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# 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)

OMB No 1545-0047

Department of the Treasury Open to Public The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning and ending SEP 30, 2012 2011 Check if applicable C Name of organization D Employer identification number The Denver Art Museum Foundation Name change Doing Business As 74-2496760 lnıtıal return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 1560 Broadway 303-863-3056 Amendec return City or town, state or country, and ZIP + 4 G Gross receipts \$ 52,439,983, Applica-Denver CO 80202 H(a) Is this a group return pending F Name and address of principal officer.Frederic C. Hamilton JYes Lx⊥No for affiliates? 1560 Broadway, Suite 2200, Denver, CO 80202 H(b) Are all affiliates included? Yes Tax-exempt status: x 501(c)(3) \_ 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions) J Website: ► N/A H(c) Group exemption number ▶ Form of organization: x Corporation Trust Association Other > Year of formation: 1988 | M State of legal domicile: co Part I Summary Briefly describe the organization's mission or most significant activities. See Part III line 1, Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a <56.551.> b Net unrelated business taxable income from Form 990-T, line 34 7b <56.551.× **Prior Year** Current Year Contributions and grants (Part VIII, line 1h) 2,797,787 2,930,437. Program service revenue (Part VIII, line 2g) 0 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,133,728 1,338,503. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,931,515 4,268,940, 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4.075.087 4,463,524. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 44,645 46,211, 18 Total expenses Add lines 13-17 (must equal Part IX, column ( 4 509 735. 4 119 732 19 Revenue less expenses Subtract line 18 from line 12 ECE 1,811,783 <240.795.> 58 **Beginning of Current Year** PS-OS End of Year FEB .0 4 2013 20 Total assets (Part X, line 16) 110,274,007 118 631 844. 21 Total liabilities (Part X, line 26) 490 288 6 981 151 Net assets or fund balances Subtract line 21 from 105.783.719 111,650,693. | 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 admiplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Frederic C. Hamilton, President Type or print name and title Date Check PTIN Print/Type preparer's name

2 201 Sign Here Paid <u>Julie\_D. Reusser. CPA</u> self-employed P01401000 Preparer Firm's name Kundinger Corder & Engle Firm's EIN Use Only Firm's address > 475 Lincoln Street #200 Phone no. 303-534-5953 Denver CO 80203 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

	art III Statement of Program Service Accomplishments	Page Z
<u>r</u> a	<del></del>	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	The Foundation was established exclusively to own and administer funds  for the Denver Art Museum and to make periodic distributions to the	
	Museum for its educational and charitable causes.	
	Museum for its educational and charitable causes.	
	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes 🗓 No
	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 🗓 No
Ŭ	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 and section 4947(a)(1) trusts are required to report the amount of grants and allow	
	others, the total expenses, and revenue, if any, for each program service reported	
		)
	The Foundation was established to own and administer funds exclusively	
	for the Denver Art Museum and to make periodic distributions to the	
	Museum for its educational and charitable causes.	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
		<del></del>
		<del></del>
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	)
	<del></del>	
	<del></del>	
	<del></del>	
		<del>.</del>
<del>_</del> -	Other was a second of December 2 Other L. O.	<del></del>
4d		,
	(Expenses \$ including grants of \$ ) (Revenue \$	J
4e	Total program service expenses 4,463,524,	

Form 990 (2011) The Denver Art Museum Foundation
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		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		_X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	-	X
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		J.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	- 0		X
•	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? If "Yes," complete	•		
	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 temporarily restricted endowments, permanent			
	endowments, 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	
С	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	44-		
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	11c		_ X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u> </u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441		
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b	Х	
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u> </u>
10	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.			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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,"			
	complete Schedule G, Part III	19		х
<b>2</b> 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	99N /	20111

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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		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	1		
	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		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	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		ļ
	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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		ļ	
	Schedule L, Part I	25b	ļ <u>.</u>	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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
00	of any of these persons? If "Yes," complete Schedule L, Part III	_27		<u> </u>
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)			1
2	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		ų.
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Х
·	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?			
	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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	х	
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	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	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		х
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		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		х
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	lх	ĺ

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Form 990 (2011) The Denver Art Museum Foundation 74-2496760 Page
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.

