 954-9925			
	CFO, DALLAS, TX 75201	-	000	(00)
932006	\$ 01-20-20	Forn	ן <b>990</b>	(2019)
	б			

Form 990 (	2019) FOUNDATION, INC.	75-2890923	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, High	est 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 Comple	ete 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 a	all of the organization's current officers, directors, trustees (whether individuals or organizati	ons), regardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

DALLAS CENTER FOR THE PERFORMING ARTS

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one					Reportable	Estimated			
	hours per	box	box, unless person is bo			s both	n an	compensation	compensation	amount of		
	week		officer and a director/trustee)		from	from related	other					
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the		
	related	ustee	trust		96	bens		(W-2/1099-MISC)		organization and related		
	organizations below	ual tr	tional		vold	t con /ee	_			organizations		
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) MATRICE ELLIS-KIRK	10.00				×	1 0	<u> </u>					
BOARD CHAIR		x		x				٥.	0.	0.		
(2) LAUREN EMBREY	4.00											
VICE CHAIR		х		x				٥.	٥.	0.		
(3) MARGARET H. JORDAN	1.00											
SECRETARY		Х		х				0.	0.	0.		
(4) LAWRENCE ANGELILLI	1.00											
TREASURER		Х		х				٥.	0.	0.		
(5) CAROL AARON	1.00											
DIRECTOR		Х						0.	0.	0.		
(6) VICTOR ALMEIDA	1.00											
DIRECTOR		Х						٥.	0.	0.		
(7) LISA ARPEY	1.00											
DIRECTOR		Х						0.	0.	0.		
(8) THERESA L. BADYLAK	1.00											
DIRECTOR		X						0.	0.	0.		
(9) ANNE T. BASS	1.00											
DIRECTOR		Х						0.	0.	0.		
(10) CHRISTY BERRY	1.00											
DIRECTOR		X						0.	0.	0.		
(11) GIL BESING	1.00											
DIRECTOR		X						0.	0.	0.		
(12) HAROLD M. BRIERLEY	1.00											
DIRECTOR		Х						0.	0.	0.		
(13) ANNIKA CAIL	1.00											
DIRECTOR		Х						0.	0.	0.		
(14) ANGIE CHEN BUTTON	1.00											
DIRECTOR		Х						0.	0.	0.		
(15) MITZI CHOLLAMPEL	1.00											
DIRECTOR		Х						0.	0.	0.		
(16) JOHN ROBERT COHN	1.00											
DIRECTOR		х						٥.	0.	0.		
(17) MORGAN COX	1.00											
DIRECTOR		Х						0.	0.	0.		
932007 01-20-20										Form <b>990</b> (2019)		

#### 932007 01-20-20

Form 990 (2019)

### 14310602 701245 123101.2

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS
DIILLIIS					

Form 990 (2019) FOUNDATION, I	NC.								75-28	9092	3	F	- age <b>8</b>
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
Name and title Average hours per			(B)         (C)         (D)           Average         Position         Reportable           hours per         (do not check more than one box, unless person is both an officer and a director/trustee)         Compensation           week         officer and a director/trustee)         from					Reportable compensation	(E) Reportable compensation from related	I		<b>(F)</b> Estimate amount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MIS	s	fr org an	pens om ti aniza d rela anizat	ation ne ition ited
(18) LINDA PITTS CUSTARD DIRECTOR	1.00	x						0.		٥.			٥.
(19) NOA DOWL	1.00												
DIRECTOR		Х						٥.		٥.			٥.
(20) BESS ENLOE	1.00												
DIRECTOR		Х						0.		٥.			0.
(21) BRIAN ENZLER DIRECTOR	1.00	x						0.		٥.			0.
(22) RUBEN E. ESQUIVEL	1.00												
DIRECTOR		Х						0.		٥.			0.
(23) JANIECE EVANS-PAGE	1.00												
DIRECTOR		Х						0.		0.			0.
(24) MANNY FERNANDEZ	1.00												
DIRECTOR (25) REBECCA ENLOE FLETCHER	1.00	X				-		0.		0.			0.
DIRECTOR	1.00	x						0.		٥.			0.
(26) GILBERT GERST	1.00												
DIRECTOR		Х						0.		٥.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VII								1,447,763.		0.			<u>,441.</u>
d Total (add lines 1b and 1c)								1,447,763.		٥.		/1	,441.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wn	o re	eceived more than \$100,	UUU of reportable				13
compensation from the organization												Yes	1
3 Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	oyee on	ſ			
line 1a? If "Yes," complete Schedule J for su											3	X	
4 For any individual listed on line 1a, is the su												v	
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a										·····	4	X	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes." com</i>											5		x
Section B. Independent Contractors	Diele Schedule	<u> </u>	<u>or s</u> t	ICH Ļ	Jers	:011 .				<u></u>	5		
1 Complete this table for your five highest cor										ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	:hin		ear.				
(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	) ompe		on
ENTRUST ONE FACILITY SERVICES, INC.													
11142 SHADY TRAIL, DALLAS, TX 75229								JANITORIAL SERVICE	S			542	,146.
D&L ENTERTAINMENT SERVICES, INC.												407	570
4120 MAIN STREET, DALLAS, TX 75226 ELITE ENTERTAINMENT, INC., 100 GROVE							-	SECURITY SERVICES				49/	,572.
STREET, SUITE 211, WORCHESTER, MA 016	05							LIVE EVENT PRODUCT	TON			453	,344.
WOLFGANG PUCK CATERING OF TEXAS, LLC							╡					100	,
2403 FLORA STREET, DALLAS, TX 75201								CATERING SERVICES				420	,443.
BEAUTIFUL TOUR CAROLE CO, LIMTED PART	NERSHI												
1560 BROADWAY, SUITE 70, NEW YORK, NY	10036							LIVE EVENT PRODUCT	ION			406	,390.

1560 BROADWAY, SUITE 70, NEW YORK, NY 10036 2 Total number of independent contractors (including but not limited to those listed above) who received more than 23 \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2019)

932008 01-20-20

DALLAS CENTER FOR THE PERFORMING AF	TS
-------------------------------------	----

DALLAS CENTE	R FOR THE P	ERF	ORM	ING	AR	TS				
FOUNDATION,									75-28909	923
Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, ai	nd H	ligh	est (	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				lo yee		the	organizations	compensation
	(list any hours for	lirect				d em p		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			Isated		(00-2/1033-10130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	Highest com pen sated em ployee				organizations
	below	idual	ution	er	Key employee	est co	er			
	line)	Indiv	Instit	Officer	Key (	High	Former			
(27) HOWARD HALLAM	1.00									
DIRECTOR		Х						0.	0.	0.
(28) FREDERICK B. HEGI, JR.	1.00									
DIRECTOR		Х						٥.	٥.	٥.
(29) CHASITY HENRY	1.00									
DIRECTOR		Х						٥.	٥.	٥.
(30) JULIE K. HERSH	1.00									
DIRECTOR		х						0.	0.	٥.
(31) CURTIS HILDT	1.00									
DIRECTOR		х						0.	0.	0.
(32) JOHN E. HOWELL	1.00									
DIRECTOR		x						0.	0.	٥.
(33) KRISTY SHERRILL HOYL	1.00									
DIRECTOR		x						0.	0.	٥.
(34) SOPHIA R. JOHNSON	1.00									
DIRECTOR		x						0.	0.	٥.
(35) GENE JONES	1.00									
DIRECTOR		x						0.	0.	٥.
(36) BARBARA THOMAS LEMMON	1.00									
DIRECTOR		х						٥.	0.	٥.
(37) THOMAS C. LEPPERT	1.00									
DIRECTOR		x						٥.	0.	٥.
(38) JOHN I. LEVY	1.00									
DIRECTOR		х						0.	0.	٥.
(39) WENDY LOPEZ	1.00									
DIRECTOR		х						0.	0.	٥.
(40) SARAH LOSINGER	1.00									
DIRECTOR		х						0.	0.	٥.
(41) JILL B. LOUIS	1.00									
DIRECTOR		x						٥.	0.	٥.
(42) RONALD MANKOFF	1.00									
DIRECTOR		x						٥.	0.	٥.
(43) LEONOR MARQUEZ CANTU	1.00									
DIRECTOR		x						٥.	0.	0.
(44) HOLLY MAYER	1.00									
DIRECTOR		x						0.	0.	0.
		-	<del> </del>	<b>I</b>	-	<u> </u>	-		1	

Х

Х

1.00

1.00

(45) LYNN MCBEE

(46) BRENDAN MCGUIRE

Total to Part VII, Section A, line 1c

DIRECTOR

DIRECTOR

Ο.

