PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public

Department of the Treasury

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change THE DAYTON ART INSTITUTE Name change 31-0537480 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 456 BELMONTE PARK NORTH 937-223-5277 7,435,748. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 45405-4700 DAYTON, OH H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHAEL R. ROEDIGER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.DAYTONARTINSTITUTE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Other > L Year of formation: 1919 M State of legal domicile: OH ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: CREATING MEANINGFUL EXPERIENCES Activities & Governance WITH ART if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 113 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 208 Total number of volunteers (estimate if necessary) 6 2,669. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Current Year Prior Year** 3,513,549. 4,612,536. Contributions and grants (Part VIII, line 1h) 8 233,612. 803,636. Program service revenue (Part VIII, line 2g) 394,352. 662,312. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 661,752. -228,477. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,803,265. 5,850,007. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,586,333. 2,681,453. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,369,149. 3,715,280. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,396,733. 5,955,482. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,152,217. -546,726. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 40,748,654. 42,942,635. 20 Total assets (Part X, line 16) 1,384,843. 1,030,885. 21 Total liabilities (Part X, line 26) 三年 363,811. 41,911,75022 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MICHAEL R. ROEDIGER, DIRECTOR AND CEO Here Type or print name and title Date PTIN Preparer's signature Check Print/Type preparer's name 10/27/22 self-employed P01686651 ANNA M HELFEN, CPA ANNA M HELFEN, CPA Paid Firm's EIN ▶ 31-0800053 Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Preparer Firm's address 10100 INNOVATION DRIVE Use Only Phone no. 937-226-0070 DAYTON, OH 45342

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE DAYTON ART INSTITUTE IS COMMITTED TO ENRICHING THE COMMUNITY BY
	CREATING MEANINGFUL EXPERIENCES WITH ART THAT ARE AVAILABLE TO ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	CURATORIAL (INCLUDING COLLECTIONS AND EXHIBITIONS) - CARE, DEVELOPMENT,
	DISPLAY AND INTERPRETATION OF COLLECTIONS OF MORE THAN 27,000 WORKS OF
	ART DATING FROM 2500 BC TO PRESENT AND SPANNING CULTURES WORLDWIDE.
	MAJOR 2021 SPECIAL EXHIBITIONS INCLUDED:
	RALSTON CRAWFORD - AIR, SPACE AND WAR
	CHANGING TIMES OF THE 1960'S
	NORMAN ROCKWELL
4b	(Code:) (Expenses \$189,697. including grants of \$) (Revenue \$)
	EDUCATION AND INTERPRETATION - INTERPRETIVE INITIATIVES RANGING FROM
	TOURS LED BY MUSEUM GUIDES TO "ART + CORE CONNECTIONS" (MULTIPLE TOURS,
	ART-MAKING EXPERIENCES AND COMPLEMENTARY IN-SCHOOL ACTIVITIES),
	EDUCATOR WORKSHOPS, CLASSES, TEEN PROGRAM, FAMILY ACTIVITIES, DROP-IN
	INTERACTIVE EXPERIENCENTER, LECTURES AND SEMINARS, AND MORE THAN 200
	ONLINE COURSES AVAILABLE FOR FREE CONSUMPTION, AS WELL AS THE ENTIRE
	COLLECTION AVAILABLE ONLINE.
	2 405 402
4c	(Code:) (Expenses \$3, 427, 123. including grants of \$) (Revenue \$)
	HISTORIC BUILDING - THE DAI'S LANDMARK 1930 ITALIAN REVIVAL STYLE
	BUILDING, DESIGNED BY E. B. GREENE AND ON THE NATIONAL REGISTER OF
	HISTORIC PLACES, IS ONE OF THE PRIZED ART WORKS THE MUSEUM INTERPRETS.
	IT SUPPORTS KEY PROGRAMS. EXPENSES FOR THE HISTORIC BUILDING RELATED TO
	PROGRAM AREAS OF THE MUSEUM AND CONSIST OF OPERATION AND MAINTENANCE,
	DEPRECIATION AND FINANCING RELATED COSTS.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$\frac{\text{including grants of \$}}{\text{1 (Revenue \$}}\) Total program service expenses ▶ 4,611,918.
<u>4e</u>	Total program service expenses ► 4 , 611 , 918 . Form 990 (2021)
	Form 330 (2021)

Form 990 (2021) THE DAYTON ART INSTITUTE Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 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		Х
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 Rev. Proc. 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	_ <u> </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		-		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		37	
	Schedule D, Part III	8	_X_	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u		11d		X
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
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		37	
	Schedule D, Parts XI and XII	12a	_X_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	L	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	,	19		X
20-	complete Schedule G, Part III	20a		X
20a	• • •	20a 20b		 ^ `
b O4	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_V
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form **990** (2021)

Form 990 (2021) THE DAYTON ART INSTITUTE
Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		Х
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		Х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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 on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı				
	Check if Schedule O contains a response or note to any line in this Part V		V	NI =
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 32 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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THE DAYTON ART INSTITUTE 31-0537480 Page 5 Form 990 (2021) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 113 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f N/A If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/A 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any

6

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

excess parachute payment(s) during the year?

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THE DAYTON ART INSTITUTE 31-0537480 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 22 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 21 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? Section C. Disclosure

17	List the states	with which a	copy of this I	orm 990 is re	equired to be filed	→ t	NONE

456 N BELMONTE PARK, DAYTON, OH

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records KIMBERLY SPURGEON - 937-223-5277

Form **990** (2021)

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

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

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

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

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do	not cl	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an		compensation	amount of
	week		Cei aii	uau	liecto	CC(O)7(1 d3(CC)		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120)	and related
	below	idual	ution	e	Key employee	est co oyee	e.	<u> </u>		organizations
	line)	Indiv	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) MICHAEL ROEDIGER	40.00									
DIRECTOR AND CEO				Х				151,673.	0.	5,378
(2) JERRY SMITH	40.00									
CHIEF CURATOR				Х				100,616.	0.	9,573
(3) KIMBERLY SPURGEON	40.00									
CFO		Х		Х				101,616.	0.	10,007
(4) BROCK ANDERSON III	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0
(5) STEPHEN ALLAIRE	1.00									
CHAIR		Х		Х				0.	0.	0
(6) DANIEL DAVIS	1.00									
VICE CHAIR		Х		Х				0.	0.	0
(7) MARK SHAKER	1.00									
TREASURER		Х		Х				0.	0.	0
(8) DEBBIE WATTS ROBINSON	1.00									
SECRETARY		Х		Х				0.	0.	0
(9) JESSICA BARRY	1.00									
TRUSTEE		Х		Х				0.	0.	0
(10) LINDA BLACK-KUREK	1.00									
TRUSTEE		Х						0.	0.	0
(11) LINDA CARON, PHD	1.00									
TRUSTEE		Х						0.	0.	0
(12) LISA COKER	1.00									
TRUSTEE		Х						0.	0.	0
(13) MARK CONWAY	1.00									
TRUSTEE		Х						0.	0.	0
(14) RENATE FRYDMAN	1.00									
TRUSTEE		Х						0.	0.	0
(15) RACHEL GOODSPEED	1.00								-	
TRUSTEE		Х						0.	0.	0
(16) KEVIN HILL	1.00								-	
TRUSTEE		Х						0.	0.	0
(17) STACEY LAWSON	1.00								-	
TRUSTEE		Х			l	1		0.	0.	0

