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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047

Open to Public Inspection

<u>A I</u>	For the	2010 calendar year, or tax year beginning OCT 1 2010 and endi	i ng SI	3P 30, 2011				
B	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addre chang	The Denver Art Museum Foundation						
	Name chang			74-249	6760			
	initial return	Number and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone number	ŗ			
	Termir	1560 Broadway 2200)	303-863-3056				
	Amen- return	City or town, state or country, and ZIP + 4	,	G Gross receipts \$	28,123,535,			
	Application	Denver CO 80202		H(a) Is this a group return				
	pendi	F Name and address of principal officer:Frederic C. Hamilton		for affiliates?	Yes X No			
		1560 Broadway Suite 2200 Denver CO 80202		H(b) Are all affiliates inc	luded? Yes No			
1	Tax-ex	empt status x 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
		e: N/A		H(c) Group exemption	n number 🕨			
			L Year	of formation: 1988 N	State of legal domicile: co			
P		Summary						
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: See Part I	III, 1	ine 1.				
era	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets			
õ		Number of voting members of the governing body (Part VI, line 1a)		3	10			
*		Number of independent voting members of the governing body (Part VI, line 1b)		4	9			
ies		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	(
Ĭ.		Total number of volunteers (estimate if necessary)		6				
ĄĊ		Total unrelated business revenue from Part VIII, column (C), line 12		7a	<36,243			
	Ь	Net unrelated business taxable income from Form 990-T, line 34		7b	<36,243,			
		Onestablishing and grants (Dark VIIII line 4 to)	-	Prior Year	Current Year			
Revenue		Contributions and grants (Part VIII, line 1h)	-	2,962,586.	2,797,787			
Υe		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	0. <366.979.	2 122 729			
8	!	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<300,979. 0.	> 3,133,728,			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,595,607.	0, 5,931,515.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,916,177.	4,075,087			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0,			
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	. [_					
<u>W</u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		72,564.	44,645			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,988,741,	4 119 732			
	19	Revenue less expenses. Subtract line 18 from line 12		<1,393,134.	1 ,811,783			
ts or		RECEIVED	Be	ginning of Current Year	End of Year			
2888 3888	20	Total assets (Part X, line 16)	_	107,529,356.	110,274,007			
ZUIZ Jet Asse Jed Bals	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract lide 21 from line 20	<u> </u>	4,970,365.	4,490,288			
ᇨᄙᅼ				102,558,991.	105,783,719			
[art II	Signature Block						
¥ true	, correc	Ities of perjury, I declare that I have examined this ether in livelity accumpanying schedules and t, and complete Declaration of preparer (other than officer) is based on all information of which p	oreparer	has any knowledge.				
_		Mal Who Mr		2/14/	12			
፲፲ Sig		Signification was		Date				
圣 Her	·e	Frederic C. Hamilton, President						
Sig Ner Her O Pair		Type or print name and title	l r	Date Check	T OTIM			
<u>ي</u> آھے۔		Print/Type preparer's name Preparer's signature			PTIN			
		Julie Keusser Jalie Decese			¹⁰ 1201401000			
	parer	Firm's name Kundinger Corder & Engl P.C.		Firm's EIN				
use	Only	Firm's address 475 Lincoln Street #200	Dhaga na cana na cana					
-	, the !!	Denver, CO 80203	Phone no. 303-534-5953 x Yes No					
-		RS discuss this return with the preparer shown above? (see instructions)			Form 990 (2010)			
0320	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.		9-16	FOIIII 330 (2010)			
				7				

	990 (2010)	The Denver Art Muse		74-24967	60 Page 2
Pa	rt III Statemen	t of Program Service Acc	omplishments		
	Check if Sch	edule O contains a response to a	ny question in this Part III		
1	Briefly describe the	e organization's mission:			
	The Foundation	was established exclusiv	ely to own and administer funds		
	for the Denver	Art Museum and to make p	periodic distributions to the		
	Museum for its	educational and charitab	le causes.	- 17	
2	Did the organization	n undertake any significant progr	am services during the year which were not li	sted on	
	the prior Form 990	or 990-EZ?			Yes X No
	If "Yes," describe t	hese new services on Schedule ()		
3	Did the organization	n cease conducting, or make sigr	nificant changes in how it conducts, any prog	ram services?	Yes X No
	If "Yes," describe t	hese changes on Schedule O			
4	Describe the exem	pt purpose achievements for eac	h of the organization's three largest program	services by expenses.	
	Section 501(c)(3) a	nd 501(c)(4) organizations and se	ection 4947(a)(1) trusts are required to report	the amount of grants and	
	allocations to other	rs, the total expenses, and revenu	ue, if any, for each program service reported		
4a	(Code) (Expenses \$	094,971. including grants of \$4_0	075_087.) (Revenue \$)
	The Foundation	was established to own a	and administer funds exclusively		
	for the Denver	Art Museum and to make p	periodic distributions to the		
	Museum for its	educational and charitab	ole causes.		
				_	
					