Ο.

Ο.

Ο.

Ο.

٥.

0.

٥.

Ο.

0.

Ο.

Ο.

0.

Ο.

Ο.

Ο.

Ο.

0.

٥.

Ο.

0.

Ο.

Ο.

Ο.

DALLAS C	ENTER	FOR	THE	PERFORMING	ARTS
----------	-------	-----	-----	------------	------

Form 990       FOUNDATION, INC.       75-2890923         Part VII       Section A.       Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)         (A)       (B)       (C)       (D)       (E)	F)
Decidin A. Oncers, Directors, Hustees, Key Employees, and Highest Compensated Employees (Continued)	F)
(A) $(B)$ $(C)$ $(D)$ $(E)$ $(E)$	F)
	nated
	unt of her
	ensation
(list any 불   별 이 organization (W-2/1099-MISC) from	n the
hours for 🚆 🛛 🙀 🙀 (W-2/1099-MISC)	ization
related $\begin{bmatrix} a \\ b \\ b \\ c \\ c$	related
organizations $\begin{bmatrix} s_1 \\ t_2 \\ t_3 \end{bmatrix} = \begin{bmatrix} t_1 \\ t_2 \\ t_3 \end{bmatrix} = \begin{bmatrix} t_1 \\ t_3 \\ t_3 \end{bmatrix}$ organ	izations
week vorter vort	
(47) LISA MONTGOMERY 1.00	
DIRECTOR X 0. 0.	0.
(48) FRANCIE MOODY-DAHLBERG 1.00	
DIRECTOR X 0. 0.	0.
(49) TOM MOORE 1.00	
DIRECTOR X 0. 0.	٥.
(50) YVETTE OSTOLAZA 1.00	
DIRECTOR X 0. 0.	0.
(51) LUCILO A. PENA 1.00	
DIRECTOR X 0. 0.	0.
(52) GUILLERMO PERALES 1.00	
DIRECTOR X 0. 0.	٥.
(53) NELDA CAIN PICKENS 1.00	
DIRECTOR X 0. 0.	Ο.
(54) CAREN PROTHRO 1.00	
DIRECTOR X 0. 0.	Ο.
(55) CHRISTOPHER REYNOLDS 1.00	
DIRECTOR X 0. 0.	Ο.
(56) DEEDIE ROSE 1.00 1.00	
DIRECTOR X 0. 0.	Ο.
(57) SHANNON SKOKOS 1.00	
DIRECTOR X 0. 0.	Ο.
(58) GREG SWALWELL 1.00	
DIRECTOR X 0. 0.	Ο.
(59) DANIEL L. TOBEY 1.00	
DIRECTOR X 0. 0.	Ο.
(60) R. GERALD TURNER 1.00	
DIRECTOR X 0. 0.	Ο.
(61) JEFFREY WHITMAN 1.00	
DIRECTOR X 0. 0.	0.
(62) KERN WILDENTHAL, M.D. 1.00	
DIRECTOR X 0. 0.	0.
(63) DONALD WINSPEAR 1.00	
DIRECTOR X 0. 0.	0.
DIADETOR         N         0.         0.           (64) DEBORAH L. STOREY         40.00         0         0	<u> </u>
PRESIDENT & CEO X 389,841. 0.	3,049.
FRESIDENT & CEO         X         309,041.         0.           (65) KATHIE F. PARSONS         40.00	5,019.
CHIEF FINANCIAL OFFICER X 160,973. 0.	6,573.
CHIEF FINANCIAL OFFICER     X     100,975.     0.       (66) CHRISTOPHER HEINBAUGH     40.00     1     1     1	5,575.
VP OF EXTERNAL AFFAIRS X 162,698. 0.	8,051.
	-,

Total to Part VII, Section A, line 1c

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS

Form 990 FOUNDATION,									75-28909	23
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd H	ligh	est (	Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position						Reportable	Reportable	Estimated
	hours	(cl	heck	all '	that	app	ly)	compensation	compensation	amount of
	per week					a		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	(	organization
	related	stee o	ustee			en sat				and related
	organizations	al trus	onal ti		ployee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	· ·	Ē	Ë	đ	Ъ	王	Fo			
(67) MICHELLE E. HOLMES VP OF MARKETING	40.00					x		136,822.	0.	11,561.
(68) PAUL CATHEY	40.00							130,022.	••	11,501.
GENERAL MANAGER	40.00					x		130,009.	0.	15,223.
(69) ADAM HOURIGAN	40.00	<u> </u>						130,005.	••	10,220.
DIRECTOR OF INFORMATION TECHNOLOGY						x		130,336.	0.	10,782.
(70) TRACY HARGIS	40.00									
VP OF HUMAN RESOURCES		1				x		116,715.	0.	7,754.
(71) MARY C. LEAK-EVANS	40.00									
DIRECTOR OF PUBLICITY		1				x		112,887.	0.	2,866.
(72) ADAM W. COX (LEFT 05/19)	40.00									
EXECUTIVE VICE PRESIDENT							х	107,482.	0.	5,582.
		1								
		1								
	1	1	I	I	L	I				
Total to Part VII, Section A, line 1c								1,447,763.		71,441.
								,,		-,•

932201 04-01-19

FOUNDATION, INC. 75-2890923 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1 a** Federated campaigns 1b b Membership dues 216,265. c Fundraising events 1c d Related organizations 1d 4,157,580 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 8,321,104 1f 425,039 g Noncash contributions included in lines 1a-1f 1g |\$ 12,694,949 h Total. Add lines 1a-1f ► **Business Code** 2 a PROGRAMMING REVENUE 711190 4,298,503. 4,298,503. Program Service Revenue **b** SERVICE OPERATIONS REV 711190 3,539,190 3,176,703, 362,487 FACILITY OPERATIONS RE 711190 1,226,993. 897,013. 329,980. С EDUCATION AND COMMUNIT 711190 11,241. 11,241. d е f All other program service revenue 9,075,927. g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and 84,258 84,258 other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6a 6b **b** Less: rental expenses 6c c Rental income or (loss) d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of 1,019,884. assets other than inventory 7a **b** Less: cost or other basis 957,126 and sales expenses 7b Other Revenue 7c 62,758. c Gain or (loss) 62,758. 62,758. d Net gain or (loss) ►  ${\bf 8}~{\bf a}~$  Gross income from fundraising events (not including \$ 216,265. of contributions reported on line 1c). See Part IV, line 18 188,581 8a 180,990 **b** Less: direct expenses 8h 7,591 7,591. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b **b** Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns 10a and allowances b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** Miscellaneous 11 a SPONSORSHIP REVENUE 711190 37,565 37,565 Revenue b С d All other revenue 37,565 Total. Add lines 11a-11d е 730,032. 154,607. 21,963,048. 8,383,460, Total revenue. See instructions 12 ►

932009 01-20-20

12

2019.05094 DALLAS CENTER FOR THE PER 123101.1

Form 990 (2019)

FOUNDATION, INC.

Part IX Statement of Functional Expenses

Form 990 (2019)

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 225,000 225,000 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 810,730 trustees, and key employees 810,730 Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 4,842,970. 2,809,555. 1,589,289 444,126. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 130,715 87,562. 31,732 11,421. 504,360 311,288, 165,785 27,287. Other employee benefits 9 387,143 238,969 111,263 36,911. 10 Payroll taxes Fees for services (nonemployees): 11 Management а 104,926 104,926 b Legal 70,242. 70,242 С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е 67,213. 48,088. 19,125 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 5,268,736 5,142,643 101,993 24,100. column (A) amount, list line 11g expenses on Sch O.) 862,341 750,063, 79,048 33,230. Advertising and promotion 12 323,810. 89,284. 225,022 9,504. 13 Office expenses _____ 318,052 65,195, 252,857. Information technology 14 Royalties 15 1,428,508 1,098,450. 330,058 16 Occupancy 17,448, 46,179 27,114 1,617. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19,013 9,299 Conferences, conventions, and meetings ..... 8,534. 1,180. 19 1,305,451 1,305,451, 20 Interest Payments to affiliates 21 501,538 413,069 88,469 22 Depreciation, depletion, and amortization ..... 127,399 2,633. 124,766 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) CITY LAND & FACILITY CA 6,508,019, 6,508,019. а FACILITY MAINTENANCE 1,228,512 1,228,034 76 402. b OTHER OPERATIONAL EXPEN 851,186. 526,447. 117,327 207,412. С EVENT SUPPLIES & EQUIPM 343,004 339,598. 3,406 d All other expenses е 26,275,047 797,190. Total functional expenses. Add lines 1 through 24e 21,215,330, 4,262,527 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