Form 990 (2021) THE DAYTO	ON ART I	NS	TI	TU	ΤE	:			31-05	37	480	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,			ghes	st C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos heck			one	Reportable	Reportable		Est	imate	:d
	hours per	box	, unle	ss pe	rson i	is both	n an	compensation	compensation	- 1		ount o	of
	week		T		II COLO	1711 43	100)	from	from related	- 1		other	
	(list any hours for	director						the	organizations		comp		
	related	ord	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)	^U /		m the	
	organizations	ruste	trus		e e	ubeu		1099-NEC)	1099-1120)			nizati relate	
	below	dual t	tiona	١.	yoldr	st cor	_	1				nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				J		
(18) RICHARD MANCHUR	1.00	_	┢	Ĭ		1							
TRUSTEE		х						0.		0.			0.
(19) DR. JEFFREY MIKUTIS	1.00									-			
TRUSTEE		х						0.		0.			0.
(20) NORA NEWSOCK	1.00		\vdash			\vdash		•		- 			
TRUSTEE	1.00	Х						0.		0.			0.
(21) JEFF PIZZA	1.00	22	\vdash			\vdash		-		•			<u> </u>
TRUSTEE	1.00	Х						0.		0.			0.
(22) KAREN SPINA	1.00	Λ				\vdash		0.					<u> </u>
TRUSTEE	1.00	Х						0.		0.			0.
(23) JEFFREY WOESTE	1.00	Λ	┢			┢		0.		<u> </u>			<u> </u>
TRUSTEE	1.00	Х						0.		0.			Λ
	1 00	Λ						0.		<u> </u>			0.
(24) DANYELLE WRIGHT	1.00	37											^
TRUSTEE	1 00	Х	┝			⊢		0.		0.			0.
(25) JENNIFER HARRISON	1.00	.,											^
TRUSTEE (JAN-FEB)		Х	_			_		0.		0.			0.
							<u> </u>	252 005		$\overline{}$	4		-
1b Subtotal								353,905.		0.		.,95	
c Total from continuation sheets to Part VII								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	353,905.		0.	24	1,95	<u> </u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				_
compensation from the organization													3
										,		Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	кеу є	empl	loye	e, or	hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for so	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	ccrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	ith c	or wi	thin	n the organization's tax y	ear.				
(A)								(B)			(C))	
Name and business	address	N	INC	3				Description of s	ervices	С	ompen		1
2 Total number of independent contractors (ir	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received me	ore than				
\$100,000 of componention from the organization	ŭ		-		(_		,					

Form **990** (2021)

Form 990 (2021) THE DAY
Part VIII Statement of Revenue

			Check if Schedule O contains a respor	se or note to any lir	ne in this Part VIII			
			Officer if Octredule O Cortains a respon	ise of flote to arry in	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenuè excluded
						function revenue	business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ra u		b	Membership dues 1b					
Ω, E		С	Fundraising events 1c	620,503.				
r A			Related organizations 1d	•				
Contributions, Gifts, Grants and Other Similar Amounts				2,095,017.	-			
Sin			All other contributions, gifts, grants, and		1			
ĒΈ				1,897,016.				
들됨				1,091,010.	-			
on t		_	Noncash contributions included in lines 1a-1f 1g \$		4 610 506			
<u>0</u> 6		h	Total. Add lines 1a-1f		4,612,536.			
				Business Code				
ė	2		MEMBERSHIP DUES	713990	457,380.			
žχ	b PROGRAM & EDUCATION FE 611710				346,256.	346,256.		
Se		С						
E S		d						
Beg		e						
Program Service Revenue		f	All other program service revenue					
_			Total. Add lines 2a-2f		803,636.			
					003,030.			
	3		Investment income (including dividends, in		762,067.			762,067.
			other similar amounts)		702,007.			702,007.
	4		Income from investment of tax-exempt bor	=				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
			Gross amount from sales of (i) Securiti	es (ii) Other				
			assets other than inventory 7a 780,24	5.				
			Less: cost or other basis		-			
ø			and sales expenses 7b 880,00	n .				
2			Gain or (loss) 7c -99,75	5	-			
Revenue					-99,755.			-99,755.
Æ			Net gain or (loss)	·····	-33,733.			-33,733.
ther	8		Gross income from fundraising events (not					
ŏ			including $\$$ of					
			contributions reported on line 1c). See					
			Part IV, line 18	8a 49,287.				
		b	Less: direct expenses	вы 407,856.				
		С	Net income or (loss) from fundraising even	s	-358,569.			-358,569.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19	9a				
		b	Less: direct expenses	9b				
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	u		10a427,977.				
				10b297,885.	-			
					120 002	127 /22	2 660	
-		С	Net income or (loss) from sales of inventor		130,092.	127,423.	2,669.	
<u>9</u>				Business Code				
on e	11	а						
Miscellaneous Revenue		b		_	1			
e e		С						
∕lis B		d	All other revenue					
2		е	Total. Add lines 11a-11d	.				
	12		Total revenue. See instructions	>	5,850,007.	931,059.	2,669.	303,743.

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

_	Check if Schedule O contains a respon	(A)		(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
3	trustees, and key employees	378,863.	110,189.	143,033.	125,641
6	Compensation not included above to disqualified	370,003.	110,103.	143,033.	123,041
U	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	1,979,260.	1,221,543.	251,631.	506,086
7	Other salaries and wages Pension plan accruals and contributions (include	1,515,200•	1,221,343.	231,031.	300,000
8					
^	section 401(k) and 403(b) employer contributions)	149,008.	89,011.	17,519.	12 178
9	Other employee benefits	174,322.	98,785.	28,659.	42,478 46,878
10	Payroll taxes	1/4,322.	30,703.	20,039.	40,070
11	Fees for services (nonemployees):				
	Management	7 022		7 022	
	Legal	7,023.		7,023.	
	Accounting	65,500.		03,300.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 741	67 277	14 751	C1 2
	column (A), amount, list line 11g expenses on Sch O.)	82,741.	67,377.	14,751.	013
	Advertising and promotion	85,906.	47,788.	7,720.	613 30,398 8,153
13	Office expenses	276,913.	140,977.	127,783.	8,153
14	Information technology	401,345.	360,241.	38,933.	2,171
15	Royalties	0.4.0.4.0	50.000	20 110	
16	Occupancy	84,342.	52,223.	32,119.	60.4
17	Travel	13,872.	1,998.	11,190.	684
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24 - 22			
20	Interest	21,583.	19,424.	2,159.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,422,158.	1,279,942.	142,216.	
23	Insurance	59,299.	53,369.	5,930.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	638,886.	638,886.	0.	0
b	CONTRACT LABOR	187,333.	186,927.	0.	406
c	EXHIBITION	54,788.	39,686.	13,044.	2,058
	ACQUISITION OF ART	6,690.	6,690.	,	,
	All other expenses	306,901.	196,862.	71,398.	38,641
25	Total functional expenses. Add lines 1 through 24e	6,396,733.	4,611,918.	980,608.	804,207
	Joint costs. Complete this line only if the organization	.,,	, : == , - =		, ,
26	Complete and allo only it the organization [
26					
26	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