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	•				
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	-	.			
		··· ·			
			- · · · · · · · · · · · · · · · · · · ·	<u></u>	
					
4c	(Code	\ (Eypansas \$	including grants of \$) (Revenue \$	<u> </u>
40	(Oode) (Expenses ψ	moldding grants of \$\psi		
					
	-				
					
					
				<u>,</u>	
_			· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
4d		vices (Describe in Schedule O)			
	(Expenses \$		ts of \$) (Revenue \$	<u></u>	
4e	Total program ser	vice expenses P	4.094.971.		

Form 990 (201b) The Denver Art Museum Foundation Part JV | Checklist of Required Schedules

- 41	Oneckist of nequired schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_	37/3	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	N/A	
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_ X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		_X_
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	44.1		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		_X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116	Х	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
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, XII, and XIII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_ X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		.,
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u> </u>
19	complete Schedule G, Part III	10		v
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	LUA		_
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
	The state of the s		aan (2010)

Form 990 (2010)

The Denver Art Museum Foundation

Part, IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
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		<u> </u>
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 25	24a		<u> </u>
	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	240		
_	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	_	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u> 24u</u>		_
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		,	
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	24		
20	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		<u> </u>
	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, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		х
	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	<u> </u>	<u> </u>
		Form	990 ((2010)

Form 990 (2010) Page 5 The Denver Art Museum Foundation Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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 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 Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/Z h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A 8 organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a N/A 9b b Did the organization make a distribution to a donor, donor advisor, or related person? N/A 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a N/A b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a N/A b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b

14a

13c

c Enter the amount of reserves on hand

14a 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 in Schedule O

Form 990 (2010) The Denver Art Museum Foundation 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 in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8h 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe See Sched O in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 X 14 Does the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? See Sched O a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Lx Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

The Hamilton Companies - 303-863-3056

1560 Broadway Denver CO 80202

	(2010)	

The Denver Art Museum Foundation

74-2496760

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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 to any question in this Part VII

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

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

List persons in the following order. individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons.

Check this box if neither the organization r	or any related	organization compensat						ated any current officer, director, or trustee			
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per	(cl	heck	all '	that	арр	ly)	compensation	compensation from related	amount of	
	week	çţo						from		other	
	(describe hours for	dire				Eg.		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	stee o	ruste			eusa		(W-2/1099-MISC)	(** 27 1033 141100)	organization	
	organizations	altru	ala		lo ye	Sel				and related	
	ın Schedule	ndividual trustee or director	Institutional trustee	Officer	y em j	Highest compensated employee	Former			organizations	
	O)	=	٥	5	素	= a	8				
Frederic C. Hamilton			1								
President/treasurer	5.00	х		х				0.	0.	_0.	
Richard D. McCormick	1	1			1						
VP/Secretary	0.30	х		x				0.	0,	0.	
Peter H. Coors											
Director	0,20	X.	<u> </u>	<u> </u>	ļ			0.	0.	0.	
William J. Hybl					l		Ì				
Director	0.20	х						0.	0.	0.	
Joy S. Johnson											
Director	0.20	х						0.	0.	0.	
Jay Precourt					ļ		1				
Director	0.20	х					L	0.	0.	0.	
Daniel L. Ritchie	1										
Director	0.20	х			L		_	0.	0.	0.	
Donald L. Sturm		1	ŀ								
Director	0.20	х		L.	L			0.	0.	0.	
Lewis Sharp											
Director	0.20	x	L_	L		_	_	0.	0.	34,074.	
Elisabeth W. Ireland					l						
Director	0.20	х				<u> </u>	<u>L</u> .	0.	0.	0.	
					ŀ						
				<u> </u>		<u> </u>	<u> </u>				
			<u> </u>	ļ							
	1			1		1	ŀ				
			<u> </u>			1			_		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>						
				İ							
		<u> </u>	<u> </u>	<u> </u>	_	<u> </u>	L				
]									
		<u> </u>	<u> </u>	$oxed{oxed}$	<u> </u>	_	<u> </u>				
	1	Ì									
		l									