13

932010 01-20-20

Check here

14310602 701245 123101.2

if following SOP 98-2 (ASC 958-720)

Form **990** (2019)

2019.05094 DALLAS CENTER FOR THE PER 123101.1

Form	990 (	2019) FOUNDATION, INC.				75-	2890923 Page <b>11</b>
		Balance Sheet					
		Check if Schedule O contains a response or note	to any line	e in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			4,356,045.	1	6,500,390.
	2	Savings and temporary cash investments			2,023,553.	2	1,704,288.
	3	Pledges and grants receivable, net			5,801,123.	3	3,589,404.
	4	Accounts receivable, net			1,032,063.	4	694,958.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	intial contri	ibutor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described	in section 4	4958(c)(3)(B)		6	
ţs	7	Notes and loans receivable, net		L		7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges		855,580.	9	549,408.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,704,114.			
	b	Less: accumulated depreciation	10b	10,521,288.	1,310,537.		1,182,826.
	11	Investments - publicly traded securities			3,539,621.	11	3,614,417.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets			198,494,579.	14	191,986,560.
	15	Other assets. See Part IV, line 11				15	000 000 051
	16	Total assets. Add lines 1 through 15 (must equa			217,413,101.	16	209,822,251.
	17	Accounts payable and accrued expenses		I	1,347,778.	17	2,986,884.
	18	Grants payable			12 644 524	18	12 000 550
	19	Deferred revenue			13,644,534.	19	13,282,750.
	20	Tax-exempt bond liabilities			36,594,784.	20	26,265,742.
	21	Escrow or custodial account liability. Complete P			414,176.	21	870,974.
ies	22	Loans and other payables to any current or forme					
oilities		trustee, key employee, creator or founder, substa		ibutor, or 35%			

		15,011,551.	19	10,202,100.
2	20 Tax-exempt bond liabilities	36,594,784.	20	26,265,742.
2	21 Escrow or custodial account liability. Complete Part IV of Schedule D	414,176.	21	870,974.
v 2	22 Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
abi	controlled entity or family member of any of these persons		22	
⊐   2	23 Secured mortgages and notes payable to unrelated third parties	27,600,000.	23	32,800,000.
2	24 Unsecured notes and loans payable to unrelated third parties		24	
2	25 Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
2	26 Total liabilities. Add lines 17 through 25	79,601,272.	26	76,206,350.
	Organizations that follow FASB ASC 958, check here 🕨 🗴			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-67,483,373.	27	-64,698,813.
8 2	28 Net assets with donor restrictions	205,295,202.	28	198,314,714.
	Organizations that do not follow FASB ASC 958, check here 🕨 📃			
	and complete lines 29 through 33.			
202	29 Capital stock or trust principal, or current funds		29	
Assets	<b>80</b> Paid-in or capital surplus, or land, building, or equipment fund		30	
SA   3	Retained earnings, endowment, accumulated income, or other funds		31	
S Net	2 Total net assets or fund balances	137,811,829.	32	133,615,901.
3	3 Total liabilities and net assets/fund balances	217,413,101.	33	209,822,251.
				Form <b>990</b> (2019)

932011 01-20-20

	DALLAS CENTER FOR THE PERFORMING ARTS					
Form	990 (2019) FOUNDATION, INC.	75-289	0923	Pag	_{ge} 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	21	,963,	048.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,275,		
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	137	,811,	829.	
5	Net unrealized gains (losses) on investments	5		116,	071.	
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			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	133	,615,	901.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L	
	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:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С						
	review, or compilation of its financial statements and selection of an independent accountant?		<b>2c</b>	X	<b> </b>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		. <b>3</b> a		x	
b						
	2       Total expenses (must equal Part IX, column (A), line 25)       2       26, 2         3       Revenue less expenses. Subtract line 2 from line 1       3       -4, 3         4       137, 8       4       137, 8         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       137, 8         6       1       6       1         7       8       6       1         9       0 other changes in et assets or fund balances (explain on Schedule 0)       9       0         0       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       133, 6         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Mccounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       Mcset a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2a       2a       2b       2         1       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y       Y         1       Accounting method used to prepare the Form 990:					
				aan .	/ · - ·	

Form **990** (2019)

932012 01-20-20

SCHEDULE A		Dublic Cha	rity Status an	d Duk	lic Sı	innort		OMB No. 1545-0047
(Form 990 or 990-EZ)			ization is a section 501					2010
			47(a)(1) nonexempt cha					2013
Department of the Treasury Internal Revenue Service			Attach to Form 990 or F					Open to Public Inspection
		-	/Form990 for instructio	ons and th	ie latest ir	formation.	<b>F</b> armelessee	•
Name of the organization			PERFORMING ARTS					identification number
Part I Reason		ATION, INC. Charity Status //	All organizations must co	mplata th	ic part ) Sa	o instruction		75-2890923
The organization is not a 1 A church. cor	•		n of churches described			V A V;)		
			Attach Schedule E (Form			)(~)().		
			inization described in se			i).		
	•		junction with a hospital				)(iii). Enter	the hospital's name.
city, and state	-	·						
5 An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
section 170	b)(1)(A)(iv). (C	Complete Part II.)						
6 🗌 A federal, sta	te, or local go [,]	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X An organizati	on that norma	ally receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
section 170(I	<b>ɔ)(1)(A)(vi).</b> (C	complete Part II.)						
8 A community	trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Parl	: II.)				
-	-	-	in section 170(b)(1)(A)(i		-		-	-
	ər a non-land-ç	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
university:			Harris 00 <b>1</b> /00/ a f Harris					d and a second state for an
			than 33 1/3% of its supp					
			et to certain exceptions, a (less section 511 tax) fro					-
		mplete Part III.)			ses acqui		jainzation a	
		-	vely to test for public sat	etv See	section 50	9(a)(4).		
	•		vely for the benefit of, to	•			rrv out the	purposes of one or
	•		d in section 509(a)(1) o	-			•	
		-	f supporting organization					
a 🗌 Type I. A si	upporting orga	anization operated, si	upervised, or controlled	by its supp	ported orga	anization(s), t	pically by	giving
the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	pporting
organizatio	n. You must c	complete Part IV, Se	ctions A and B.					
b Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ing
control or n	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	oorted
		st complete Part IV,						
			g organization operated				ly integrate	d with,
			. You must complete F					
	-		orting organization oper ation generally must sati				•	
			nplete Part IV, Sections				anallenin	eness
·		,	vritten determination from				II. Type III	
	-		nally integrated supportir			Type I, Type	n, rype n	
f Enter the number								
g Provide the followi	••	•						
(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount or	,	(vi) Amount of other
organization			above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total								
LHA For Paperwork Re	duction Act N	lotice, see the Instru	uctions for Form 990 or	990-EZ.	932021 09-	25-19 <b>Sche</b>	dule A (For	m 990 or 990-EZ) 2019

DALLAS CENTER FOR THE PERFORMING ART	DALLAS	CENTER	FOR	THE	PERFORMING	ARTS
--------------------------------------	--------	--------	-----	-----	------------	------

# Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

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

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

Se	ction A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,809,590.	27,295,891.	14,297,000.	12,626,247.	12,811,916.	78,840,644.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,809,590.	27,295,891.	14,297,000.	12,626,247.	12,811,916.	78,840,644.
5	The portion of total contributions					. ,	
Ŭ	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)						13,627,394.
6	Public support. Subtract line 5 from line 4.						65,213,250.
	ction B. Total Support						/ /
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
	Amounts from line 4	11,809,590.	27,295,891.	14,297,000.	12,626,247.	12,811,916.	78,840,644.
8	Gross income from interest,						
U	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	136,576.	64,503.	84,444.	101,911.	84,258.	471,692.
a	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on	16,822.	179,663.	167,484.	104,525.	Ο.	468,494.
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					188,581.	188,581.
11	<b>Total support.</b> Add lines 7 through 10						79,969,411.
12	Gross receipts from related activities,	oto (soo instructio				12	87,298,221.
	First five years. If the Form 990 is for			fourth or fifth ta			
10	organization, check this box and <b>stop</b>				-		
Se	ction C. Computation of Public	c Support Per	centage				
14	Public support percentage for 2019 (li	ne 6. column (f) di	vided by line 11, co	olumn (fl)		14	81.55 %
15	Public support percentage from 2018		•	.,,		15	75.65 %
	<b>33 1/3% support test - 2019.</b> If the c						
100	stop here. The organization qualifies	-					
ŀ	<b>33 1/3% support test - 2018.</b> If the c						
	and stop here. The organization quali	•				•	
17:	10% -facts-and-circumstances test						
170	and if the organization meets the "fact	0					-
	meets the "facts-and-circumstances" t			-	-	-	
L	10% -facts-and-circumstances test						
Ľ		0					
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
10	Private foundation. If the organization	IT UIU HOL CHECK A		, 100, 178, 0F 17D		dule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