:	1	Check if Schedule O contains a response or note	e to any	y line in this Part X	(A)		
:					(A)	l I	·
:					Beginning of year		(B) End of year
	_	Cash - non-interest-bearing			1,233,619.	1	1,569,186.
;	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			2,060,494.	3	1,607,168.
	4	Accounts receivable, net			113,495.	4	702,897.
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ons		5	
- 1	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ا بو	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			50,554.	8	54,817.
₹ ₹	9	Prepaid expenses and deferred charges			7,276.	9	157,064.
10	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	36,111,588.			
	b			25,310,014.	11,544,589.		10,801,574. 28,049,929.
1	11	Investments - publicly traded securities			25,738,627.	11	28,049,929.
1:	2	Investments - other securities. See Part IV, line 1			12		
1:	3	Investments - program-related. See Part IV, line 1		13			
1.	14	Intangible assets		14			
1:	15	Other assets. See Part IV, line 11		40 540 654	15	40 040 605	
	6	Total assets. Add lines 1 through 15 (must equa			40,748,654.	16	42,942,635.
ı	17	Accounts payable and accrued expenses		440,042.	17	337,506.	
	18	Grants payable	244 001	18	102 270		
ı	19	Deferred revenue			244,801.	19	193,379.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
es 2	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst				00	
Liat		controlled entity or family member of any of thes	-	: Г		22	
	23 24	Secured mortgages and notes payable to unrela		· · · · · · · ·	700,000.	23 24	500,000.
	: 4 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay			700,000	24	300,000.
-	.5	parties, and other liabilities not included on lines					
			•			25	
2	26	Total liabilities. Add lines 17 through 25			1,384,843.	26	1,030,885.
<u> </u>		Organizations that follow FASB ASC 958, che	ck here	e X			
S S		and complete lines 27, 28, 32, and 33.					
	27				25,053,290.	27	26,117,244.
8 2	28				14,310,521.	28	15,794,506.
힏		Organizations that do not follow FASB ASC 9					
₫		and complete lines 29 through 33.	•	· —			
호 2	29	Capital stock or trust principal, or current funds				29	
Sets 3	80	Paid-in or capital surplus, or land, building, or eq				30	
S S	31	Retained earnings, endowment, accumulated inc				31	
	32	Total net assets or fund balances			39,363,811.	32	41,911,750.
	33				40,748,654.	33	42,942,635.

Form **990** (2021)

Par	T 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		,85			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,39			
3	Revenue less expenses. Subtract line 2 from line 1	3		-54			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	39	39,363,811			
5	Net unrealized gains (losses) on investments	5	3	,09	4,6	<u>65.</u>	
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	41	,91	1,7	50.	
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X	
					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 on Schedule	Ο.					
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?			2 b	Х		
	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:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	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?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit	•				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
				Form	990	(2021)	

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE DAYTON ART INSTITUTE 31-0537480 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	71	<u> </u>	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4735132.	5438158.	4927244.	4063549.	3976127.	23140210.
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	4505400	5400450	4000044	4060540	2006400	00140010
	Total. Add lines 1 through 3	4735132.	5438158.	4927244.	4063549.	3976127.	23140210.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						140000
	column (f)						1408236.
	Public support. Subtract line 5 from line 4.						21731974.
	ction B. Total Support						I
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total 23140210.
	Amounts from line 4	4735132.	5438158.	4927244.	4063549.	39/612/.	23140210.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	E40 671	E02 E72	E62 020	462 E00	762 067	2021040
_	and income from similar sources	548,671.	583,573.	563,930.	463,599.	762,067.	2921840.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					636 100	636,409.
	assets (Explain in Part VI.)						26698459.
	Total support. Add lines 7 through 10	-t- / it					,292,183.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth toy			, 2, 2, 10, 3,
13	organization, check this box and stor	_		•			ightharpoonup
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		14	81.40 %
15	- · · · · · · · · · · · · · · · · · · ·					15	81.87 %
	33 1/3% support test - 2021. If the o						,-
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te						▶ □
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circum	nstances test, ched	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s >

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	T	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

132023 01-04-22

Schedule A (Form 990) 2021

Van Na

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		162	NO
1			
2	2		
3	а		
31	b		
30	C		
4	а		
41	o		
40	С		
5	а		
51	ь		
50			
6	;		
7			
8	3		
98	a		
91	o		
90	C		
10	a		
10	b		L

132024 01-04-21

Par	TIV 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	Г		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	r		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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? 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 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	truction	s).	
2	Activities Test. Answer lines 2a and 2b 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	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Chec	here if the current year is the organization's first as a non-functionally integrate	d Type III supporting organization (see
inetri	ctions)	

<u>4</u> 5

6

Schedule A (Form 990) 2021

5

Enter greater of line 2 or line 3

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

					·g		
Pai	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations _{(continu}	ed)			
Sect	ion D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	8	3				
4	Amounts paid to acquire exempt-use assets	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - pro		5				
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	<u> </u>		10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
<u>a</u>	From 2016						
<u>b</u>	From 2017						
c	From 2018						
d	From 2019						
е	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2021 distributable amount						
<u>_i</u>	Carryover from 2016 not applied (see instructions)						
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
d	Excess from 2020						

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

THE DAYTON ART INSTITUTE

Employer identification number

31-0537480

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; line 1. Complete Parts I and II.					
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$ \					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 a requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

THE DAYTON ART INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$95,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 210,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$187,828.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2**

Name of organization Employer identification number

THE DAYTON ART INSTITUTE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ <u>454,312.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 522,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

THE DAYTON ART INSTITUTE

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
123/153 11-11	21		Schedule B (Form 990) (2021)

Page 4

Name of organization

Employer identification number

HE D	AYTON ART INSTITUTE			31-0537480
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	a) through (e) and the following	line entry. For	501(c)(7), (8), or (10) that total more than \$1,000 for the organizations
	Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1 ,	,000 or less for	the year. (Enter this into. once.)
(a) No	ose duplicate copies of Fart III II additional	T Treeded.		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
-		(e) Transfer	of gift	
-	Transferee's name, address, a	and ZIP + 4	F	Relationship of transferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
-		-		
		(e) Transfer	of gift	
_	Transferee's name, address, a	and ZIP + 4	F	Relationship of transferor to transferee
(a) No				T
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
-	Transferee's name, address, a	and ZIP + 4	F	Relationship of transferor to transferee
(a) No.				T
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	and ZIP + 4	F	Relationship of transferor to transferee
		·		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE DAYTON ART INSTITUTE

