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Form **990** 

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 private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

OMB No 1545-0047

Α	For t	he 2014 calendar year, or tax year beginning and ending	l	
В	Check applica	C Name of organization	D Employer identif	ication number
	Add cha	ress DMNS Foundation		
	Nan cha	nge Doing business as	84-103	35262
	initi: retu	n Number and street (or P.U. box if mail is not delivered to street address)   Hoom/s	suite E Telephone numb	er
L.	Fina retu	rn/ 2001 Colorado Bivd.	303-3	70-6156
_	term ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,445,915.
Ļ	iretu		H(a) Is this a group	
L	—tion pen	dua F Name and address of principal officer Michael 11. Com	for subordinate	
_		same as C above	H(b) Are all subordinates	
		xempt status   Sol(c)(3) 501(c) ( )   (insert no.) 4947(a)(1) or	<del></del>	a list (see instructions)
		site: www.dmns.org	H(c) Group exemption	<del></del>
	art I	of organization:     X   Corporation   Trust   Association   Other ►   L     Summary   Summary   Corporation   Other ►   L	Year of formation: 1986	M State of legal domicile: CO
	1	Briefly describe the organization's mission or most significant activities To provide it	inancial support to	
Activities & Governance	1	the Denver Museum of Nature and Science.	Thancial support to	<u> </u>
nar	2	Check this box If the organization discontinued its operations or disposed of i	more than 25% of its net a	
ě	3	Number of voting members of the governing body (Part VI, line 1a)	3	7
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
80	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
vitie	6	Total number of volunteers (estimate if necessary)	6	7
Ę	7	a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-133,857.
		b Net unrelated business taxable income from Form 990-T, line 34	7b	-133,857.
CUNINIA OU	1		Prior Year	Current Year
<u>ہ</u> ک	8	Contributions and grants (Part VIII, line 1h)	1,084,231	. 961,621.
Revenue	9	Program service revenue (Part VIII, line 2g)	0	. 0.
i š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,489,229	8,484,294.
5 "	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0.
: _	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,573,460	9,445,915.
:	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,700,762	3,042,760.
- - -	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	ļ
es	15		0	` <b> </b>
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e)		. 0.
X	ا . ا	Total fundraising expenses (Part IX, column (D), line 25)	405 070	202 505
_	17		406,278	<del></del>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,107,040 3,466,420	3,426,285. 6,019,630.
<u></u>	19	Revenue less expenses Subtract line 18 from line 12	Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	111,948,166	<del></del>
ASS	21	Total liabilities (Part X, line 26)	1,299,786	<del></del>
Set	22	Net assets or fund balances Subtract line 21 from line 20	110,648,380	114,590,229.
_	art I		<u> </u>	- <del></del>
Un:	ler pe	nalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of n	ny knowledge and belief, it is
		ect, and complete. Declaration of preparer (other than officer) is based on all information of which prej		, ,
_		1/1/0		
Sig	ın	Signature of officer	Date _/	20/15
He	re	Michael L. Conn, President		(0//
_		Type or print name and title		
-		Print/Type preparer's name Proparer's signature	Date Check	PTIN
Pa		Suzanne K. Engle Suzanne R. Cngle	5/20/15 If self-emplo	yed P01375409
	parer		Fırm's EIN ▶	
Us	Only			
_		Denver, CO 80203	Phone no. (3)	03) 534-5953
_		IRS discuss this return with the preparer shown above? (see instructions)		Yes No
432	001 11	-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form <b>990</b> (2014)

Form	1990 (2014) DMNS Foundation	84-1035262	Page 2
Pa	rt III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	To provide financial support to the Denver Museum of Nature and		
	Science.		
2	Did the organization undertake any significant program services during the year which were not listed on		
_		Г	Yes X No
	the prior Form 990 or 990-EZ?	_	163 65 110
_	If "Yes," describe these new services on Schedule O		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	\$? ∟	⊥Yes ഥNo
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by ex	penses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,042,760. including grants of \$ 3,042,760. ) (Reference made to the Denver Museum of Nature and Science to support its	venue \$	)
	programs and services.		
	programs and services.		
	· · · · · · · · · · · · · · · · · · ·	<del></del>	-
		<u> </u>	
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code ) (Expenses \$ including grants of \$) (Re	venue \$	<u> </u>
715	/ Code ) (Expanses a ) / (Indian g grants of a ) / (Indian g grants of a )		
		•	
			•
4c	(Code ) (Expenses \$ including grants of \$ ) (Re	venue \$	1
	<del>-</del>		
			•
	······································		<del></del>
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 3,042,760.		