	rt VII Section A. Officers, Directors, Tr					nd F	lich		Companyated Employ	74-24967	60		Pa	age 8
	(A) Name and title	(B) Average hours per week			(C Posi	ን) tion			(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MISC	5)	comp fro orga and	other pensa om the anizat d relat inizati	e ion ed
_														
_											:			
												· -		
	Sub-total								0.		0.		34,	074.
	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but		iose	liste	ed al	2006	► •\ •\ w\	oo re	0. 0. eceived more than \$100	000 in reportable	0.		34	0. .074.
_	compensation from the organization											ı		
	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for		stee	, ke	y em	plo	yee,	or h	nighest compensated er	mployee on		3	Yes	No x
	For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab 50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual	_		4		х
_	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor	•				-		elate	ed organization or indiv	idual for services		5		х
;c	Complete this table for your five highest co	ompensated inc	depe	ende	ent c	ontr	acto	ors t	hat received more than	\$100,000 of comp	ensa	ation f	rom	
	the organization. NONE (A) Name and business	s address			-				(B) Description of s	services	C	(C	;) nsatio	n
			•											

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

0

Form **990** (2010)

	n 990 i rt V				um Foundation			74-2496760	Page 9
	, V		Statement of Never	lue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1	a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts			Membership dues	1b					
S, g			Fundraising events	1c					
gift; ar a			Related organizations	1d					
S, S			Government grants (contribut	r					
ion			All other contributions, gifts, gran	·					
the			similar amounts not included abo		2,797,787.				
da		a	Noncash contributions included in lines	L					
ပ္ပန			Total. Add lines 1a-1f		•	2,797,787.			
					Business Code				
ø,	2	а				,			
Program Service Revenue		b				-			
Se		С	· · · · · · · · · · · · · · · · · · ·						
am		d					_		
ogr		e							
Pr		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f		•				
	3		Investment income (including	dıvıdends, inter	est, and				
			other similar amounts)		▶	394,903.		<36,243.	431,146.
	4		Income from investment of ta	x-exempt bond	proceeds 🕨	•			
	5		Royalties		>				
				(ı) Real	(II) Personal				
	6	а	Gross Rents						
		b	Less rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(ı) Securities	(II) Other				
			assets other than inventory	24,930,845					
		b	Less. cost or other basis						
			and sales expenses	22,192,020					
		С	Gain or (loss)	2,738,825					
		d	Net gain or (loss)		•	2,738,825.			2,738,825.
ē	8	а	Gross income from fundraising	ig events (not					
ent			including \$						
Ę,			contributions reported on line	1c). See					
e			Part IV, line 18	а	·				
Other Revenue			Less direct expenses	b	<u> </u>				
-			Net income or (loss) from fund			·			
	9	а	Gross income from gaming a	ctivities See					
			Part IV, line 19	а					
	ł		Less direct expenses	in the second					
	ł		Net income or (loss) from gan	-	•				
	10	а	Gross sales of inventory, less	returns	1				
			and allowances	а					
			Less. cost of goods sold	b					
		С	Net income or (loss) from sale		<u> </u>				-
			Miscellaneous Revenu		Business Code				
	11								
		þ				<u>-</u>			
		C	All all	·					
			All other revenue						
		е	Total. Add lines 11a-11d			F 000 51=	0	25.212	2 4 6 2 5 5
	12		Total revenue. See instructions.			5 931 515	1 0	· <16 243	L 3 169 971