14310602 701245 123101.2

75-2890923

Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
C	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	• Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•			•	.,.,	·
_	check this box and stop here		<b>.</b>				
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
<u>5e</u>	ction D. Computation of Inves						
17	1 0			ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box ar	-	•				►
b	<b>33 1/3% support tests - 2018.</b> If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n dia not check a	box on line 14, 19	a, or 190, check t			
93202	23 09-25-19		18	8	Sch	ieaule A (Form	1 990 or 990-EZ) 2019

# Schedule A (Form 990 or 990 EZ) 2019 FOUNDATION, INC.

Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

19

932024 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

75-2890923

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

10b

Page 4

Yes No

		75-2890923	Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
		11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions).		
а	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see instructions,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
•	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	<u>3a</u>		
b		3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	30	L	<u> </u>

20

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

14310602 701245 123101.2

DALLAS CENTER FOR THE PERFORMING AR	FOR THE PERFORMING ART	THE	FOR	CENTER	DALLAS
-------------------------------------	------------------------	-----	-----	--------	--------

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions)

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

	DRUERS CENTER FOR I	IE IERFORMING ARIS		
	dule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	a)(3) Supporting Orga		75-2890923 Page <b>7</b>
	ion D - Distributions	a)(5) Supporting Orga	nizations (continued)	Current Year
<u>3ect</u>	Amounts paid to supported organizations to accomplish exe	mot purposes		Gurrent rear
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
~	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
Ũ	(provide details in <b>Part VI</b> ). See instructions.	le organization le responeive		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			
			Sahadula A (	Earm 990 or 990 EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

	DALLAS CENTER FOR THE PERFORMING ARTS		
Schedule A	(Form 990 or 990-EZ) 2019 FOUNDATION, INC.	75-2890923	Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 1 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lin 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; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	nes 1 and 2; Part IV, Sectio Part V, Section B, line 1e; P	n C,

Schedule A (Form 990 or 990-EZ) 2019

932028 09-25-19

14310602 701245 123101.2

## Schedule B

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

#### Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

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

2019

Employer identification number

Name of the	organization
	יזגת

D.	ALLAS CENTER FOR THE PERFORMING ARTS	
F	OUNDATION, INC.	75-2890923
Organization type (check	one):	
Filers of:	Section:	

Form 990 or 990-EZ	X	501(c)( ³ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 990-PF		501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation

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

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

### **General Rule**

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

### Special Rules

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

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

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

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

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>2</b>
Name of or			Employer identification number
FOUNDATI	ENTER FOR THE PERFORMING ARTS		75-2890923
Part I	Contributors (see instructions). Use duplicate copies of Part I if additio	nal anaga is pooded	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- _ \$500,	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
2		- \$\$	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		- \$\$2,076,	(Complete Part II for noncash contributions.)
(a) No	(b)	(c) Total contributio	(d)
<u> </u>	Name, address, and ZIP + 4	-	ns     Type of contribution       Person     X       Payroll     Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- \$\$	Person Payroll (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	\$	ns Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

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

923452 11-06-19

UNDATI	ON, INC.		75-	-2890923
art II	Noncash Property (see instructions). Use duplicate copies of Part	t II if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	PUBLICLY TRADED SECURITIES			
1		\$203	<u>,701.</u>	09/06/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
		\$		
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received

### 923453 11-06-19

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

## 14310602 701245 123101.2

26 2019.05094 DALLAS CENTER FOR THE PER 123101.1

Page 3

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page 4				
Name of or	rganization			Employer identification number				
DALLAS C	ENTER FOR THE PERFORMING ARTS							
FOUNDATI				75-2890923				
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ction 501(c)(7)	(8), or (10) that total more than \$1,000 for the year				
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or</b>	ry. For organiza	Enter this info, once.) <b>*</b>				
	Use duplicate copies of Part III if additional	space is needed.		· ·				
(a) No. from	(b) Durnage of gift	(c) Use of gift		(d) Description of how sift is hold				
Part I	(b) Purpose of gift			(d) Description of how gift is held				
ŀ								
		(e) Transfer of gif						
ŀ	Transferee's name, address, a		Relation	ship of transferor to transferee				
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	(e) Transfer of gift							
Ļ	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transferee				
(a) No.		1						
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
Γ		(e) Transfer of gif	:					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.		I						
from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I								
		·	—   —					
ŀ		(e) Transfer of gift	I					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
ſ	· · ·							
923454 11-06-	-19			Schedule B (Form 990, 990-EZ, or 990-PF) (2019)				

# 14310602 701245 123101.2

SC	HEDULE D	Supplementa	al Financial Statements		F	OMB No. 15	45-0047
(Forn	n 990)	Complete if the org	anization answered "Yes" on Form 990,			<b>20</b> ⁻	19
Denart	ment of the Treasury		), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to	
	Revenue Service		90 for instructions and the latest information.			Inspecti	on
Nam	e of the organizati	on DALLAS CENTER FOR THE PERFO	DRMING ARTS	Emp	ployer i	identification	1 number
_		FOUNDATION, INC.				5-2890923	
Par	tl Organiza	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	cour	n <b>ts.</b> c	Complete if th	е
	organizatio	n answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	<b>b)</b> Fun	ids and	other accou	nts
1		nd of year					
2	Aggregate value of	f contributions to (during year)					
3	Aggregate value of	f grants from (during year)					
4	Aggregate value at	t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the assets held in donor advised func	ls			
	are the organizatio	n's property, subject to the organization's	exclusive legal control?			Yes	No No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used o	nly			
	for charitable purp	oses and not for the benefit of the donor o	or donor advisor, or for any other purpose conferr	ing			
	impermissible priva					Yes	No No
Par	rt II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV,	line 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).				
	Preservation	of land for public use (for example, recrea	ation or education)	orically	importa	ant land area	
	Protection o	f natural habitat	Preservation of a certi	fied his	storic st	tructure	
	Preservation	of open space					
2			fied conservation contribution in the form of a co	nserva	tion eas	sement on th	e last
	day of the tax year	<b>.</b> .				t the End of th	
а				2a			
b				2b			
c	•		ucture included in (a)	2c			
d			after 7/25/06, and not on a historic structure				
u				2d			
3			leased, extinguished, or terminated by the organi		durina	the tax	
Ū	vear ►		cased, extinguished, or terminated by the organi	2011011	uunng	the tax	
4		 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
5	0	orcement of the conservation easements if				Yes	No
6	,		handling of violations, and enforcing conservatio				
0		r nours devoted to morntoring, inspecting,	fianding of violations, and emorcing conservatio	ii case			a
7	Amount of ovnono		dling of violations, and enforcing concernation and		to during	a tha waar	
7		es incurred in monitoring, inspecting, nand	dling of violations, and enforcing conservation eas	semen	ts durin	ig the year	
•	►\$			(:)			
8			ve satisfy the requirements of section 170(h)(4)(B)				<b></b>
-	and section 170(h)					Yes	No
9		- ·	on easements in its revenue and expense statem				
			note to the organization's financial statements the	at desc	cribes th	ne	
Da		ounting for conservation easements.	f Art, Historical Treasures, or Other S	imila	r Acci	oto	
Fai		-		IIIIIa	I A220	513.	
		the organization answered "Yes" on Form					
<b>1</b> a	-		58, not to report in its revenue statement and bala			orks	
			blic exhibition, education, or research in furtherar	ice of p	public		
	· •		ncial statements that describes these items.				
b	-		58, to report in its revenue statement and balance				
	art, historical treas	sures, or other similar assets held for public	c exhibition, education, or research in furtherance	of put	blic serv	vice,	
	-	ng amounts relating to these items:					
	(i) Revenue inclu	ded on Form 990, Part VIII, line 1			\$		
	.,				\$		56,528.
2	If the organization	received or held works of art, historical tre	asures, or other similar assets for financial gain, p	orovide	e		
	the following amou	unts required to be reported under FASB A	SC 958 relating to these items:				
а	Revenue included	on Form 990, Part VIII, line 1			\$		
b	Assets included in	Form 990, Part X			\$		
LHA	For Paperwork Re	eduction Act Notice, see the Instruction	s for Form 990.		Sched	ule D (Form	990) 2019
932051	10-02-19						