	to line ba, bb, or rob 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			<u> </u>
Sec	tion A. Governing Body and Management			·
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year  1a 10			
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
_	officer, director, trustee, or key employee?	2	Х	<u> </u>
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?	3		X
4		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?	5		X
6	Did the organization have members of stockholders:  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		_X
7a	more members of the governing body?	7.		,,
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7 <u>a</u>		Х
D	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0		Х
	The governing body?	8a	v	
b	Each committee with authority to act on behalf of the governing body?	8b	_x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		Х
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	- 5		
	The court of the c		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			-
	ın Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure	-		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request	d & :	امرما	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	ı tınar	icial	
00	statements available to the public during the tax year	ıon 🕨	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizar	ion. 📂		
	The Hamilton Companies - 303-863-3056  1560 Broadway Denver CO 80202	_		
<u> 12200</u>	1300 DIOGRAMAY DERIVET CO 00202			

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The Denver Art Museum Foundation

4-2496760

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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

х

#### 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		orga 	anıza			mpe	nsat	(D)		<b>(E)</b>
<b>(A)</b> Name and Title	(B) Average	(C) Position						Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per					ore than one on is both an		compensation	compensation	amount of
	week	offi	cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(describe	흉	į					the	organizations	compensation
	hours for	a B				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	ustee			eusa		(W-2/1099-MISC)		organization
	organizations	al tru:	nal tı		loyee	100 es				and related
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
/1) Frederic C Hamilton	<del>- </del>	౼	=	8	<u>*</u>	포함	-			
(1) Frederic C. Hamilton President/treasurer	5.00	l .	ļ	x				0.	0.	_
(2) Richard D. McCormick		<u> </u>		^					<u> </u>	0.
VP/Secretary	0.30	l .		x				0.	0.	0.
(3) Peter H. Coors	0.30	^	İ	1				0.		· · · · · · · · · · · · · · · · · · ·
Director	0.20	, v						0.	0.	0.
(4) William J. Hybl	0.20	T_	T			İ		· ·	٠.	
Director	0,20	,				1		0.	0.	0.
(5) Joy S. Johnson		<u> </u>		-						
Director	0,20	l <sub>x</sub>						0.	0.	0.
(6) Jay Precourt	3,23							,		
Director	0.20	x			ł			0.	0.	0.
(7) Daniel L. Ritchie										
Director	0.20	x						0.	0.	0.
(8) Donald L. Sturm										,
Director	0.20	х						0.	0.	0.
(0) - 1 - 51										
Director See Sched O	0.20	x						914,627.	0.	0.
(10) Elisabeth W. Ireland										
Director	0,20	х						0.	0.	0.
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7	4	_	2	4	9	6	7	6	o	

T all	Section A. Officers, Directors, Tr	ustees, Key E	mple	oyee	s, a	nd l	High	<u>est</u>	Compensated Employ	rees (continued)				
•	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Э	E	stimate	ed	
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensate	on	ar	nount	of
		week		cer ar	a a a	irecto	or/trus	itee)	from	from relate			other	
		(describe	lecto				j		the	organization			pensa	
		related	200	_ a			sated		organization	(W-2/1099-MI	SC)		om th	-
		organizations	trustee or director	Itrus		ခ္မ	шреп		(W-2/1099-MISC)			_	anızat d relat	
		ın Schedule	dualt	lton2	_	l de	stco	   ==				ı	anızatı	
		O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>				"		
-														-
													_	
			<del>                                     </del>	_			-							
				-	_		<u> </u>							
													•	
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	Sub-total								914,627.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
2	Total (add lines 1b and 1c)	not limited to th		linte		h 0.44	اس د		914,627,	000 - 6	0.			0.
Z	Total number of individuals (including but compensation from the organization	not ilmited to tr	iose	IISLE	eo ar	DOVE	e) Wi	10 16	eceived more than \$100	,000 of reportat	oie			
	Compensation from the organization				_								Yes	No
3	Did the organization list any former officer	director or tri	iste	e ke	v en	nnlo	Wee	or I	highest compensated e	mnlovee on			-100	
J	line 1a? If "Yes," complete Schedule J for			G, NC	y Ci	пріс	усс,	011	riigilest compensated e	inployee on		3		v
4	For any individual listed on line 1a, is the s			omn	ensa	ation	anc	l oth	ner compensation from	the organization		3		_ Х
7	and related organizations greater than \$15									the organization		4	x	
5	Did any person listed on line 1a receive or									idual for services	5			
	rendered to the organization? If "Yes," con	nplete Schedu	le J_1	or s	uch	pers	son					5		х
Sec	tion B. Independent Contractors												_	
1	Complete this table for your five highest or										npens	ation	rom	
	the organization. Report compensation for	trie calendar y	ear	enai	ng v	VILIT	OI W	ILTIIT		year				
	(A) Name and business	s address	NO	NE				ŀ	<b>(B)</b> Description of s	services	_ c	ر Ompe	C) nsatio	n
								-		<u>.</u>				
				-										
	<del></del> ,				_							<u> </u>		
								$\dashv$						
	Total number of independent contractors	(including but r	not le	mite	d to	the	se lis	sted	l above) who received m	ore than			-	
_	\$100,000 of compensation from the organ	·					0						000	<u> </u>