Employer identification number 31-0537480

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Funds or Ac	counts. Complete if the
	, , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in dor	nor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fund	s can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	ourpose conferr	ing
	impermissible private benefit?			Yes No
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" on Fo	rm 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Presei	vation of a histo	orically important land area
	Protection of natural habitat	Preser	vation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in t	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru-	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired af	ter 7/25/06, and not on a histori	ic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminate	ed by the organi	zation during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, han	dling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforce	cing conservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing o	conservation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	l statements tha	at describes the
Da	organization's accounting for conservation easements.	Aut Historiaal Tussaures	ou Othou C	imiles Accets
Pai	Organizations Maintaining Collections of		s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ	, , , , , , , , , , , , , , , , , , ,		nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958			
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_				•
2	If the organization received or held works of art, historical trea		financial gain, p	provide
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2021

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b f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, o	r Other	Simila	r Assets	(contir	nued)	
a	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	t make si	gnificant	use of its		-	
b Scholarly research e ☐ Other Scholarly research Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Description of the organization and explain how they further the organization's exempt purpose in Part XIII. Description of the organization and explain how they further the organization's exempt purpose in Part XIII. Description of crassing the provided and amount on Form 990, Part X, line 21. The organization and organization and part XIII. the organization and part XIII. and complete the following table: The organization and part XIII. and complete the following table:		collection items (check all that apply):									
c	а	X Public exhibition	d	X Loan or exc	hange progra	am					
to be sold to raise funds and explaint now they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds arther than to be maintained as part of the organization's collection? Foreign and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. Is the organization of the part XX, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is a Bagnining of year balance Is a Bagnining of year bal	b	X Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds either than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is 1s the organization an agent, fundsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is 1s the organization an agent, fundsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is 1s 1s the organization and part of the following table: C	С	X Preservation for future generations									
to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organization's co	llections and explain	how they further th	e organizatio	on's exem	npt purpo	se in Part	XIII.		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or othe	er similar	assets				
Table 1										X	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered	"Yes" on	Form 990	0, Part IV,	line 9, or		
on Form 990, Part X? □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Id		reported an amount on Form 990, Par	t X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other ass	sets not i	ncluded		_		_
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?							Yes		No
C Beginning balance 1c 1d	b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:							
d Additions during the year E Distributions during the year 1 Ending balance 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 21 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 22 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 23 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 24 Describe the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 25 ET AGOWMENT FUNDS. Complete if the organization answered "Yes" on Form 990, Part V, line 10. 26 Description of year balance 27 5, 617, 656, 23, 785, 726, 19, 952, 267, 21, 457, 587, 21, 457, 587, 25, 612, 41, 438, 674, 21, 679, 146, 21, 679, 14									Amoun	t	
e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	С	Beginning balance					1c				
f Ending balance 1	d	Additions during the year					1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 4a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions (b) Forty ear (c) Two years back (d) Three years back (e) Four years back (e) Four years back (e) Two years back (e) Three years back (e) Three years back (e) Two years back (e) Three years back (e) Four years back (e) Two years back (e) Two years back (e) Two years back (e) Two years back (e) Four years back (e) Two years back (e) Four years back	е	Distributions during the year					. 1e				
Description of property Endowment Funds. Complete if the explanation has been provided on Part XIII Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions Part XIII Part Y								L	_		
Part V		_					ty?	L	Yes	L	No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Three years (a) Three y											
1a Beginning of year balance 25,617,656. 23,785,726. 19,952,267. 21,457,587. 21,679,146. b Contributions 714,997. 669,055. 2,069,983. 2,550,624. 1,988,674. c Net investment earnings, gains, and losses of Grants or scholarships 3,740,295. 2,435,369. 3,441,413. -1,705,191. 3,119,215. e Other expenditures for facilities and programs 2,160,628. 1,272,494. 1,676,937. 2,350,753. 5,329,448. f Administrative expenses 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. g End of year balance 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 380 and designated or quasi-endowment ► 29,1200 % b Permanent endowment ► 29,1200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a(i) X 3a(i) X 3a(i) X 3a Frament endowment Londs not in the possession of the organization that are held and administered for the organization by: 3a(i) X 3a(ii) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. (b) Cost or	Par	t V Endowment Funds. Complete i									
b Contributions			` '				• •		<u> </u>		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 2,160,628. 1,272,494. 1,676,937. 2,350,753. 5,329,448. f Administrative expenses g End of year balance 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 29.1200			· · ·	· · · · · ·	· ·						
d Grants or scholarships e Other expenditures for facilities and programs 2,160,628. 1,272,494. 1,676,937. 2,350,753. 5,329,448. f Administrative expenses g End of year balance 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 53.4900 % b Permanent endowment ▶ 29.1200 % c Term endowment ▶ 17.3900 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iv) and the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) depreciation 1a Land 213,408.			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·							
e Other expenditures for facilities and programs 2,160,628. 1,272,494. 1,676,937. 2,350,753. 5,329,448. f Administrative expenses g End of year balance 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 29.1200	С	Net investment earnings, gains, and losses	3,740,295.	2,435,369.	3,44	1,413.	-1,7	705,191.	3	,119,	215.
and programs 2,160,628. 1,272,494. 1,676,937. 2,350,753. 5,329,448. f Administrative expenses g End of year balance 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 53.4900 % b Permanent endowment ▶ 29.1200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Hand, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) 1a Land (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	d	Grants or scholarships									
f Administrative expenses g End of year balance 27,912,320. 25,617,656. 23,785,726. 19,952,267. 21,457,587. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 53.4900 % b Permanent endowment ▶ 29.1200	е	Other expenditures for facilities							_		
g End of year balance			2,160,628.	1,272,494.	1,67	6,937.	2,3	350,753.	5	,329,	448.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 53.4900 % b Permanent endowment ▶ 29.1200	f										
a Board designated or quasi-endowment ▶ 29.1200	g	•				5,726.	19,9	52,267.	21,	457,	587.
b Permanent endowment 29.1200				e (line 1g, column (a)) held as:						
c Term endowment ▶ 17.3900 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iv) In Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 213,408 (d) Book value 213,408 (e) Cost or other basis (other) (f) Cost or other basis (other) (f) Accumulated depreciation (h) Book value depreciation 213,408 (h) Buildings (h) Book value 213,408 (h) Book value 213,408 (h) Buildings (h) Book value 213,408 (h) Book value				_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 213,408. b Buildings 226,023,309. 16,964,992. 9,058,317. c Leasehold improvements d Equipment e Other Other Other Other 10,801,574.											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X 3b	С	· · · · · · · · · · · · · · · · · · ·									
Yes No		, ,	•								
(ii) Unrelated organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 213,408. 213,408. 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements d Equipment 4 Equipment 5 Rysen Part X, line 10. 1a Land 7 Part XIII the intended uses of the organization's endowment funds. 213,408.	За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	nd administer	red for the	e organiz	ation	ſ	V	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Addi Ins. 3a(ii) X 3a(ii) X 3b X Sa(iii) Sa(iii) Sa(iii		-									NO
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements d Equipment Equipment Other 8,896,719. 7,910,880. 985,839. e Other 7,910,880. 985,839. 8,896,719. 7,910,880. 985,839. 978,152. 434,142. 544,010.										Λ_	77
A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 213,408. Description of property (b) Cost or other basis (other) 213,408. 213,408. 213,408. Description of property (c) Accumulated depreciation 213,408. 213,408. 213,408. 213,408. 213,408. Description of property (a) Cost or other basis (other) 213,408. 213,408. 213,408. 213,408. 213,408. Description of property (b) Cost or other basis (other) 213,408.		(ii) Related organizations									
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 213,408. 213,408. 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements 8,896,719. 7,910,880. 985,839. d Equipment 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,801,574.									36		<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 213,408. 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements 8,896,719. 7,910,880. 985,839. e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,801,574.				wment tunas.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 213,408. 213,408. 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements 8,896,719. 7,910,880. 985,839. e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 10,801,574.	· ui			Part IV line 11a S	ee Form 990) Part X I	line 10				
basis (investment) basis (other) depreciation 1a Land 213,408. 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements 8,896,719. 7,910,880. 985,839. d Equipment 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 10,801,574.								- d	(d) Doo	اديرماد	
1a Land 213,408. 213,408. b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements 8,896,719. 7,910,880. 985,839. e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 10,801,574.		Description of property	1 ' '			ı ''		I	(a) Boo	k valu	е
b Buildings 26,023,309. 16,964,992. 9,058,317. c Leasehold improvements 8,896,719. 7,910,880. 985,839. e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 10,801,574.	10	Land	<u> </u>		, ,	dop	31 COIGLIOI		21	3 1	0.8
c Leasehold improvements 8,896,719. 7,910,880. 985,839. e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 10,801,574.											
d Equipment 8,896,719. 7,910,880. 985,839. e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 10,801,574.				20,02	J, JUJ.	10,3	, , , ,	<u> </u>	,,,,,	, , ,	<u> </u>
e Other 978,152. 434,142. 544,010. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 10,801,574.				8 89	6 719	7 0	10 R	80.	9,8	5 R	39.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			I								
Schedule D (Form 990) 202 ⁻	· otal	Triad iiiles Ta tilleagit Te. (Columni (a) must e	<u>uuai FUIIII 990, PAR 7</u>	<u> A. COIUITIIT (B), IIITE T(</u>	<i>.,</i>						