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

	All other organizations must comp	olete column (A) but are	not required to complete	e columns (B), (C), and (I	D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	4,075,087	4,075,087.		
2	Grants and other assistance to individuals in	· · · · · · · · · · · · · · · · · · ·			
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		_ , _		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		-		
8	Pension plan contributions (include section 401(k)	***			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)·				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,761.		24,761.	
g	Other	<u>,</u>			
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-			
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Deferred Comp tax exp.	19,884.	19,884.		
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	4,119,732.	4,094,971.	24,761.	0.
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet** (B) End of year (A) Beginning of year Cash - non-interest-bearing 1 176. 176 2 Savings and temporary cash investments 125,766 2 173,223. 3 Pledges and grants receivable, net 3 16,120,893 12,190,403. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 2,604,446 7 2,379,073. Inventories for sale or use 8 Prepaid expenses and deferred charges q 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 17,669,033. 17,098,182 12 Investments - other securities See Part IV, line 11 12 69,868,893 76,151,099. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets See Part IV. line 11 15 1,711,000 15 1,711,000. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 107,529,356 110,274,007. 17 Accounts payable and accrued expenses 3,881,177 17 4.075.087. 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities Complete Part X of Schedule D 25 1,089,188 415,201. 26 Total liabilities. Add lines 17 through 25 4.970.365 26 4 490 288. Organizations that follow SFAS 117, check here > x and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 1,594,096. 1,603,156. Temporarily restricted net assets 28 5,615,595 28 5,676,044. Permanently restricted net assets 29 29 98,504,519. 95,349,300, Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 102,558,991 33 105,783,719.

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107.529.356

34

Total liabilities and net assets/fund balances

Forn	1990 (2010) The Denver Art Museum Foundation	74-2496760		Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI				x		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5	931	<u>515</u> .		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	119	732.		
3	3 Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102	558	991.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1	,412	945.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	105	783	719.		
Pa	rt XII Financial Statements and Reporting				•		
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{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 in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x		
b	Were the organization's financial statements audited by an independent accountant?		2b	х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 in Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both						
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?	J	За		x		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit					
	or sudits, explain why in Schadula O and describe any steps taken to undergo such audits		2h				

Form **990** (2010)

SCHEDULE A

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number The Denver Art Museum Foundation 74-2496760 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ĥ 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) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (iii) Type of (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) organized in the organization in col. (i) listed in your organization in col. organization support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes No Yes Νo

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010 The Denver Art Museum Foundation 74-2496760

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	tion A. Public Support	<u> </u>								
ale	ndar year (or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	ınclude any "unusual grants.")	2,523,268.	2,705,058.	2,758,216.	2,962,586.	2,797,787.	13,746,915.			
2	Tax revenues levied for the organ-			1						
	ızatıon's benefit and either paid to									
	or expended on its behalf						_			
3	The value of services or facilities			İ						
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	2,523,268.	2,705,058.	2,758,216.	2,962,586.	2,797,787.	13,746,915.			
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,									
	column (f)						1,383,290.			
	Public support. Subtract line 5 from line 4						12,363,625.			
	tion B. Total Support			·		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total			
	Amounts from line 4	2,523,268.	2,705,058.	2,758,216.	2,962,586.	2,797,787.	13,746,915.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	949,067.	547,765.	371,986.	721,525.	394,903.	2,985,24 <u>6.</u>			
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									
	assets (Explain in Part IV)	-								
	Total support. Add lines 7 through 10	. ,	L			40	16,732,161.			
	Gross receipts from related activities,	•	•			- 501(-)(2)				
13	First five years. If the Form 990 is for	•	s tirst, second, third	i, fourth, or fifth ta	ix year as a sectio	n 50 I (c)(3)	ightharpoonup			
Sec	organization, check this box and stop ction C. Computation of Publi	ic Support Pe	rcentage							
	Public support percentage for 2010 (I		_	olumn (fl)		14	73.89 %			
	Public support percentage from 2009		-	olanin (i))		15	68,67 %			
	33 1/3% support test - 2010.If the o			line 13, and line 1	4 is 33 1/3% or m					
100	stop here. The organization qualifies	-					▶ x			
ь	33 1/3% support test - 2009.If the o		•	ne 13 or 16a. and l	line 15 is 33 1/3%	or more, check th				
~	and stop here. The organization qual						▶□			
17a	a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
	meets the "facts-and-circumstances"									
h	10% -facts-and-circumstances tes	-	•	• • •	-	7a, and line 15 is	10% or			
_	more, and if the organization meets the									
	organization meets the "facts-and-circ				•		ightharpoons			
18	Private foundation. If the organization		-	•	• • • •		s			
						dule A (Form 990				