Page 9 The Denver Art Museum Foundation 74-2496760 Part VIII Statement of Revenue (**D**) Revenue excluded from (A) (B) (C) Total revenue Related or Unrelated exempt function business tax under sections 512. revenue revenue 513, or 514 Gifts, Grants ilar Amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 2.930.437 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 2.930.437 Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 247,462 <56,551 304,013, Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 49,262,084 b Less cost or other basis and sales expenses 48,171,043 c Gain or (loss) 1,091,041 d Net gain or (loss) 1,091,041 1,091,041. 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances

Business Code

4 268 940

132009 01-23-12

11 a

b Less cost of goods sold

Total. Add lines 11a-11d

Total revenue See instructions.

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

1,395,054,

<56,551

74-2496760

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX									
	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	( <b>D)</b> Fundraising expenses					
1	Grants and other assistance to governments and		-							
	organizations in the United States. See Part IV, line 21	4,463,524.	4,463,524.							
2	Grants and other assistance to individuals in			-						
	the United States. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the									
	United States 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 accruals and 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									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	46,211.	-	46,211.						
g	Other									
12	Advertising and promotion									
13	Office expenses Information technology				<del></del> -					
14 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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)									
а					-					
b										
С										
d	·									
е	All other expenses									
25	Total functional expenses. Add lines 1 through 24e	4,509,735,	4,463,524,	46,211,	0,					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									

74-2496760

(A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 176. 1 176 2 Savings and temporary cash investments 173,223 2 132,033. 3 Pledges and grants receivable, net 3 12,190,403 8,332,876. 4 Accounts receivable, net 4 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 2,379,073 7 1,920,000. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 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 15,893,201, Investments - other securities See Part IV, line 11 12 12 76,151,099 90,642,558. 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. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 110 274 007 118 631 844. Accounts payable and accrued expenses 17 17 4\_075,087 4,487,190. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 415,201 25 2,493,961, Total liabilities. Add lines 17 through 25 4,490,288 26 6.981.151. Organizations that follow SFAS 117, check here Lx and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 1,603,156, 1,649,189, Temporarily restricted net assets 5,676,044 28 6,001,690, 29 Permanently restricted net assets 98,504,519 29 103,999,814, Organizations that do not follow SFAS 117, check here 

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 33 105,783,719 111,650,693, Total liabilities and net assets/fund balances 34 110 274 007 118 631 844.

Form	990 (2011) The Denver Art Museum Foundation	74-2496760		Pa	qe <b>12</b>			
Pa	t XI Reconciliation of Net Assets	-						
•	Check if Schedule O contains a response to any question in this Part XI				$\begin{bmatrix} \mathbf{x} \end{bmatrix}$			
1	Total revenue (must equal Part VIII, column (A), line 12)	_ 1	4	.268	940.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses Subtract line 2 from line 1	3		<240	795.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	105	.783	719.			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	6	,107	769,			
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	111	.650	693,			
Pa	t 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 audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х				
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	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							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt						
	Act and OMB Circular A-133?		3a		х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990 (	2011)			

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**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