14310602	701245	123101	. 2

DALLAS CENTER FOR THE PERFORMING A	RTS
------------------------------------	-----

	DALLAS CENT	ER FOR THE PERF	ORMING ARTS					-		
	dule D (Form 990) 2019 FOUNDATION,					75-289		Page <b>2</b>		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther Sir	nilar Assets	s (contin	ued)		
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ke signifio	cant use of its				
	collection items (check all that apply):									
а	X Public exhibition	d	X Loan or excl	hange program						
b	Scholarly research	е	Other							
с	X Preservation for future generations									
4										
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma						Yes	X No		
Par	t IV Escrow and Custodial Arrang						 line 9. or			
	reported an amount on Form 990, Par					,				
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets	not inclu	ded				
14	on Form 990, Part X?						Yes	X No		
h	If "Yes," explain the arrangement in Part XIII a					∟				
D		and complete the long	owing table.		Г		A.m.o.unt			
	De sinsis e la la se				H	4	Amount			
с.	Beginning balance									
d	Additions during the year					<u>1d</u>				
е						<u>1e</u>				
f	Ending balance									
	Did the organization include an amount on Fo				-	X	Yes	No No		
	If "Yes," explain the arrangement in Part XIII.							X		
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on Fo	rm 990, Part IV, I	ine 10.					
		(a) Current year	(b) Prior year	(c) Two years ba	ck (d) T	hree years back	(e) Four	years back		
1a	Beginning of year balance	3,595,091.	3,642,132.	3,538,79	2.	3,335,809.	З,	165,285.		
b	Contributions							100,000.		
с	Net investment earnings, gains, and losses	235,094.	103,754.	264,34	8.	359,256.		87,184.		
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	155,001.	150,795.	144,40	7.	137,510.				
f	Administrative expenses		•	16,60	)1.	18,763.		16,660.		
g	End of year balance	3,675,184.	3,595,091.	3,642,13		3,538,792.	3.	, 335,809.		
2	Provide the estimated percentage of the curr			, ,		, , .	, ,	,		
		.00	%							
	Permanent endowment <b>P</b> 70.74	%								
b										
с										
-	The percentages on lines 2a, 2b, and 2c show	•								
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held an	id administered f	or the org	janization	Г			
	by:							Yes No		
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b			
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line ⁻	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other	<b>c)</b> Accun	nulated	(d) Book	k value		
_	·	basis (investm	ent) basis	(other)	depreci	ation				
1a	Land									
b	Buildings		1							
	Leasehold improvements			419,855.	:	257,010.		162,845.		
d	Equipment		4	,250,435.		666,580.		583,855.		
	Other			,033,824.		597,698.		436,126.		
	Add lines 1a through 1e. (Column (d) must e							182,826.		
Total	Auu illes la lliough le. (Column (d) must e	ouai ⊢orm 990. Part X	. coiumn (В), line 1(	JC )		💌 📘	÷,	,		

Schedule D (Form 990) 2019

#### FOUNDATION, INC Schedule D (Form 990) 2019 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. 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) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (a) Description (1) (2) (3) (4) (5) (6) (7) (8) (9) ► Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1. (1) Federal income taxes (2)(3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2.

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

Schedule D (Form 990) 2019

X

932053 10-02-19

	DALLAS CENTER FOR THE PERFORMING ARTS				
Sche	dule D (Form 990) 2019 FOUNDATION, INC.			75-289	0923 Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	22,357,951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	116,071.		
b	Donated services and use of facilities	2b	116,967.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	180,990.		
е	Add lines 2a through 2d			2e	414,028.
3	Subtract line 2e from line 1			3	21,943,923.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	19,125.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	19,125.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	21,963,048.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per H	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	26,553,879.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities		116,967.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)		180,990.		
е	Add lines 2a through 2d			2e	297,957.
3	Subtract line 2e from line 1			3	26,255,922.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b		19,125.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	19,125.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	26,275,047.
Pa	t 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.

31

PART III, LINE 4:

OUR DOCENTS PROVIDE INFORMATION ON THE ARTWORK OF THE CENTER IN THEIR

TOURS REACHING AROUND 6,000 PEOPLE PER YEAR. PATRONS ARE EXPOSED TO THE

KUITCA ART BOTH IN THE WINSPEAR STAGE CURTAIN AND 16 MIXED MEDIA WORKS.

DISPLAYED FOR QUIET REFLECTION AND PRESERVATION FOR FUTURE GENERATIONS.

KUITCA'S OIL ON CANVAS, ON LOAN FROM THE DALLAS MUSEUM OF ART, IS STUDIED

OCCASIONALLY BY VISITING ARTISTS AS WELL AS ARCHITECTS FOR ITS UNIQUE

CONTRIBUTION TO THE DESIGN AESTHETIC OF THE WINSPEAR OPERA HOUSE.

PART IV, LINE 2B:

THE FOUNDATION IS THE RECIPIENT OF CERTAIN CONTRIBUTIONS OR TICKET SALES

932054 10-02-19

Schedule D (Form 990) 2019

#### Schedule D (Form 990) 2019 FOUNDATION, INC Part XIII Supplemental Information (continued)

RECEIPTS FOR WHICH IT IS NOT THE BENEFICIARY. CASH IS INCREASED BY THE

CORRESPONDING LIABILITY AMOUNT UNTIL THE CASH IS PAID BY THE BENEFICIARY.

PART V, LINE 4:

THE INTENDED USES OF ENDOWMENT FUNDS ARE ART, MAINTENANCE AND EDUCATION.

PART X, LINE 2:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A

NON-PROFIT CORPORATION EXEMPT FROM FEDERAL INCOME TAX ON ITS INCOME, UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION DOES NOT

BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND ACCORDINGLY, IT

WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. FOR THE

YEARS ENDED JULY 31, 2020 AND 2019, THERE WERE NO INTEREST OR PENALTIES

RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS. THE FOUNDATION IS

RELYING ON ITS TAX-EXEMPT STATUS AND ITS ADHERENCE TO ALL APPLICABLE LAWS

AND REGULATIONS TO PRESERVE THAT STATUS. HOWEVER, THE CONCLUSIONS

REGARDING ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES WILL BE SUBJECT TO

REVIEW AND MAY BE ADJUSTED AT A LATER DATE BASED ON FACTORS INCLUDING, BUT

NOT LIMITED TO, ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND

INTERPRETATIONS THEREOF.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES

Schedule D (Form 990) 2019

932055 10-02-19

180,990.

180,990.

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2019
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.							Open to Public Inspection
Name of the organization	► Go to www.irs.gov/Form990 for instructions and the latest information.							ntification number
	FOUNDATION						75-289092	
	ing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicit</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total           3         List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	contrib	utions	or has been notified	it is	exempt from re	gistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 FOUNDATION, INC.

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 NONE	(d) Total events (add col. (a) through
~			(event type)	(event type)	(total number)	– col. <b>(c)</b> )
Revenue	1	Gross receipts	404,846.			404,846.
	2	Less: Contributions	216,265.			216,265.
	3	Gross income (line 1 minus line 2)	188,581.			188,581.
	4	Cash prizes				
Direct Expenses	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	18,944.			18,944.
ē	8	Entertainment	56,150.			56,150.
	9	Other direct expenses				105,896.
	10	Direct expense summary. Add lines 4 through			►	180,990.
	11	Net income summary. Subtract line 10 from li				7,591.
Pa	irt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	reported more than	
anı		\$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	Gross revenue				
	-					
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
rect E	4	Rent/facility costs				

Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	<b>1</b> Gi	ross revenue				
es	<b>2</b> Ca	ash prizes				
xpens	3 No	oncash prizes				
Direct Expenses	<b>4</b> Re	ent/facility costs				
	<b>5</b> Ot	ther direct expenses				
		olunteer labor	└── Yes % └── No	Yes%	Yes %	
	<b>7</b> Di	irect expense summary. Add lines 2 through	5 in column (d)		►	
	<b>8</b> Ne	et gaming income summary. Subtract line 7	from line 1, column (d)		▶	
9	Enter	the state(s) in which the organization condu	cts gaming activities:			
	Is the	organization licensed to conduct gaming ac ," explain:	tivities in each of these s	states?		Yes No
		any of the organization's gaming licenses re s," explain:				Yes No
93208	2 09-11-	-19			Schedule G (For	rm 990 or 990-EZ) 2019