	ART INSTITUTE	31	-0537480 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(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 1	1c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(c) Welfied of Valuation. Cost of Circ	a or year market value
<u>(1)</u>			
(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 1	1d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			i

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

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

Schedule D (Form 990) 2021

SCHE	edule D (Form 990) 2021 THE DATION ART INSTITUTE			JJJ1 1 00	Page ¬		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	urn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements		1	9,297,	<u>707.</u>		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments 2a 3, 0	094,665.					
b	Donated services and use of facilities	55,150.					
С							
d	Other (Describe in Part XIII.)	297,885.					
е	Add lines 2a through 2d		2e	3,447,	700.		
3	Subtract line 2e from line 1		3	5,850,	<u>007.</u>		
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	Other (Describe in Part XIII.)						
С	Add lines 4a and 4b		4c		0.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	5,850,	007.		
Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total expenses and losses per audited financial statements		1	6,749,	<u>768.</u>		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:						
а	Donated services and use of facilities 2a	55,150.					
b	Prior year adjustments 2b						
С	Other losses 2c						
d	Other (Describe in Part XIII.)	297,885.					
е	Add lines 2a through 2d		2e	353,	035 <u>.</u>		
3	Subtract line 2e from line 1		3	6,396,	733 <u>.</u>		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
	Amounts included on Form 990, Fart IX, line 25, but not on line 1.						
а							
a b	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Investment expenses not included on Form 990, Part VIII, line 7b		4c	6,396,	0.		

| Part XIII| Supplemental Information.

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

PART III, LINE 1A:

THE ORGANIZATION'S COLLECTIONS ARE MAINTAINED FOR PUBLIC EXHIBITION, EDUCATION, AND RESEARCH IN FURTHERANCE OF PUBLIC SERVICE, RATHER THAN FOR FINANCIAL GAIN. IN CONFORMITY WITH ACCOUNTING POLICIES GENERALLY FOLLOWED BY ART MUSEUMS, THE VALUE OF THE ORGANIZATION'S COLLECTIONS HAS BEEN EXCLUDED FROM THE STATEMENT OF FINANCIAL POSITION, AND GIFTS OF ART OBJECTS ARE EXCLUDED FROM REVENUE IN THE STATEMENT OF ACTIVITIES. PURCHASES OF ART OBJECTS BY THE ORGANIZATION ARE RECORDED AS DECREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES. PROCEEDS FROM THE SALE OF ARTWORK ARE RECORDED AS INCREASES IN NET ASSETS IN THE STATEMENT OF ACTIVITIES. IT IS THE POLICY OF THE BOARD OF TRUSTEES TO SPEND PROCEEDS FROM DEACCESSIONS OF ART ONLY ON ACQUISITIONS OF ART.

Schedule D (Form 990) 2021

Part XIII | Supplemental Information (continued)

PART III, LINE 4:

THE ORGANIZATION'S COLLECTIONS INCLUDE WORKS FROM VARIOUS TIME PERIODS,

CULTURES AND STYLES FOR DISPLAY TO THE PUBLIC, AS WELL AS RESEARCH. THE

GALLERY SPACES ARE DESIGNED TO SHOW WORKS OF ART GROUPED BY ITEMS OF

SIMILAR INTEREST TO PROVIDE AN EDUCATIONAL, AS WELL AS AN ENRICHING

EXPERIENCE TO MUSEUM VISITORS.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE UTILIZED FOR GENERAL SUPPORT OF THE MUSEUM'S PROGRAMS OR IF RESTRICTED BY THE DONOR, FOR SPECIFIC PURPOSES SUCH AS ART ACQUISITION OR ART EDUCATION.

PART X, LINE 2:

THE ORGANIZATION EVALUATES THE INCOME TAX POSITIONS TAKEN OR EXPECTED TO

BE TAKEN IN INCOME TAX RETURNS FILED BY THE ORGANIZATION TO DETERMINE

WHETHER A LIABILITY FOR UNCERTAIN POSITIONS EXIST AND WHETHER A LIABILITY

FOR SUCH UNCERTAIN POSITIONS SHOULD BE RECOGNIZED. THE ORGANIZATION IS

EXEMPT FROM INCOME TAXES AND MANAGEMENT BELIEVES THE ORGANIZATION HAS NOT

ENGAGED IN ACTIVITIES THAT WOULD DISQUALIFY THEM FROM TAX EXEMPT STATUS.