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	low, please comp	olete Part II)								
Section A	. Public Support		<u> </u>		_						
Calendar year	(or fiscal year beginning in) 🖊	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
1 Gifts, gr	ants, contributions, and										
membe	rship fees received. (Do not										
ınclude	any "unusual grants ")										
mercha formed, any act	eceipts from admissions, ndise sold or services per- or facilities furnished in ivity that is related to the ation's tax-exempt purpose										
	eceipts from activities that an unrelated trade or bus-										
iness ui	nder section 513										
ızatıon's	enues levied for the organ- s benefit and either paid to nded on its behalf										
furnishe	ue of services or facilities and by a governmental unit to anization without charge						_				
6 Total.	Add lines 1 through 5										
	ts included on lines 1, 2, and red from disqualified persons										
b Amounts in from other exceed the	included on lines 2 and 3 received than disqualified persons that e greater of \$5,000 or 1% of the										
	es 7a and 7b						_				
	support (Subtract line 7c from line 6) B. Total Support										
	r (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total				
	ts from line 6		(-)	. (37	(-)						
10a Gross II dividen securiti	ncome from interest, ds, payments received on es loans, rents, royalties ome from similar sources										
b Unrelate	d business taxable income										
•	ction 511 taxes) from businesses I after June 30, 1975										
11 Net included activities whether	es 10a and 10b ome from unrelated business is not included in line 10b, r or not the business is y carried on										
12 Other in or loss	ncome. Do not include gain from the sale of capital (Explain in Part IV)										
13 Total su	pport (Add lines 9, 10c, 11, and 12)			l	<u> </u>	<u> </u>	L				
14 First fiv	ve years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,				
	his box and stop here										
Section C	C. Computation of Publi	c Support Pe	rcentage			 					
	support percentage for 2010 (li	• •	-	column (f))		15	%				
	support percentage from 2009					16	%				
Section E). Computation of Inves	<u>itment Incom</u>	e Percentage	-							
	nent income percentage for 20			ne 13, column (f))		17	<u>%</u>				
	nent income percentage from 2					18	<u>%</u>				
	% support tests - 2010. If the						17 is not				
	nan 33 1/3%, check this box ar	-					▶				
	b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and										
	is not more than 33 1/3%, che		-								
20 Private	foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	<u>nis box and see ir</u>	structions					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization **Employer identification number** 74-2496760 The Denver Art Museum Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		Art Museum Foun				74-249676		Page 2
Par	t III Organizations Maintaining C	ollections of Ar	<u>t, Historical Tr</u>	easures, or Oth	<u>ier Simil</u>	ar Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant	use of its co	ollection i	tems
	(check all that apply)							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt purp	ose in Part >	(IV.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	ollection?			Yes	No_
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes" t	o Form 990), Part IV, Im	e 9, or	
	reported an amount on Form 990, Par	t X, line 21				<u></u>		
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contribution	ns or other assets no	ot included			
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table					
						/	Amount	
С	Beginning balance				1c			
ď	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	· · · · · · · · · · · · · · · · · · ·							
	If "Yes," explain the arrangement in Part XIV							
Pai	t V Endowment Funds. Complete	the organization an	swered "Yes" to Fo	orm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	86,438,098.	78,986,216,	83,064,182				
b	Contributions	6,728,277.	5,276,768,	5,025,944	•			
С	Net investment earnings, gains, and losses	4,521,912.	6,141,291,	<4,811,596	<u>, </u>			
d	Grants or scholarships	4,075,087.	3,916,177.	4,242,314				
е	Other expenditures for facilities				1			
	and programs	19,884.	50,000	50,000				
f	Administrative expenses				ļ			
g	End of year balance	93,593,316.	86,438,098.	78,986,216		\bot		
2	Provide the estimated percentage of the year	r end balance held a	s:					
а	Board designated or quasi-endowment	1.70	_%					
b	Permanent endowment > 98.30	%						
С		%						
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	and administered for	the organi	zation	Г	
	by:						r	<u>res No</u>
	(i) unrelated organizations						3a(ı)	<u> </u>
	(ii) related organizations						3a(ii)	<u> </u>
b	If "Yes" to 3a(II), are the related organizations						3b	
4	Describe in Part XIV the intended uses of the							
Pai	rt VI Land, Buildings, and Equipm							
	Description of investment	(a) Cost or o	(, ,		Accumulat		(d) Book	value
		basis (investri	Dasis	(other) d	epreciation	' 		
	Land					 -		
b	Buildings							
С	Leasehold improvements							
d	Equipment					-+		
	Other					_		
<u> Tota</u>	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c))				0.