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS

Sch	edule G (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	75-2890923	3	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	·····	Yes 🛛	No
	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	a The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes [	No
k	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount	t		
c	of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
47				
	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
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III line	es 9 9h	10b
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			,
9320	83 09-11-19 Schedule G	(Form 990 o	r 990-E	Z) 2019
	3 5			

14310602 701245 123101.2

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS

Schedule G	G (Form 990 or 990-EZ)	FOUNDATION	, INC.			75-2890923	Page 4
Part IV	a (Form 990 or 990-EZ) Supplemental Infor	mation _{(contin}	inued)				U
					Cala	dula C (Earm 000	000 E7

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

SCHEDULE I (Form 990)	90) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Internal Revenue Service		Go to www.in	rs.gov/Form990 fo		nation.		Open to Public Inspection			
Name of the organization DALLAS CENTE FOUNDATION,	R FOR THE PERFO	ORMING ARTS					Employer identification number 75-2890923			
Part I General Information on Grants	and Assistance									
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?									
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
recipient that received more than	<u>1 \$5,000. Part II can</u>	be duplicated if additi	onal space is need	ed.						
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
THE DALLAS OPERA 2403 FLORA ST STE 500 DALLAS, TX 75201	75-6004746	501(C)(3)	107,500.	0.			OPERATIONS SUPPORT			
DALLAS THEATER CENTER 2400 FLORA ST 8TH FL DALLAS, TX 75201	75-0959992	501(C)(3)	82,500.	0.			OPERATIONS SUPPORT			
TEXAS BALLET THEATER INC 1540 MAIL CIRCLE FT WORTH, TX 76116	84-1622654	501(C)(3)	20,000.	0.			OPERATIONS SUPPORT			
DALLAS BLACK DANCE THEATE INC 2700 ANN WILLIAMS WAY DALLAS, TX 75201	75-1756215	501(C)(3)	10,000.	0.			OPERATIONS SUPPORT			
2 Enter total number of section 501(c)(3)	and government or	ganizations listed in th	e line 1 table	L	L	1	·			
3 Enter total number of other organizatio	•	• • • • • • • • •					0.			

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

Schedule I (Form 990) (2019) FOUNDATION, INC.

## Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANTS ARE IN SUPPORT OF THE GENERAL OPERATIONS OF THE AWARDEE ORGANIZATION

AND COMPLIANCE IS MONITORED BY THE SPONSORSHIP OFFICE OF THE DALLAS CENTER

FOR THE PERFORMING ARTS FOUNDATION, INC. ALL DOCUMENTATION IS REVIEWED AND

APPROVED FOR COMPLETENESS AND APPROPRIATENESS FOR THE GRANT PURPOSE.

75-2890923

Page 2

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	40			
•	-	Compensated Employees		20	IJ	J		
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic		
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	ne of the organization	DALLAS CENTER FOR THE PERFORMING ARTS	Employer id	dentificatio	on nui	mber		
		FOUNDATION, INC.	75-2	890923				
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	harter travel Housing allowance or residence for perso	nal use					
	Travel for companions Payments for business use of personal residence							
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;					
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to					
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.						
	Compensation	committee X Written employment contract						
	Independent of	ompensation consultant I Compensation survey or study						
	X Form 990 of o	ther organizations X Approval by the board or compensation c	ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a re	lated organization:						
а	Receive a severance	e payment or change-of-control payment?		4a		X		
b	Participate in, or ree	ceive payment from, a supplemental nonqualified retirement plan?		4b		X		
С	Participate in, or re-	ceive payment from, an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r	evenues of:						
а	The organization?			<b>5</b> a		X		
b	Any related organiz	ation?		. <b>5</b> b		X		
	If "Yes" on line 5a c	or 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the n	et earnings of:						
а	The organization?			. 6a		X		
b		ation?				X		
	If "Yes" on line 6a c	or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	<b>;</b>					
		nes 5 and 6? If "Yes," describe in Part III		7		x		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
				8		x		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
		1 53.4958-6(c)?	<u></u>	9				
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Form	n 990)	2019		

932111 10-21-19

FOUNDATION, INC.

Schedule J (Form 990) 2019

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

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

75-2890923

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	<b>(F)</b> Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation n		(B)(i)-(D)	reported as deferred on prior Form 990
(1) DEBORAH L. STOREY	(i)	377,841.	0.	12,000.	2,000.	1,049.	392,890.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHIE F. PARSONS	(i)	160,973.	0.	0.	2,000.	4,573.	167,546.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER HEINBAUGH	(i)	162,698.	0.	0.	2,000.	6,051.	170,749.	0.
VP OF EXTERNAL AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAM W. COX (LEFT 05/19)	(i)	107,482.	0.	0.	2,000.	3,582.	113,064.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS
--------	--------	-----	-----	------------	------

FOUNDATION, INC.

Schedule J (Form 990) 2019

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2019

SCHEDULE K       Coupplemental information on rax Exempt Donas         (Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,         Department of the Treasury       explanations, and any additional information in Part VI.									OMB No. 1545-0047 2019 Open to Public Inspection					
Name	e of the organization DALLAS CENTER FO	R THE PERFORMIN	NG ARTS						Emp	loyer	identif	icatio	n num	ber
	FOUNDATION, INC.									75-28	90923	}		
Part	Bond Issues	1												
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issu	e price	(f) Description	on of purpose	<b>(g)</b> De	feased	<b>(h)</b> On		(i) Po	
											of is	suer	finan	cing
									Yes	No	Yes	No	Yes	No
A J	PMORGAN CHASE BANK	20-5002453	235364AC0	11/13/08	75,5	10,000.	2006A BOND R	E-ISSUE		x		x		x
BB	ANK OF AMERICA	20-5002453	235364AD8	11/13/08	75,5	10,000.	2006B BOND R	E-ISSUE		x		x		x
с														
_														
D Part	II Proceeds													
Fai	III Proceeds			A			В	С				D		
1	Amount of bonds retired				.300.000.		62,300,000 <b>.</b>							
2		<u></u>			,,		,,							
3					,510,000.		75,510,000.							
4	Gross proceeds in reserve funds				, ,									
5	Capitalized interest from proceeds													
6														
7					713,800.		713,800.							
8	Credit enhancement from proceeds													
_9	Working capital expenditures from proceeds													
10	Capital expenditures from proceeds													
11	Other spent proceeds				,796,200.		74,796,200.			_				
12	Other unspent proceeds													
13	Year of substantial completion				2010		2010			_				
				Yes	No	Yes	No	Yes	No		Yes	$\rightarrow$	No	
14	Were the bonds issued as part of a refunding i				x		v							
	if issued prior to 2018, a current refunding issu				X		X					+		
15	Were the bonds issued as part of a refunding i		-		x		x							
16	issued prior to 2018, an advance refunding iss Has the final allocation of proceeds been made			77	A	x	A			_		+		
17	Does the organization maintain adequate book											+		
.,	final allocation of an acade0			x		х								

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

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 FOUNDATION, INC.			,5	2890923				Page
Part III Private Business Use						• · · ·		
		<b>A</b>		B		C		<b>)</b>
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		X		X				
<b>3a</b> Are there any management or service contracts that may result in private								
business use of bond-financed property?	Х		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
counsel to review any management or service contracts relating to the financed property?		X		x				
c Are there any research agreements that may result in private business use of								
bond-financed property?		x		x				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by		•				•		•
entities other than a section 501(c)(3) organization or a state or local government		%		%		%		9
5 Enter the percentage of financed property used in a private business use as a result of		,,,		,,,		,,,		,
unrelated trade or business activity carried on by your organization, another								
section 501(c)(3) organization, or a state or local government		.58 %		.58 %		%		9
		.58 %		.58 %		%		9
<ul> <li>6 I otal of lines 4 and 5</li> <li>7 Does the bond issue meet the private security or payment test?</li> </ul>		.30 %		x		70		7
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-		x		x				
governmental person other than a 501(c)(3) organization since the bonds were issued?		A				1		
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%		%		9
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections								
1.141-12 and 1.145-2?								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under								
Regulations sections 1.141-12 and 1.145-2?	Х		Х					
Part IV Arbitrage								
		4		B		ç		<u>,</u>
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X				
b Exception to rebate?	Х		Х					
c No rebate due?		X		Х				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
performed								
3 Is the bond issue a variable rate issue?	Х		Х					