2011

Open to Public Inspection

Name of the organization

Employer identification number

			Art Museum Founda						/4-	2490/00		
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	) See inst	tructions.				
he orgar	nization is not a	private foundation	because it is (For lines 1	I through 1	l 1, check (	only one b	ox)					
1 🔲	A church, cor	evention of churches	s, or association of churc	ches desci	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)(	A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ie,
	city, and state				•				•	•		•
5	•		benefit of a college or ur	niversity ov	vned or or	erated by	a governi	nental uni	t describe	d in		
	section 170(b)(1)(A)(iv). (Complete Part II)											
<u>د</u> 🗀												
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 Lx_	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	-		ection 170(b)(1)(A)(vi).		•							
9 📖	An organizati	on that normally rec	eives (1) more than 33 1	1/3% of its	support fi	rom contri	butions, m	nembershi	p fees, and	d gross red	eipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	ınvest	ment
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	ınızatıon a	fter June 3	0, 197	'5
	See section	<b>509(a)(2).</b> (Complete	Part III)									
10 🔲	An organizati	on organized and op	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	<b>I</b> ).				
11 🔲	An organizati	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes o	f one	or
	more publicly	supported organiza	itions described in section	on 509(a)(1	l) or section	n 509(a)(2	) See sec	ction 509(	a)(3). Che	ck the box	that	
			organization and comple				•	•				
	a Type I		7		e III - Func		egrated		d 🔲	Type III - C	Other	
е 🗀			it the organization is not			,		r more disi		• •		n
<b>с</b>		•	han one or more publicly		-	-	-					
		· ·	•		•				(a)(1) 01 S	6011011303	(4)(2)	
f	-		ten determination from t	uie ins uie	ititisa iy	ре і, туре	ii, or type	<del>)</del>				
		rganization, check th		<b>.</b> .								
g	•		organization accepted ar			•		• •				1
	• • •		irectly controls, either al	one or tog	ether with	persons d	lescribed i	ın (ıı) and (	III) below,	_	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
		•	n described in (i) above?							11g(iı)		
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (II) above	9?					11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganızatıon(	(s).							
(i) Name	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is	the .	(vii) Am	nount o	f
	anization	(,	organization	in col. (i) lis	sted in your			organizátic (i) organiz	on in col.   ed in the i	sup		•
3	,		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	[`` <b>,</b> s s u.s	.7			
			(see instructions))	Yes	No	Yes	No	Yes	No			
		-										
								1				
	<del></del>											
								]				
	<del>-</del>							-				
_												
			_						+ +			
otal												

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

Schedule A (Form 990 or 990-EZ) 2011

Sch	edule A (Form 990 or 990-EZ) 2011 The	e Denver Art M	luseum Foundati	on		74-2496760	Page 2
	art II   Support Schedule for C	Organizations	Described in S	Sections 170(l	o)(1)(A)(iv) and		
<u> </u>	(Complete only if you checked	the box on line 5,	7, or 8 of Part I or	ıf the organızatıon	failed to qualify u	nder Part III If the	organization
	fails to qualify under the tests	listed below, pleas	se complete Part III	)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and					•	
	membership fees received (Do not			į			
	ınclude any "unusual grants.")	2,705,058.	2,758,216.	2,962,586,	2,797,787	2,930,437.	14,154,084.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			į			
	the organization without charge						
4	Total. Add lines 1 through 3	2,705,058.	2,758,216.	2,962,586.	2,797,787,	2,930,437,	14,154,084.
5	The portion of total contributions						
	by each person (other than a				1		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		-	·			
	amount shown on line 11,						
	column (f)						862,764.
	Public support. Subtract line 5 from line 4						13 291 320.
<u>Se</u>	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,705,058.	2,758,216.	2,962,586,	2,797,787.	2,930,437.	14,154,084.
8	Gross income from interest,				:		
	dividends, payments received on						
	securities loans, rents, royalties		]				
	and income from similar sources	547,765.	371,986.	721,525.	394,903.	247,462.	2,283,641.
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.)						

Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	80	.80	6	%
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	73	.89	9	%
16a	33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or r	nore,	check this box and			
	stop here. The organization qualifies as a publicly supported organization				►Ū	ĸ
b	33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	6 or m	nore, check this box			
	and stop here. The organization qualifies as a publicly supported organization				►ſ	$\neg$

17a 10% -facts-and-circumstances test - 2011. 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" test. The organization qualifies as a publicly supported organization

▶□

16,437,725.