(6)(7)(8) (9) (10)

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

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 1. FIN 48 (ASC 740)

	dule D (Form 990) 2010 The Denver Art Museum Foundation				74-2496760	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financ	cial State	ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		5,931,515.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		4,119,732.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		1,811,783.
4	Net unrealized gains (losses) on investments			4		1,412,945.
5	Donated services and use of facilities			5		
6	Investment expenses			6		
7	Prior period adjustments			7		
8	Other (Describe in Part XIV)			8		
9	Total adjustments (net) Add lines 4 through 8			9		1,412,945.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	EAL Davis	10) a 4	3 224 728.
	t XII Reconciliation of Revenue per Audited Financial Statemer	its v	ntn Rever	iue per n		
1	Total revenue, gains, and other support per audited financial statements				1	7,319,699.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	١ ـ				
a	Net unrealized gains on investments	2a	1	<u>,412,945.</u>	4 1	
b	Donated services and use of facilities Recoveries of prior year grants	2b			1 !	
C	. , ,	2c			-	
d	Other (Describe in Part XIV) Add lines 2a through 2d	2d	<u> </u>		100	1 412 045
e 2	Subtract line 2e from line 1				2e 3	1,412,945. 5,906,754.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					5,900,734.
+ a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	I	24,761.		
b	Other (Describe in Part XIV)	4b		24,701.	1	
c	Add lines 4a and 4b	40	<u> </u>		4c	24,761.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	5,931,515.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expe	nses per		3,331,313,
1	Total expenses and losses per audited financial statements			-	1	4,094,971.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					, , , , , , , , , , , , , , , , , , , ,
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d				2e	0.
3	Subtract line 2e from line 1				3	4,094,971.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		24,761.]	
b	Other (Describe in Part XIV)	4b			<u> </u>	
С	Add lines 4a and 4b				4c	24,761.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	4,119,732.
	rt XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III					
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also compl	lete th	s part to pro	vide any ad	ditional informa	tion
Part	V, line 4:					· -
1						
The	endowment funds are used for the educational, operational, and	capit	aı		-	
naaá	Is of the Denver Art Museum					
need	s of the Denver Art Museum,					
						<u> </u>

Schedule D (Form 990) 2010 The Denver Art Museum Foundation

Part XIV Supplemental Information (continued)

(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(b) Book value	Cost or end-of-year market value
nhedged equities	1,778,394	FMV
16-		
		-
		-
		<u> </u>
<u> </u>		
		
######################################		
		
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		1
		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 1990. Part IV, line 11db For granitance in Post Post organization maintain records to substantiate the amount of the grants or assistance?	ľhe	Denver Art Museum	Foundation				74-2496760	
For grantmakers. Describe ry Part V the organization of the grants or assistance? Ves No No No No No No No N	_			ctivities Ou	tside the United States. Comple	ete if the organi		"Yes"
grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Ves No Prograntmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c)		to Form 990, Par	t IV, line 14b					- -
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region of employees in the region of offices in the region of in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of offices in the region of service(s) in regi	1	For grantmakers. Does	the organization	maintain recor	ds to substantiate the amount of the gr	ants or assistar	nce, the	_
Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of offices in the region of offices in the region in the region in the region of the contractors in region 2 central America and the Carribbean 0 0 0 Passive investments 3 a Sub-total b Total from continuation sheets to Part I c Totals (additions 3 a		grantees' eligibility for th	ne grants or assis	stance, and the	selection cnteria used to award the gra	nts or assistanc	ce?	JYes ∟ No
(a) Region (b) Number of offices in the region offices in the region in the region of services, in the region of services, in the region of services, which is the region of services in the region of services, which is the region of services in the region of services in the region of services in the region of services in the region of services in regi	2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of gr	ant funds outsi	de the United Sta	ates.
employees in the region of fices in the region in the region of the region of the recipients located in the region of the reci	3							
3 a Sub-total 0 0 0 60,665,454 b Total from continuation sheets to Part 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		(a) Region	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to	is a progi describe :	ram service, specific type	expenditures for and investments
the Carribbean 0 0 passive investments 60,665,454								
3 a Sub-total 0 0 60,665,454 b Total from continuation sheets to Part 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ent	ral America and						
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	he	Carribbean	0	0	Passive investments			60,665,454.
b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
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b Total from continuation sheets to Part I 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
sheets to Part I 0 0 0 c Totals (add lines 3a	3 а	Sub-total	0	0				60,665,454.
c Totals (add lines 3a	b							
c Totals (add lines 3a				0				0.
and 3b) 0 0 60,665,454	С		٥	0				60,665,454.