Schedule K (Form 990) 2019 FOUNDATION, INC.			75-2	890923				Pag
Part IV Arbitrage (continued)								
	<i>F</i>	۹	В		С		C	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х				
b Name of provider								
c Term of hedge						-		_
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х				
7 Has the organization established written procedures to monitor the requirements of								
section 148?	x		x					
Part V Procedures To Undertake Corrective Action			•		•	•		
		A B		С		D		
Has the organization established written procedures to ensure that violations of	Yes	No	Yes	No	Yes	No	Yes	No
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation isn't available under applicable								
regulations?	x		x					
Part VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instr	uctions		•	•		
CCHEDULE K, PART I, BOND ISSUES:								
THE ORIGINAL 2006 SERIES A AND SERIES B TAX-EXEMPT BOND IN THE AMOUNT								
F \$150,000,000 WAS RE-ISSUED IN 2008 DUE TO THE ORIGINAL ISSUER								
ECOMING INSOLVENT. JPMORGAN AND BANK OF AMERICA EACH RE-ISSUED 50% OF								
HE ORIGINAL TAX-EXEMPT DEBT, ON BEHALF OF DALLAS PERFORMING ARTS								
ULTURAL FACILITIES CORPORATION.								

SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2019 Open to Public Inspection

Name of the o	organizatior

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

ganization	DALLAS	CENTER	FOR	THE	PERFORMING	ARTS
	FOUNDAT	TION, IN	NC.			

Employer identification number 75-2890923

	FOUNDATION,
Part I	Types of Property

		<b>(a)</b> Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	0	 s
4	Art Marka of art			Form 990, Fart VIII, line Tg				
1 2	Art - Works of art Art - Historical treasures							
2								
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	3	407 864	HI-LO AVG. METHO	<u>ח</u>		
9	Securities - Publicly traded		5	407,004.	HI-DO AVG. MEINO	D		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14 15	Qualified conservation contribution - Other							
15	Real estate - Residential							
16 17	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19 00	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	77	1	17 175				
25	Other ( <u>RESTAURANTS/C</u> )	X	1	17,175.				
26	Other ( )							
27	Other ( )							
28	Other  ( )							
29	Number of Forms 8283 received by the organiz	-					•	
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement			0	
	<b>5</b> · · · · · · · · · · · · · · · · · · ·						Yes	No
30a	During the year, did the organization receive by		• • • • •					
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for							v
	exempt purposes for the entire holding period?							X
	<b>b</b> If "Yes," describe the arrangement in Part II.						77	
31							X	<b> </b>
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							v
_	contributions?						X	
	b If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990	).	Schedule N	/ (Forr	n 990)	2019

932141 09-27-19

DALLAS	CENTER	FOR	THE	PERFORMING	ARTS

Schedule M (Form 990) 2019 FOUNDATION, INC.	75-2890923	Page <b>2</b>
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, a is reporting in Part I, column (b), the number of contributions, the number of items received, or a combin this part for any additional information.	and whether the organizat nation of both. Also comp	ion
SCHEDULE M, PART I, COLUMN (B):		
THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER		
OF ITEMS CONTRIBUTED.		
932142 09-27-19	Schedule M (Form	990) 2010
		2007 2013

14310602 701245 123101.2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

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

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 75-2890923

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOUNDATION, INC.

FOSTERS CREATIVITY THROUGH THE PRESENTATION OF PERFORMING ARTS AND ARTS

DALLAS CENTER FOR THE PERFORMING ARTS

EDUCATION PROGRAMS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NORMALLY, THE CENTER WELCOMES 350,000-400,000 ANNUAL VISITS A YEAR. BUT

DURING THE COVID SHUTDOWN, THE CENTER QUICKLY TRANSFORMED ITSELF TO

SUPPORT EDUCATION, COMMUNITY, AND OUR FELLOW ARTS ORGANIZATIONS. THE

CENTER TURNED ITS AWARD-WINNING EDUCATION PROGRAMS INTO FREE VIRTUAL

CLASSES, AND EXPANDED OUR PARTNER BASE FROM TWO SCHOOL DISTRICTS TO

FIFTEEN, REACHING THOUSANDS MORE STUDENTS.

DURING THE NATIONAL PANDEMIC, THE CENTER CONTINUED ITS CULTURAL

ENGAGEMENT PROGRAM ARTSBRIDGE POWERED BY TOYOTA WHICH SERVES

HISTORICALLY UNDER-RESOURCED COMMUNITIES. WE CREATED VIRTUAL

PROGRAMMING THAT EDUCATED AND ENTERTAINED THESE RESIDENTS DURING

SHUTDOWN. AS WE TURN THE CORNER, THE CENTER IS PRUDENTLY AND SAFELY

REOPENING ITS OUTDOOR STAGE FOR SOCIALLY-DISTANCED AUDIENCES EVEN

MAKING IT AVAILABLE RENT-FREE TO OTHER NON-FOR-PROFIT ARTS

ORGANIZATIONS WHOSE NORMAL PERFORMANCE SPACES WERE CLOSED.

AS A COLLABORATIVE LEADER IN THE DALLAS ARTS COMMUNITY, THE CENTER

CONTINUED SUPPORTING DALLAS ARTS ORGANIZATIONS THAT HAVE LIMITED

FINANCIAL RESOURCES WITH FREE MARKETING, LOW COST TICKETING SERVICES

ARTIST RUSH TICKETS. THE CENTER ALSO MANAGES THE MOODY FUND FOR THE

### ARTS ENDOWMENT, APPLICATION AND AWARD PROCESS, WHICH MAKES FLEXIBLE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932211 09-06-19 Schedule O (Form 990 or 990-EZ) (2019)

47

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization DALLAS CENTER I FOUNDATION, INC	FOR THE PERFORMING ARTS	Page 2 Employer identification number 75-2890923
GRANTS TO DESERVING SMALL DALLAS AR		
MISSION IS TO BE A CULTURAL GATHERIN	NG PLACE THAT STRENGTHENS COMMUNITY	
AND FOSTERS CREATIVITY THROUGH THE	PERFORMING ARTS AND ARTS EDUCATION	
PROGRAMS.		
FORM 990, PART VI, SECTION A, LINE	2:	
HOWARD HALLAM AND ROBERT HALLAM JR.	HAVE A FAMILY RELATIONSHIP.	
REBECCA ENLOE FLETCHER AND BESS ENLO	OE HAVE A FAMILY RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE	11B:	
THE BOARD OF DIRECTORS AUTHORIZES TH	HE FINANCE COMMITTEE TO REVIEW AND	
APPROVE THE FORM 990. THE ORGANIZAT	ION MAKES THE FORM 990 AVAILABLE TO THE	
BOARD OF DIRECTORS IN THE YEAR IT IS	S FILED.	
FORM 990, PART VI, SECTION B, LINE	12C:	
AT THE DIRECTION OF THE BOARD OF DI	RECTORS, THE EXECUTIVE MANAGEMENT TEAM	
REVIEWS AND INFORMS ON CONFLICTS AND	D POTENTIAL CONFLICTS ON INTEREST. ANY	
REPORTED CONFLICTS ARE REPORTED TO	THE BOARD FOR REVIEW AND ACTIONS, WHERE	
APPROPRIATE. AN INDIVIDUAL WITH A PO	OTENTIAL CONFLICT OF INTEREST IN A	
TRANSACTION OR ARRANGEMENT MUST RECU	USE HIMSELF OR HERSELF BEFORE THE BOARD	
OR BOARD COMMITTEE DISCUSSES AND VO	TES ON THE TRANSACTION OR ARRANGEMENT.	
IN ADDITION, THE BOARD OF DIRECTORS	AND EXECUTIVE MANAGEMENT TEAM ARE	
OBLIGATED TO UPDATE THEIR CONFLICT	OF INTEREST STATEMENT ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE	15:	
THE INDEPENDENT MEMBERS OF THE BOAR	D, BOARD COMMITTEE, OR DESIGNEE OF THE	
BOARD RESEARCHES SALARY RANGES FOR	COMPARABLE DESCRIPTIONS AND ACCORDINGLY	
SET THE SALARY TO A REASONABLE AND	COMPARABLE LEVEL, TAKING INTO	
SET THE SALARY TO A REASONABLE AND ( 332212 09-06-19	COMPARABLE LEVEL, TAKING INTO	Schedule O (Form 990 or 990-EZ) (20