	, on our or riodan on our our or		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		103	1
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	х	1
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	ĺ	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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, 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	l	۱.,	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	-
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		١,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	١	<sub>v</sub>	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444	x	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u> </u>	
iza	Schedule D, Parts XI and XII	12a	x	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	<del>-</del>	<del>                                     </del>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<del>                                     </del>	x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "	<del></del>	
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	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
	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	1	I

Part IV	Checklist of F	equired Schedu	les (continued)
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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			i
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			l
	Schedule L, Part I	25b		X.
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			i
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			İ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	l		l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		x
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		x
29 30	Did the organization receive more than \$25,000 in notificash contributions? If the rest complete schedule with the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		_
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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	<del>                                     </del>		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		-
	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, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990	(2014)

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

X

DMNS Foundation Form 990 (2014) 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 х Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 4 x Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 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: x a The governing body? 8a х **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b Х b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request ☐ Other (explain in Schedule O) Own website Another's website 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records

Edward Scholz - 303-370-6480

2001 Colorado Blvd., Denver, CO 80205

DMNS Foundation	84-1035262	Page 7

#### Form 990 (2014) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### 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 n	or any related	orga	aniza	tion	cor	npei	nsat	ed any current officer, o	director, or trustee	
(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	Position (do not check more than one			than	one	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an ficer and a director/trustee)		h an	compensation	compensation	amount of		
	week	⊢	Cer an	u a u	ii ecto	ii/uus	(66)	from	from related	other
	(list any hours for	recto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(***-2/1000-141100)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	mper	l	(		and related
	below	ıdual	utton	 	Кеу етрюуее	est co oyee	Ja Ja			organizations
	line)	Ppul	Instit	Officer	Key 6	Highest compensated employee	Former			
(1) Michael L. Conn	1.00		ļ							
President		Х		х	L			0.	0.	0.
(2) David C. Decker	1.00						İ			
Vice President		х	_	Х			匚	0.	0.	0.
(3) Robert Unger	1.00	]				ł				
Secretary/Treasurer		х	L	Х				0.	0.	0.
(4) Thomas W. Swanson	1.00	]								
Board Member	1.00	Х	_			╙	_	0.	0.	0.
(5) Wally Obermeyer	1.00	1								
Board Member		х	L	_				0.	0.	0.
(6) John E. Freyer	1.00		1			1				
Board Member	1.00	х	$oxed{oxed}$			<u> </u>		0.	0.	0.
(7) Montgomery C. Cleworth	1.00	1								
Board Member	1.00	X	匚		ᆫ	<u> </u>	_	0.	0.	0.
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Form 990 (2014) DMNS Foundati									84-1035	262		Р	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A)	(B)			ر) Pos	-			(D)	(E)			(F)	
Name and title	Average hours per		not c	heck	more	than is bot						stimate nount	
	week					or/trus			from related	.	aii	other	
	(list any	ector	1					the	organizations			pensa	
	hours for related	or dir	]   <u>8</u>		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		om th	
	organizations	rustee	al trusi		e e	шреп		(***271099-141130)		ļ	_	anızat d relat	
	below	Individual trustee or director	Institutional trustee	Ja:	Key employee	Highest compensated employee	ner					anızatı	
	line)	upul	usu	Officer	ř.	돌	For						
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					<u> </u>				<u> </u>				
1b Sub-total		<u> </u>	<u> </u>			<u> </u>		0.		0.			0.
c Total from continuation sheets to Part VI	L Section A							0.		0.			0.
d Total (add lines 1b and 1c)	,, 000						•	0.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	10 r	received more than \$100	0,000 of reportable	<del>-</del>			
compensation from the organization													0
					_							Yes	No
3 Did the organization list any former officer,	•		e, ke	y er	nplo	yee	or	highest compensated e	mployee on		2	ŀ	x
Inne 1a? If "Yes," complete Schedule J for s  4 For any individual listed on line 1a, is the su			mn	ones	ation	n and	t ot	ther compensation from	the organization		3		<del>  ^</del> -
and related organizations greater than \$150	•							•	the organization		4		x
5 Did any person listed on line 1a receive or a	•		-						idual for services				
rendered to the organization? If "Yes," com	plete Sc <u>h</u> edul	e J f	or s	uch	pers	son					5_		х
Section B. Independent Contractors								<u> </u>					
Complete this table for your five highest co	•	-								pens	ation '	from	
the organization Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	<u>ithii</u>	n the organization's tax (B)	year I			C)	
(A) Name and business	address	NO	NE					Description of s	services	С		nsatio	n
									İ				
							4						
							$\exists$						
	,					_		<u> </u>					
2 Total number of independent contractors (i		ot lu	mıte	d to			stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨					0							