CERTAIN MERCHANDISE SALES IN THE ORGANIZATION'S GIFT SHOP ARE NOT

SUBSTANTIALLY RELATED TO FURTHERING THE ORGANIZATION'S MISSION AND

THEREFORE UNRELATED BUSINESS INCOME TAX IS PAID IN ACCORDANCE WITH THE

INTERNAL REVENUE CODE. MANAGEMENT BELIEVES ANY UNRELATED BUSINESS INCOME

TAX WOULD BE IMMATERIAL.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

COST OF MERCHANDISE SALES

353,035.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name	of the	organiz	ation

THE DAYTON ART INSTITUTE

Employer identification number

31-0537480

Part I Fundraising Activities	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this pa	ırt.					
1 Indicate whether the organization ra						
a X Mail solicitations				overnment grants		
b X Internet and email solicitation						
c X Phone solicitations	g X Special	fundra	ising 6	events		
d X In-person solicitations						
2 a Did the organization have a written	or oral agreement with any individual	(includ	ing of	ficers, directors, trus	tees, or	
key employees listed in Form 990, I	Part VII) or entity in connection with p	rofessi	onal fu	undraising services?	Yes	X No
b If "Yes," list the 10 highest paid ind	ividuals or entities (fundraisers) pursu	ant to	agreer	ments under which th	ne fundraiser is to be	•
compensated at least \$5,000 by the	e organization.					
	T	1		Τ		
(i) Name and address of individual		(iii) fundr	Did	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid
or entity (fundraiser)	(ii) Activity	have custody or control of		from activity	fundraiser	to (or retained by)
		contrib	utions?		listed in col. (i)	organization
		Yes	No			
Total			<u> </u>			
3 List all states in which the organization	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is exempt from reg	gistration
or licensing.						

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
				ART BALL	2	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	_		01 027	EE0 633	20 120	660 700
Re	1	Gross receipts	91,037.	550,623.	28,130.	669,790.
	2	Less: Contributions	86,111.	509,712.	24,680.	620,503.
	_	Less. Contributions	00,111.	303,712.	24,000	020,3031
	3	Gross income (line 1 minus line 2)	4,926.	40,911.	3,450.	49,287.
	4	Cash prizes				
"	5	Noncash prizes				
Ses		Double oilibu oo aba	12 002	224 670	0 102	245 055
çper	6	Rent/facility costs	12,993.	324,670.	8,192.	345,855.
Direct Expenses	7	Food and beverages	6,933.			6,933.
Jirec	′	1 ood and beverages	3,333			3,333
	8	Entertainment				
	9	Other direct expenses		51,526.	3,542.	55,068.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	407,856.
_	11	Net income summary. Subtract line 10 from line				-358,569.
Pa	rt I		answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Ι	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						(7) 0 (7)
æ	1	Gross revenue				
S	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
ect F	4	Rent/facility costs				
Ë	-	Tient/lacinty costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	_	Not assistant to a second of the set live 7	forms the safe subsequent (all)		_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)		P	
9	Fn	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac	Yes No			
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	ear?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G	G (Form 990)	\mathtt{THE}	DAYTON	\mathtt{ART}	INSTITUTE	31-0537480	Page 4
Part IV	G (Form 990) Supplemental Infor	mation	(continued)				
			(0000000)				
_							

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE DAYTON ART INSTITUTE

Employer identification number 31-0537480

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		Х
a	Receive a severance payment or change-of-control payment?	4a		X
D	Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement?	4b 4c		X
·	Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40		
	Tes to any or lines 44.0, list the persons and provide the applicable amounts for each item in art in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
•	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL ROEDIGER	(i)	151,673.	0.	0.	0.	5,378.	157,051.	0.
DIRECTOR AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	<u> </u>

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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE DAYTON ART INSTITUTE

Employer identification number 31-0537480

FORM 990, PART VI, SECTION A, LINE 6:

THE MUSEUM OFFERS VARIOUS MEMBERSHIP LEVELS TO ITS PATRONS TO ENCOURAGE

THEM TO PARTICIPATE IN PROGRAMS OFFERED BY THE MUSEUM. THESE BENEFITS

INCLUDE FREE OR REDUCED ADMISSION TO SPECIAL EXHIBITIONS, INVITATIONS TO

PREVIEWS AND DISCOUNTS FOR CERTAIN EDUCATIONAL PROGRAMS AND OTHER EVENTS.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NOMINATING COMMITTEE OF THE BOARD OF TRUSTEES RECOMMENDS THE SLATE OF

CANDIDATES FOR THE BOARD OF TRUSTEES TO THE FULL BOARD OF TRUSTEES. THE

SLATE OF CANDIDATES ARE PROVIDED TO MEMBERS FOR ELECTION OF THE TRUSTEES AT

THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO OF THE DAYTON ART INSTITUTE AND THE FINANCE COMMITTEE REVIEW THE

990. AFTER THEIR REVIEW, THE FORM IS THEN SENT TO THE ENTIRE BOARD PRIOR TO

FILING.

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

THE BOARD OF TRUSTEES REVIEWS ANY ACTIVITY THAT COULD GIVE RISE TO

POTENTIAL CONFLICTS OF INTEREST ON AN "AS NEEDED" BASIS. ANNUALLY,

DIRECTORS COMPLETE CONFLICT OF INTEREST DISCLOSURE STATEMENTS, WHICH ARE
REVIEWED BY MANAGEMENT AND THE TRUSTEES.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DEVELOPED USING DATA FROM

COMPARABLE MUSEUMS AS WELL AS LOCAL MARKET KNOWLEDGE. THE BOARD OF TRUSTEES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021

Name of the organization

THE DAYTON ART INSTITUTE

Employer identification number 31-0537480

IS CHARGED WITH MONITORING AND EVALUATING THE COMPENSATION OF THE EXECUTIVE

DIRECTOR. THE BOARD UTILIZES MUSEUM INDUSTRY INFORMATION (ASSOCIATION OF ART MUSEUM DIRECTORS SALARY SURVEYS), AS WELL AS LOCAL MARKET KNOWLEDGE AND ANNUAL PERFORMANCE EVALUATIONS TO ADJUST COMPENSATION OF THE EXECUTIVE

DIRECTOR.

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

THE ORGANIZATION PROVIDES REQUIRED TAX FILINGS AND GOVERNING DOCUMENTS UPON

THE ORGANIZATION PROVIDES REQUIRED TAX FILINGS AND GOVERNING DOCUMENTS UPON WRITTEN REQUEST FROM THE PUBLIC.