11 Total support. Add lines 7 through 10

Section C. Computation of Public Support Percentage

### 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

Section A. Public Support	below, please com	piete Part II )			•					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
1 Gifts, grants, contributions, and	(4)	(4), 4333	(0)	(4) = 0.0	(6),1207.	17.013				
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 business 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										
7a Amounts included on lines 1, 2, and 3 received from disqualified person										
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year										
c Add lines 7a and 7b										
8 Public support (Subtract line 7c from line 6) Section B. Total Support										
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total				
9 Amounts from line 6					1					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources										
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975	S									
c Add lines 10a and 10b  11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	5									
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)										
13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is		's first second thi	rd fourth or fifth t	ay year as a section	on 501(c)(3) organiz	ration				
check this box and stop here	o. and organization		, 100101, 01 11101 0	an your as a section	oo nonon organiz	<b></b>				
Section C. Computation of Pul	olic Support Pe	ercentage	,		<del></del>					
15 Public support percentage for 2011	<del></del>		column (f))		15	%				
16 Public support percentage from 20		•			16	%				
Section D. Computation of Inv			1							
17 Investment income percentage for					17	%				
18 Investment income percentage from	•	•			18	%				
19a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than	· · · · · · · · · · · · · · · · · · ·					
more than 33 1/3%, check this box	_				•					
b 33 1/3% support tests - 2010. If the	•	-	•	• •		and				
line 18 is not more than 33 1/3%, c	=									
20 Private foundation. If the organiza		-			<del>-</del>					

### **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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ 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

Par	organizations Maintaining Donor Advise organization answered "Yes" to Form 990, Part IV, Inc.		s or Accounts. Complete if the
	organization answered res to roint 990, Partiv, in	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	e used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	, , , , ,	Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	during the year
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements.		·- · · · · · · · · · · · · · · · · · ·
Pa	t III Organizations Maintaining Collections o		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 (AS	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furthera	ance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	it and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

		Art Museum Four		_		74-24967		Page <b>2</b>
Par	t III   Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	<u>er Simil</u>	<u>ar Asse</u>	ts (conti	nued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ı ıtems
	(check all that apply)							
а	Public exhibition	d	I 🔲 Loan or exc	hange programs				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how thev further ti	he organization's exi	empt purp	ose in Par	t XIV	
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma			•	400010		Yes	☐ No
Par	t IV Escrow and Custodial Arran				Form 990	) Part IV I		110
	reported an amount on Form 990, Pa		oto ii trio organizatio	manoworda roo k	)	,, r unt 1 <b>v</b> , i		
12	Is the organization an agent, trustee, custod		hany for contribution	s or other assets no	t included			
ıa	on Form 990, Part X?	ian of other intermed	nary for contribution	is or other assets no	t included		٦٧	
	•						」Yes	L No
D	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing table					
					<u> </u>		Amount	
	Beginning balance				1c			
	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f	<u> </u>	7	<del></del>
	Did the organization include an amount on F	orm 990, Part X, line	21?				Yes	∟ No
	If "Yes," explain the arrangement in Part XIV			<del></del>				
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	93,593,316.	86,438,098,	78,986,216.	83,0	064,182.		
b	Contributions	6,787,964.	6,728,277,	5,276,768.	5.0	25,944.		
С	Net investment earnings, gains, and losses	7,400,061.	4,521,912,	6,141,291,	<4.8	311,596,	>	
d	Grants or scholarships	4.463,524.	4,075,087.	3,916,177.		242,314.	•	
е	Other expenditures for facilities	• •						
	and programs	1	19.884.	50,000.		50,000.		
f	Administrative expenses		, ,	,				
g	End of year balance	103,317,817.	93 593 316.	86,438,098.	78 9	986,216.		
2	Provide the estimated percentage of the curr				, , , , ,	00,210,		
	Board designated or quasi-endowment	1.60	%	.,,o.u uo				
b	Permanent endowment 92.60	%						
·	The percentages in lines 2a, 2b, and 2c shou							
20	Are there endowment funds not in the posse	•	ation that are hold a	nd administered for	the ereen	-ation		
Sa		ssion of the organiza	ation that are nelu a	na administered for	ine organi.	Zation	Г	Vaa Na
	by							Yes No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations		- 0 -b - 1 b - B0				3a(ii)	<u> </u>
	If "Yes" to 3a(ı), are the related organizations						3b	<u> </u>
4 Do	Describe in Part XIV the intended uses of the							
Fai			1					<del></del>
	Description of property	(a) Cost or o	\-'	, , ,	Accumulate		(d) Book	value
	<del></del>	basis (investr	nent) Dasis	(other) de	preciation			
	Land							
b	Buildings	-						
c	Leasehold improvements							
d	Equipment							
	Other							
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	(O(c))		<b>•</b>		0.
						Schedule	D (Form	990) 2011