Schedule F (Form 990) 2010 The Denver Art Museum Foundation

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

, (ie								3010
(h) Method of valuation (book, FMV, appraisal, other)								(066 m
(h) N va va (boo appra							į	Schedule F (Form 990) 2010
* 80					•			Schedul
(g) Description of non-cash assistance								
(g) Descon-cash								
(f) Amount of non-cash assistance			,					
(f) An nor assi								
(e) Manner of cash disbursement						:		
(e) Man sh disbu		i I						
ca				į				
nt of								-
(d) Amount of cash grant								
r of (d								
(c) Number of recipients								
9								-
noige								
(b) Region								
e of grant or assistance (b) Region								
stance								
or assit								
of grant								
(a) Type of grant or assistance								
=								

	lle F (Form 990) 2010 The Denver Art Museum Foundation	74-2496760	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	x Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	. Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)	x Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	x Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)	x Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	x No

Schedule F (Form 990) 2010

Schedule I (Form 990) (2010) 2 | **Employer identification number** Open to Public OMB No 1545-0047 2010 Inspection (h) Purpose of grant 74-2496760 or assistance X Yes General support Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part il can be duplicated if additional space is needed ame and address of organization (b) EiN (c) IRC section or government assistance or government assistance assistance cash grant assistance cash grant is applicable cash grant in a sesistance other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 4,075,087,n/a Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. ٥. 3 Enter total number of other organizations
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) (3) Enter total number of section 501(c)(3) and government organizations The Denver Art Museum Foundation 84-6038240 General Information on Grants and Assistance criteria used to award the grants or assistance? 1 (a) Name and address of organization 100 w 14th Ave Pkwy Name of the organization Denver Art Museum Denver CO 80204 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part | Part II

Schedule I (Form 990) (2010)

032102 01-13-11

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization The Denver Art Museum Foundation	Employer identification number
Form 990 Part VI Section A, line 2: Frederic C Hamilton and Elisabeth	
Ireland have a business relationship.	
iretand have a business relationship.	
	·-
Form 990, Part VI, Section A, line 8b: The question is not applicable to	
the foundation as there are no additional committees with authority to act	
on behalf of the governing body.	
Form 990, Part VI, Section B, line 11: The Board of Directors has	
delegated the responsibility to review the Form 990 before being filed to	
Mr. Hamilton who is President of the Board.	
Form 990, Part VI, Section B, Lines	
15a and 15b:	
This does not apply to the Foundation as the Foundation has no employees.	
Form 990, Part VI, Section C, Line 19: The foundation makes its documents	
available to the public upon request.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments: 1,412,945,	
form 990, part xi, line 2c:	
The President of the Board assumes responsibility for the oversight of	
the audit. This process has not changed from prior years.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 74-2496760

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. ► See separate instructions. The Denver Art Museum Foundation Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
DAMF LLC 1560 Broadway, #2200 Denver CO 80202	Investments	Colorado			N/A	
Part II Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year)	tions (Complete if the organization a	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	, Part IV, line 34 be	cause it had one	or more related tax-exen	дь
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1 tr of 12 (90)
ㅣ줘 #!				170(b)(1)		No Les
Denver, CO 80204-2788	Art museum	Colorado	501(c)(3)	(a)(vi)	n/a	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Schedule R (Form 990) 2010

74-2496760

Schedule R (Form 990) 2010 The Denver Art Museum Foundation

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income income	(g) Share of end-of-year assets		(h) Disproportionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? (5) Yes No	(j) (k) General or Percentage managing ownership partner?
N/A									N/A	×	
			-								
										_	
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year)	ganizations Taxable as rporation or trust during	s a Corpo g the tax y		plete if the orgar	or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related	'Yes" to Form 9	990, Part I	V, line 34 t	because it had	one or mo	re related
(a) Name, address, and EIN of related organization			(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) (d) Direct controlling entity		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership
N/A.										!	
											5 5
									-		
032162 12-21-10				-	 				Schedu	ile R (For	Schedule R (Form 990) 2010

74-2496760

The Denver Art Museum Foundation

Schedule R (Form 990) 2010

74-2496760

Schedule R (Form 990) 2010 The Denver Art Museum Foundation

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes No	(e) Share of end-of- year assets	Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes No
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		:				Schedule R (Form 990) 2010	1 990) 2010

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٠		ovide additional information for responses to questions on Schedule R (see instr	uctions).	
				
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