14310602 701245 123101.2

Name of the organization DALLAS CENTER FOR THE PERFORMING AR	TS	Employer identification numbe 75-2890923
FOUNDATION, INC.		75-2090925
CONSIDERATION FACTORS SUCH AS GEOGRAPHIC LOCATION, SKILI	SET, EXPERIENCE,	
AND JOB REQUIREMENTS. THE INDEPENDENT MEMBERS OF THE BOA	RD BASE THEIR FINAL	
DECISION ON THIS INFORMATION, SUCH DECISION BEING MADE F	RIOR TO THE PAYMENT	
OF ANY COMPENSATION.		
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTE	REST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
ARTIST GUARANTEE:		
PROGRAM SERVICE EXPENSES	2,676,889.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,676,889.	
	2,0,0,005.	
STAGEHANDS/LOADERS CONTRACTED:		
PROGRAM SERVICE EXPENSES	849,486.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	849,486.	
SECURITY: SHOWS/EVENTS:		
PROGRAM SERVICE EXPENSES	63,548.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	63,548.	
932212 09-06-19		Schedule O (Form 990 or 990-EZ) (201

49 2019.05094 DALLAS CENTER FOR THE PER 123101.1

Name of the organization DALLAS CENTER FOR THE PERFORMING FOUNDATION, INC.	ARTS	Employer identification number 75-2890923
SECURITY: 24/7:		
PROGRAM SERVICE EXPENSES	384,735.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES		
TOTAL EXPENSES		
PRESENTER LEAGUE DUES & LICENSING FEES:		
PROGRAM SERVICE EXPENSES	43,627.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	43,627.	
PARKING GARAGE CONTRACTED SERVICES:		
PROGRAM SERVICE EXPENSES	578,855.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	578,855.	
PARKING ATTENDANTS:		
PROGRAM SERVICE EXPENSES	2,655.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,655.	
OPENING/SUPPORT ACT:		
PROGRAM SERVICE EXPENSES	500.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
932212 09-06-19 10602 701245 123101.2 2	50	Schedule O (Form 990 or 990-EZ) (2019) ITER FOR THE PER 1231(

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization DALLAS CENTER FOR THE PERFOR	MING ARTS	Page : Employer identification number
FOUNDATION, INC.		75-2890923
TOTAL EXPENSES	500.	
TICKET SETTLEMENT WRITE-OFF:		
PROGRAM SERVICE EXPENSES	14,488.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	14,488.	
MUSICIANS:		
PROGRAM SERVICE EXPENSES	27,387.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	27,387.	
EMT:		
PROGRAM SERVICE EXPENSES	16,480.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	16,480.	
DRIVERS AND RUNNERS:		
PROGRAM SERVICE EXPENSES	2,598.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,598.	
COPRO CONSULT FEE/PROFIT SHARE/ANCILLARY SPLIT:		
PROGRAM SERVICE EXPENSES	74,636.	
932212 09-06-19	51	chedule O (Form 990 or 990-EZ) (2019
10602 701245 123101.2	2019.05094 DALLAS CEN	TER FOR THE PER 1231(

Schedule O (Form 990 or 990-EZ) (2019)           Name of the organization         DALLAS CENTER FOR THE PERFORMING 2           FOUNDATION, INC.	ARTS	Page 2 Employer identification number 75-2890923
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	74,636.	
ARTIST TRAVEL, TRANSPORT/BUYOUT:		
PROGRAM SERVICE EXPENSES	10,250.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	10,250.	
ARTIST ROYALTY:		
PROGRAM SERVICE EXPENSES	128,648.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	128,648.	
ARTIST OVERAGES:		
PROGRAM SERVICE EXPENSES	12,323.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	12,323.	
FIRE WATCH/FIRE PERMIT:		
PROGRAM SERVICE EXPENSES	3,775.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,775.	
932212 09-06-19	52	Schedule O (Form 990 or 990-EZ) (2019)

52 2019.05094 DALLAS CENTER FOR THE PER 123101.1

Name of the organization DALLAS CENTER FOR THE PERFORMING FOUNDATION, INC.	ARTS	Employer identification number 75-2890923
WARDROBE LABOR & SUPPLIES:		
PROGRAM SERVICE EXPENSES	57,972.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	57,972.	
RECRUITING SERVICE FEES:		
PROGRAM SERVICE EXPENSES	58.	
MANAGEMENT AND GENERAL EXPENSES	4,606.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	4,664.	
PAYROLL SERVICE FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	25,671.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	25,671.	
BENEFITS ADMIN SERVICE FEES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	26,680.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	26,680.	
CONTRACT LABOR: OTHER:		
PROGRAM SERVICE EXPENSES	193,733.	
MANAGEMENT AND GENERAL EXPENSES	45,036.	
FUNDRAISING EXPENSES	24,100.	Sabadula O (Earra 000 ar 000 EZ) (0040
932212 09-06-19	53 )19.05094 DALLAS CE	Schedule O (Form 990 or 990-EZ) (2019

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization DALLAS CENTER FOR THE PERFORMING FOUNDATION, INC.	G ARTS Employer identification number 75-2890923
TOTAL EXPENSES	262,869.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 5,268,736.
FORM 990, PART XII, LINE 2C:	
THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (2019) 5 4

14310602 701245 123101.2

SCHEDULE R (Form 990)	ŀ	OMB No. 1545-0047							
Department of the Treasury Internal Revenue Service		Open to Public Inspection							
Name of the organizat	ON DALLAS CENTER FOR THE PERFORMING ARTS	Employer ide	ntification number						
-	FOUNDATION, INC.	75-2890	923						
Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.									

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DALLAS CENTER FOR THE PERFORMING ARTS	SUPPORT AND ENHANCE ARTS				DALLAS CENTER FOR		
ENDOWMENT, INC 82-2278560, 700 NORTH	ORGANIZATIONS IN DALLAS,				THE PERFORMING		
PEARL STREET, N1800, DALLAS, CA 75201	TEXAS	TEXAS	501(C)(3)	LINE 12A, I	ARTS FOUNDATION,	х	
	-						
	-						

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 FOUNDATION, INC.

organizations treated as a particular	organizations treated as a partnership during the tax year.										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo allocat	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera managi partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
	1										

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)						Yes	No

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

_

_

Schedule R (Form 990) 2019 FOUNDATION, INC.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			-		Yes	No	
1 During the tax year, did the organization engage in any of the following tr	ansactions with one or more re	lated organizations listed in Pa	arts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a contra	olled entity			1a		X	
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b		X	
c Gift, grant, or capital contribution from related organization(s)				1c		Х	
d Loans or loan guarantees to or for related organization(s)				1d		Х	
e Loans or loan guarantees by related organization(s)							
f Dividends from related organization(s)				1f		x	
g Sale of assets to related organization(s)				1g		X	
h Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k Lease of facilities, equipment, or other assets from related organization(s	)			1k		x	
I Performance of services or membership or fundraising solicitations for re				11	Х		
m Performance of services or membership or fundraising solicitations by rel	lated organization(s)			1m		Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related				1n	Х		
				10	X		
p Reimbursement paid to related organization(s) for expenses				1p		x	
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q	X		
r Other transfer of cash or property to related organization(s)				1r		x	
s Other transfer of cash or property from related organization(s)				1s		Х	
2 If the answer to any of the above is "Yes," see the instructions for informa-							
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invol	ved			

(a) Name of related organization	Transaction type (a-s)	Amount involved	(u) Method of determining amount involved
(1)			
<u>(2)</u>			
<u>(</u> 3)			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Schedule R (Form 990) 2019 FOUNDATION, INC.

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

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

(a)	(b)	(c)	(d)	((	<b>e)</b> e all	(f)	(g)	()	ו)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501( org	rs sec. c)(3) s.?	Share of total	Share of end-of-year assets	Dispr tior alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1	General managi partner	or Percentage ownership
		<i>c c c</i> , <i>y</i> ,	Sections 512-514)	Yes	No			Yes	No	(1011111003)	Yes N	0
				-								+
	1											

Schedule R (Form 990) 2019

# Schedule R (Form 990) 2019 FOUNDATION, INC. Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

DALLAS CENTER FOR THE PERFORMING ARTS ENDOWMENT, INC.

DIRECT CONTROLLING ENTITY: DALLAS CENTER FOR THE PERFORMING ARTS

FOUNDATION, INC.

Schedule R (Form 990) 2019

14310602 701245 123101.2