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1	2	
(a) Description of security or category (including name of security)	(b) Book value	\ '	ethod of valuation nd-of-year market value
(1) Financial derivatives	·		
(2) Closely-held equity interests			
(3) Other			
(A) Emerging markets	5,141,277	End-of-Year Marke	et Value
(B) Fixed income arbitrage	17,665,772	End-of-Year Marke	et Value
(C) Global/macro	15,779,056	End-of-Year Marke	et Value
(D) Healthcare	9,462,987	End-of-Year Marke	et Value
(E) Leveraged buy-out	3,376,424		
(F) Long/short equities	19,146,112		
(G) Multi-strategy	12,042,462		
(H) Natural resources and energy	1,924,241		
(I) Private equity	4,597,384		et Value
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	90,642,558		· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line '		othed of valuation
(a) Description of investment type	(b) Book value		ethod of valuation nd-of-year market value
(1)			
(2)			
(3)		<u> </u>	
(4)			
(5)			
(6)			
(7)			
(8)	<del></del> : <del></del> :	·-	
(10)			
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)		<del> </del>	
Part IX Other Assets. See Form 990, Part X, line	15	·····	
	Description		(b) Book value
(1)			
(2)	<u> </u>	. **	-
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,			<b>&gt;</b>
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) Investments held for related entity		939,888.	
(3) Investments held for Clyfford Still Mu	useum	1,554,073.	
(4)			
(5)			
(6)	_		
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to	e 25 ) the organization's financial state	2,493,961, ments that reports the organization's	liability for uncertain tax positions under
2. FIN 48 (ASC 740)			<del>`</del> _
01-23-12 See Part XIV	for Continuations		Schedule D (Form 990) 2011

	dule D (Form 990) 2011 The Denver Art Museum Foundation	A .1*		-:-101	74-2	496760	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Finan	cial St	atemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	_	_	4,268,940.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			4,509,735.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3			<240,795.
4	Net unrealized gains (losses) on investments			4			6,107,769.
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			<u>6,107,769.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		likh Davas	10			5 866 974.
	t XII   Reconciliation of Revenue per Audited Financial Statemer	ILS V	vitti nevei	iue pe		<u> </u>	_ <del></del>
1	Total revenue, gains, and other support per audited financial statements				1		10,330,498.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	١.	1 -				
а	Net unrealized gains on investments	2a	6	,107,7	69.		
b	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c	_				
d	Other (Describe in Part XIV)	2d			$\dashv$ _		
е	Add lines 2a through 2d				2e		6,107,769.
3	Subtract line 2e from line 1				3	<del> </del>	4,222,729,
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	۱.	I				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		46,2	11.		
b	Other (Describe in Part XIV)	4b			<b>-</b>   ₄.		45.044
c	Add lines 4a and 4b  Table review Add lines 2 and 4a (This revist acres) Form 900. Part I line 12 h				4c 5	1	46,211,
5 Pai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) TX XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expe	nses r		urn	4,268,940.
1	Total expenses and losses per audited financial statements		min Expo	ооо р	1	1	4.463.524.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				'		4,403,324.
a	Donated services and use of facilities	2a	ļ				
b	Prior year adjustments	2b	<del> </del>	<del></del> -			
c	Other losses	2c					
d	Other (Describe in Part XIV )	2d					
e	Add lines 2a through 2d				2e		0.
3	Subtract line 2e from line 1				3		4.463.524.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						1,100,001.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		46,2	11.		
b	Other (Describe in Part XIV)	4b	1				
C	Add lines 4a and 4b			-	4c	i	46,211.
5					5		4 509 735.
_	rt XIV Supplemental Information				•	•	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	. lines	1a and 4. Pa	ırt IV. line	s 1b and	2b. Part	V. line 4. Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compl						
	. V. line 4:			,			
The	endowment funds are used for the educational operational and	capi	tal				
need	ds of the Denver Art Museum,						
							_