FORM 990, PART XII, LINE 2C:

THE BOARD OF TRUSTEES HAS CHARGED THE FINANCE COMMITTEE OF THE BOARD OF
TRUSTEES WITH OVERSIGHT OF THE INDEPENDENT AUDIT. THE PROCESS IS
CONSISTENT WITH THE PRIOR YEAR.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Form 8868 (Rev. 1-2022)

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE DAYTON ART INSTITUTE 31-0537480 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 456 BELMONTE PARK NORTH return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DAYTON, OH 45405-4700 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) KIMBERLY SPURGEON The books are in the care of ► 456 N BELMONTE PARK - DAYTON, OH 45405-4700 Telephone No. ▶ 937-223-5277 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

PUBLIC DISCLOSURE COPY

Form	990-T	E	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	1	OMB No. 1545-0047
		For cal			2021
Departi Interna	ment of the Treasury I Revenue Service		lendar year 2021 or other tax year beginning, and ending, and ending ■ Go to www.irs.gov/Form990T for instructions and the latest information. • Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	·	Open to Public Inspection for 501(c)(3) Organizations Only
A [Check box if address changed.		Name of organization (Check box if name changed and see instructions.)		loyer identification number
	empt under section] 501(c)(3)] 408(e)220(e)] 408A530(a)	Print or Type	THE DAYTON ART INSTITUTE Number, street, and room or suite no. If a P.O. box, see instructions. 456 BELMONTE PARK NORTH City or town, state or province, country, and ZIP or foreign postal code	E Grou	p exemption number instructions)
	529(a) 529A		DAYTON, OH 45405-4700	F	Check box if
			ok value of all assets at end of year		an amended return.
			X 501(c) corporation 501(c) trust 401(a) trust Other trust		
	Check if filing only to		Claim credit from Form 8941		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T) e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		_ Yes _A_ NO
			► KIMBERLY SPURGEON Telephone number ► 9	37-	223-5277
			d Business Taxable Income	, , ,	223 3277
1	Total of unrelated	husine	ss taxable income computed from all unrelated trades or businesses (see		
•			so taxable income computed from all difficiated trades of businesses (see	1	0.
2	,			2	
3	Add lines 1 and 2			3	
4			see instructions for limitation rules)	4	0.
5			taxable income before net operating losses. Subtract line 4 from line 3	5	
6			ng loss. See instructions	6	0.
7		•	ss taxable income before specific deduction and section 199A deduction.	<u> </u>	
'	Subtract line 6 from		_	7	
8			rally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	
10	Total deductions.			10	1,000.
11			able income. Subtract line 10 from line 7. If line 10 is greater than line 7,	10	2,000
	enter zero			11	0.
Par	t II Tax Com	putat			
1	Organizations tax	able a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı: [Tax rate schedule or Schedule D (Form 1041)	. 2	
3	Proxy tax. See ins			3	
4	Other tax amounts	s. See i		4	
5	Alternative minimu			5	
6			cility income. See instructions	6	
7	•		h 6 to line 1 or 2, whichever applies	7	0.
LHA			ion Act Notice, see instructions.		Form 990-T (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

	90-T (2021) III Tax and Payments		Page 2
Part	·		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	-	
b	Other credits (see instructions) 1b	-	
C	General business credit. Attach Form 3800 (see instructions) Condition of the property of the	-	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) Takak and the Add lines of a through did	4.	
e	Total credits. Add lines 1a through 1d	1e	0.
2	Subtract line 1e from Part II, line 7 Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	2	<u></u>
3		3	
4	Uther (attach statement) Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		
7	section 1294. Enter tax amount here	4	0.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5	0.
6a	Payments: A 2020 overpayment credited to 2021 6a		
b	2021 estimated tax payments. Check if section 643(g) election applies	•	
c	Tax deposited with Form 8868 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
e	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	☐ Form 4136 ☐ Other Total ► 6g		
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax ▶ Refunded ▶	11	
Part	Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		37
	foreign trust?		X
_	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year Enter available pre-2018 NOL carryovers here \$ 23,062. Do not include any post-2017 NOL car		
4	· · · · · · · · · · · · · · · · · · ·	-	
E	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce	. I, IIII e 4.	
3	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code Available post-2017 NOL c	arryover	-
-	453000 \$	3,640.	-
-	\$	3,0100	
6a	Did the organization change its method of accounting? (see instructions)		х
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
	explain in Part V		
Part			
Provide	e the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		
0:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	dge and belief, it is tru	ie,
Sign		ay the IRS discuss thi	s return with
Here	DIRECTOR AND CEO	e preparer shown belo	
	Signature of officer Date Title	structions)? X Y	es No
	Print/Type preparer's name Preparer's signature Date Check i	f PTIN	
Paid	self- employed		
Prepa	rer ANNA M HELFEN, CPA ANNA M HELFEN, CPA 10/27/22	P01686	
Use C	Dnly Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's EIN ►	31-080	0053
	10100 INNOVATION DRIVE		
	Firm's address ► DAYTON, OH 45342 Phone no. 9	37-226-0	
400744 0	1-31-22	Form 9	90-T ₍₂₀₂₁₎

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/08 12/31/09 12/31/10 12/31/11 12/31/12	6,924. 8,302. 7,934. 6,020. 7,418.	6,924. 6,612. 0. 0.	0. 1,690. 7,934. 6,020. 7,418.	0. 1,690. 7,934. 6,020. 7,418.
	ER AVAILABLE THIS		23,062.	23,062.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

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

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

THE THE TOTAL OF THE				501(0	c)(3) Organizations Only
A Name of the organization THE DAYTON ART INSTITUTE			B Employer ider 31-0537		number
C Unrelated business activity code (see instructions)	453000		D Sequence:	1	of 1
E Describe the unrelated trade or business ▶GIFT SH	OP SALES U	UNRELATED TO	MISSION		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sales 5,149.					
b Less returns and allowances c B	alance ▶ 1c	5,149.			
2 Cost of goods sold (Part III, line 8)		2,480.			
3 Gross profit. Subtract line 2 from line 1c		2,669.			2,669.
4a Capital gain net income (attach Sch D (Form 1041 or For					
1120)). See instructions	4a				
b Net gain (loss) (Form 4797) (attach Form 4797). See instr					
c Capital loss deduction for trusts	4c				
5 Income (loss) from a partnership or an S corporation (atta					
statement)	5				
6 Rent income (Part IV)					
7 Unrelated debt-financed income (Part V)					
8 Interest, annuities, royalties, and rents from a controlled					
organization (Part VI)	8				
9 Investment income of section 501(c)(7), (9), or (17)					
organizations (Part VII)	9				
10 Exploited exempt activity income (Part VIII)					
11 Advertising income (Part IX)					
12 Other income (see instructions; attach statement)					
13 Total. Combine lines 3 through 12	13	2,669.			2,669.
Part II Deductions Not Taken Elsewhere See directly connected with the unrelated bus		limitations on dec	ductions. Deducti	ons mu	ıst be
1 Compensation of officers, directors, and trustees (Part X))			1	
2 Salaries and wages				2	2,038.
3 Repairs and maintenance				3	1,104.
4 Bad debts				4	
5 Interest (attach statement). See instructions			Ę	5	
6 Taxes and licenses				3	152.
7 Depreciation (attach Form 4562). See instructions		7			
8 Less depreciation claimed in Part III and elsewhere on re			8	b	
9 Depletion			<u></u>	9	
10 Contributions to deferred compensation plans			1	0	
11 Employee benefit programs				1	153.
12 Excess exempt expenses (Part VIII)				2	
13 Excess readership costs (Part IX)		3			
14 Other deductions (attach statement)		4			
				5	3,447.
16 Unrelated business income before net operating loss dec	duction. Subtract li	ne 15 from Part I, line	13,		
column (C)				6	-778.
17 Deduction for net operating loss. See instructions			<u>1</u>	7	0.
18 Unrelated business taxable income. Subtract line 17 fr		8	-778.		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