74-2496760

Schedule D (Form 990) 2011 The Denver Art Museum Foundation

Part XIV Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12	•	<del>-</del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Unhedged equities	1,506,843.	FMV
<u> </u>	<del></del>	
	<del> </del>	
· · · · · · · · · · · · · · · · · · ·		
	-	

### 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.

Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

<b>n</b> l	D				74 2406760	
Pa:	Denver Art Museum F		ctivities Ou	tside the United States. Comple	te if the organization answered	"Yes"
	to Form 990, Part			orac and comple	no il ilio organization allottoro	
1			maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistance?	Yes No
2	For grantmakers. Described States	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other assistance our	tside the
3	Activities per Region (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	eeded)	<del>-</del> -
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Cent	ral America and					
the	Carribbean	0	00	Passive investments		72,198,145.
						<del> </del>
3 a	Sub-total	0	0_			72,198,145.
b	Total from continuation sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	<u>                                     </u>	0			72 198 145

chedule F (Form 990) 2011	The Denv	The Denver Art Museum Foundation	dation		74-2496/60	09/		radez
Part II Grants and Oth recipient who re Part II can be die	Grants and Other Assistance to Organizations or Electricated who received more than \$5,000. Check this the first lican be diminated if additional space is needed.	ganizations or Entities ( 000 Check this box if no space is needed	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be clinicated if additional space is needed	Somplete if the or than \$5,000	ganization answered	l "Yes" to Form 9	190, Part IV, line 15, for	any 🔻 📋
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of the IRS, or for which 3 Enter total number of	Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recog the IRS, or for which the grantee or counsel has provided a section 501 Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	e foreign country,	recognized as tax-e:	xempt by		
							Sched	Schedule F (Form 990) 2011

Page 3

The Denver Art Museum Foundation

Schedule F (Form 990) 2011

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 74-2496760

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2011
(g) Description of non-cash assistance					Schedu
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					,
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

	lle F (Form 990) 2011 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, Information 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

**2** Schedule I (Form 990) (2011) **Employer identification number** Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance 74-2496760 X Yes Seneral 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 II can be duplicated if additional space is needed 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of 4,463,524 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) (3) The Denver Art Museum Foundation Enter total number of other organizations listed in the line 1 table 84-6038240 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 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 II Part

Schedule I (Form 990) (2011) The Denver Art Museum Foundation	Foundation				74-2496760 Page 2
r Assist	ited States. Con	nplete if the organiz	ation answered "Yes	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the informatic	in required in Part I,	line 2, and any other	additional information	
Schedule I, Part I, Line 2: Monitoring the funds is	is accomplished by an	d by an			
independent audit of the Museum done annually by certified public	ertified publ	ic			
accountants, as well as attendance at Museum board meetings by several	meetings by	several			
directors of the Foundation.					
132102 01-27-12					Schedule I (Form 990) (2011)

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. ➤ See separate instructions.

Employer identification number 74-2496760 The Denver Art Museum Foundation

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 in Form 990,					
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			1		
	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 (e.g., maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			1		
	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 officers, directors,					
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
		:				
3	Indicate which, if any, of the following the filing 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 Explain in Part III					
	Compensation committee Written employment contract					
	Independent compensation consultant Compensation survey or study	1				
	Form 990 of other organizations  Lx Approval by the board or compensation committee	<u> </u>				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
4	organization or a related organization					
2	D	4a		х		
a h	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	x			
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х		
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	70				
	, 5.5 (5.4.) 5 1.5 (1.5.) 1.5 (1.5.) 1.5 (1.5.) 1.5 (1.5.) 1.5 (1.5.) 1.5 (1.5.) 1.5 (1.5.) 1.5 (1.5.)	İ				
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	i				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of			ĺ		
а	The organization?	5a		х		
b	Any related organization?	5b		х		
	If "Yes" to line 5a or 5b, describe in Part III			ĺ		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			ĺ		
	contingent on the net earnings of					
а	The organization?	6a		x		
b	Any related organization?	6b_		x		
	If "Yes" to line 6a or 6b, describe in Part III			İ		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments					
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X		
8	Were any amounts reported in 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		<u> </u>		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	_				
	Regulations section 53.4958-6(c)?	9	1.			

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

Schedule J (Form 990) 2011

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 in 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 are not 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	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	ē	(E)	(F)
		(-)			Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(l)-(D)	reported as deferred in prior Form 990
	Ξ	914,627.	0	0.	0.	0	914,627.	34,074.
1 Lewis Sharp	≘	0	0	0	0.	0.	0.	0
	Ξ							
2	Ξ							
	Ξ							
က	€ (							
	9							
4	: <b>E</b>							
	Ξ							
10	Ξ							
	Ξ							
9	€							
	€							
7	⊕							
	(i)							
8	▣							
	€							
6	▣							
1	Ξ							
10	▣							
	Ξ							
11								
	Ξ							
12	Ξ							!
	Ξ							
13	▣							
	€							
14	≘							
	Ξ							
15	▣							
	Ξ							
16		-						

Schedule J (Form 990) 2011

Schedule J (Form 990) 2011 The Denver Art Museum Foundation Part III Supplemental Information	74-2496760 Page 3
Complete this part to 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	II Also complete this part for any
Part I, Line 4b: Lewis Sharp received \$914,627 in retirement	
compensation related to his position as CEO of the Denver Art Museum.	
	Schedule J (Form 990) 2011

#### **SCHEDULE O**

(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

OMB No 1545-0047 Open to Public Inspection

Name of the organization Employer identification number The Denver Art Museum Foundation 74-2496760 Form 990 Part VI Section A line 2: Frederic C Hamilton and Elisabeth Ireland 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. Line 15: 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 VII, 1a Lewis Sharp compensation Lewis Sharp, former CEO of the Denver Art Museum (the Museum), was paid a lump sum by the Denver Art Museum Foundation (the Foundation), upon his retirement from the Museum in calendar year 2011. The lump sum was distributed to Mr. Sharp and reported by the Foundation on a 2011 Form The fund was established in 1996 and held at the Foundation for investment purposes. Mr. Sharp was not on the Foundation's Board of

Name of the organization	Employer identification number
The Denver Art Museum Foundation	
Directors at the time the retirment fund was established or funded.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Vat	
Net unrealized gains on investments: 6,107,769.	
Form 990 Part XI, Line 2c:	
The President of the Board assumes responsibility for the oversight of	
The Freshdent of the board assumes responsibility for the oversight of	
the audit. This process has not changed from prior years.	
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Department of the Treasury Internal Revenue Service **SCHEDULE R** Form 990)

Name of the organization

Partl

Related Organizations and Unrelated Partnerships

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

The Denver Art Museum Foundation

Employer identification number

74-2496760

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2011 Ŷ entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) Direct controlling entity End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) 170(b)(1) (a)(vi) Total income Exempt Code ਰ section 501(c)(3) Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) Colorado Colorado Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Investments Art museum Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Denver Art Museum - 84-6038240 100 West 14th Avenue Parkway Denver, CO 80204-2788 1560 Broadway, #2200 80202 Denver, CO DAMF LLC Part II

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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.) Schedule R (Form 990) 2011 The Denver Art Museum Foundation Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total 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)	General or F managing partner?	General or Percentage managing ownership partner?
										_	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	janizations Taxable as rporation or trust during	s a Corpo the tax )	ration or Trust (Co	mplete if the org	anization ans	wered "Yes" t	o Form 990, Pa	t IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	Zc		(b) Primary activity		or C/y	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) f total Share of ne end-of-year assets		(h) Percentage ownership
										-	
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132162 01-23-12									Schedule	R (Form	Schedule R (Form 990) 2011

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The Denver Art Museum Foundation

Schedule R (Form 990) 2011

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

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

age hıp					=
(k) ercent wners					1 060
(j) Generat or P. managing partner? Yes No					
Gene Omani 1 part Yes					- d
(h) (i) (j) (k)  Dispropor- Dispr		i			Schedule 8 (Form 990) 2011
te arr					
(h) Disproportonate allocations?					
(g) Share of end-of-year assets					
(f) Share of total					
Are all partners sec 501(c)(3) orgs 7					
(d) Predominant income pa (related, unrelated, excluded from tax under section 512-514) y					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R	(Form 990) 2011	The Denver	Art Museum Foundation	74-2496760	Page 5
Part VII	(Form 990) 2011 Supplemental Infor	mation		-	·
	Complete this part to ave		formation for recommend to greations on Cohodula D (		
	Complete this part to pro	vide additional in	formation for responses to questions on Schedule R (s	see instructions)	
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