O a la a al.	de A (Faura 000 T) 0001				1
Part I	ule A (Form 990-T) 2021 III Cost of Goods Sold Enter me	ethod of inventory valuat	ion ► COST		Page 2
1				1	1,930.
2	Purchases			2	1,896.
3	Cost of labor				0.
4	Additional section 263A costs (attach statement)				0.
5	Other costs (attach statement)				0.
6	Total. Add lines 1 through 5				3,826.
7	Inventory at end of year				1,346.
8	Cost of goods sold. Subtract line 7 from line 6. Ente				2,480. Yes X No
9 Part I	Do the rules of section 263A (with respect to property Rent Income (From Real Property ar				Yes A NO
1	Description of property (property street address, city,	-			
•	A	otato, En obaoj. Onobis	in a daar doo. ooo moa	dottorio.	
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total roots received or approad. Add line 20 columns	A through D. Enter here	and an Dort Libra 6 or	olumn (A)	0.
3	Total rents received or accrued. Add line 2c columns Deductions directly connected with the income	A through D. Enter here	and on Part I, line 6, co	Diumin (A)	
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines z(a) and z(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. I	Enter here and on Part I.	line 6. column (B)	•	0.
Part \			, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	
1	Description of debt-financed property (street address	, city, state, ZIP code). C	heck if a dual-use. See	instructions.	
	A				
	В 🗌				
	c 🗆				
	D	_			
		Α	В	С	D
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
E	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt- financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6	,-	70	70	70
8	Total gross income (add line 7, columns A through		rt I, line 7, column (Δ)	•	0.
•		_,. Lines flore and off f a	, , , , , , , , , , , , , ,	<u> </u>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A t	hrough D. Enter here an	d on Part I, line 7, colur	nn (B)	0.
11	Total dividends-received deductions included in lin				0.

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see	instructi	ions)		Page 3
		-					Exempt Contro	,				
	Name of controlled organization		2. Employer identification number	l l		4. Tota	al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		nn 4 in the iniza-	he connected with a-	
(1)												
(2)												
(3)												
(4)												
			No	nexempt C	Controlled O	rganizati	ions					
7	'. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specit syments mad		10. Part of that is incontrolling gross	luded in	the tion's		conn	uctions directly nected with in column 10
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)				Part I, A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)		e and on Part I, , column (B)				
Totals	VII 1		- (- 0 1' 50	4/-\/7\ /	(0) (4.7)	<u></u> ▶			0.			0.
Part			of a Section 50	1(C)(/), (,	ee instru				
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (a	4. Set-attach st		nt)	Total deductions and set-asides add cols 3 and 4)
(1)												
(2)												
(3)												
(4)												
Totals				>	Add amor column 2 here and o line 9, colu	. Enter n Part I,					h	Add amounts in column 5. Enter ere and on Part I, ine 9, column (B)
Part	VIII Exploited E	xempt A	Activity Income,	Other 1	Than Adve	ertising	g Income	see instr	ructions)			
1	Description of exploite								,			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con						•					
	line 10, column (B)									3		
4	Net income (loss) from											
	lines 5 through 7									4		
5							5					
6	Expenses attributable									6		
7	Excess exempt expen											
	1 Enter here and an E	Oort II line	10							-		

Schedule A (Form 990-T) 2021

Schedule A (Form 990-T) 2021 Page **4**

Part	IX	Advertising Income					<u> </u>
1	Nan	ne(s) of periodical(s). Check box if report	ting two or r	nore periodicals on a	consolidated basis		
	Α						
	В						
	c [
	D						
Enter a	amour	nts for each periodical listed above in th	e correspon	ding column.			
				Α	В	С	D
2		ss advertising income					
	Add	columns A through D. Enter here and c	on Part I, line	e 11, column (A)		>	0.
а			1		_		
3							
а	Add	columns A through D. Enter here and c	on Part I, line	e 11, column (B)		>	0.
			1		T		
4		ertising gain (loss). Subtract line 3 from	line				
		or any column in line 4 showing a gain,					
		nplete lines 5 through 8. For any column					
		4 showing a loss or zero, do not comple					
5		s 5 through 7, and enter zero on line 8					
6		dership costs ulation income					
7		ess readership costs. If line 6 is less tha					
•		5, subtract line 6 from line 5. If line 5 is					
		n line 6, enter zero					
8		ess readership costs allowed as a					
		uction. For each column showing a gain	on				
		4, enter the lesser of line 4 or line 7					
а		l line 8, columns A through D. Enter the		ne line 8a, columns to	otal or zero here and	d on	
	Part	II, line 13				>	0.
<u>Part</u>	<u>X</u>	Compensation of Officers, D	irectors,	and Trustees	see instructions)		
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)						%	
(3)						%	
(4)						%	
T-4-1	F4-	whom and an Dark II. line 4					0.
Part		r here and on Part II, line 1 Supplemental Information (P	<u> </u>
ı art	Λi _	Supplemental information (see mstruct	onsj			

990-T SCH A	POST-201	7 NET OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/20	3,640.	0.	3,640.	3,640.
NOL CARRYOVI	ER AVAILABLE THIS	3,640.	3,640.	

Statement for Revenue Procedure 2021-48

Taxpayer's Name
THE DAYTON ART INSTITUTE

456 BELMONTE PARK NORTH

DAYTON, OH 45405-4700

Taxpayer's SSN/EIN 31-0537480

The taxpayer is applying the following sections of Revenue Procedure 2021-48 of tax year $\underline{2021}$: SECTION 3.01(3)

Year of Loan		Description	C	Was the loan forgiven as of the date of the return is filed?
2020	PAYCHECK PROTECTION	PROGRAM	550,000.	<u>Y</u>
2021	PAYCHECK PROTECTION	PROGRAM	522,225.	<u>Y</u>
	_			
				_

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE DAYTON ART INSTITUTE 31-0537480 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 456 BELMONTE PARK NORTH return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DAYTON, OH 45405-4700 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KIMBERLY SPURGEON The books are in the care of ► 456 N BELMONTE PARK - DAYTON, OH 45405-4700 Telephone No. ▶ 937-223-5277 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

123841 01-12-22

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)