<u> </u>		Check if Schedule O cont	tains a response or i	note to any lin	e in this Part VIII			
	,	Oncor ii Gonedale G com	tains a response or i	Total to drift in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed) All other contributions, gifts, grants imiliar amounts not included about the contributions included in lines Total. Add lines 1a-1f	nts, and ove 1f	503,659.	961,621.			
_		Totali / Idd Inico Ta-ff	Bu	siness Code	,			
Program Service Revenue	2 a b c d e			<b>•</b>				
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond prod	ceeds	685,112.		-133,857.	818,969.
	c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real (	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 7,799,182.	(II) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisin	7,799,182.	<b>&gt;</b>	7,799,182.			7,799,182.
Other Revenue		including \$ contributions reported on line Part IV, line 18 Less direct expenses	of					
#0	с 9 а	Net income or (loss) from fund Gross income from gaming an Part IV, line 19	draising events ctivities See	<b>&gt;</b>				
	c 10 a b	Less direct expenses Net income or (loss) from gan Gross sales of inventory, less and allowances Less cost of goods sold	returns ab	<b>•</b>				
	<u>c</u>	Net income or (loss) from sale Miscellaneous Revenu		sinose Code				
	11 a			isiness Code				
	b							· <del></del> -
	c							
	d	All other revenue						
ļ	е	Total. Add lines 11a-11d		▶				
j	12	Total revenue. See instructions.		<b>▶</b>	9,445,915.	0.	-133,857.	8,618,151.

# Form 990 (2014) DMNS Foundation Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	' Check if Schedule O contains a respon	ise or note to any line 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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	3,042,760.	3,042,760.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u> </u>
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	253,962.		253,962.	
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	14,380.		14,380.	
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	~	100,000.		67,000.	33,000.
b	Other	15,183.		15,183.	
С					<u>.                                    </u>
đ					<u>.                                    </u>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,426,285.	3,042,760.	350,525.	33,000.
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 Infollowing SOP 98-2 (ASC 958-720)				

Form 990 (2014)
Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X  (A)  Beginning of year  1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(g)(8)(8), adefined under section 4958(f)(1)), persons described in section 4958(g)(8)(8), adefined under section 4958(f)(1)), persons described in section 4958(g)(8)(8), adefined under section 4958(f)(1)), persons described in section 4958(g)(8)(8), adefined under section 4958(g)(1), persons described in section 4958(g)(8)(8), adefined under section 4958(g)(1), persons described in section 4958(g)(8)(8), adefined under section 4958(g)(1), persons described in section 4958(g)(8)(8), adefined under section 4958(g)(9)(8),  Par	t X	Balance Sheet				
1 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other 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 instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal noome tax, payables to related third parties 26 Organizations that follow SFAS 117 (ASC 958), check here     1 Cash Add Ines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here    2 And 177, 352, 37 3 Pledges and grants receivable in 177, 351 3 Please in the payable and account liability See 177, 240 Complete Part X of Schedule D 3 Schedule D 4 Cash Ilabilities and other payable to unrelated thi			Check if Schedule O contains a response or note to any line in this Part X			
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Total Bases See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L  Loans and other receivables from other disqualified persons (as defined under section 4958(c)(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 instr) Complete Part II of Sch L  Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Inventories for sale or use  Prepaid expenses and deferred charges  Less accumulated depreciation  Investments - propriate Part IV of Schedule D  Less accumulated depreciation  Investments - other securities See Part IV, line 11  Intensities - other securities See Part IV, line 11  Intangible assets  Intangible assets  Accounts payable and accrued expenses  Read of intensities (Investments - other sequential intensities)  Prepaid expenses and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  Secured mortgages and notes payable to unrelated third parties  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  Corganizations that follow SFAS 117 (ASC 958), check here Are Accomplete Part I of Inventor		3	Pledges and grants receivable, net	177,355.	3	0.
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other 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 instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis. Complete Part IV of Schedule D b Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 22 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 114 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 111, 948, 165. 16 17 Accounts payable and accrued expenses 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties. and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Crganizations that follow SFAS 117 (ASC 958), check here  and contact the section of the section		4	Accounts receivable, net		4	
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10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  b Less accumulated depreciation  11 Investments - publicly traded securities  12 Investments - other securities See Part IV, line 11  13 Investments - program-related See Part IV, line 11  14 Intangible assets  15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   10a 10b 10c  10b 10c  10c  10c  10c  10b  10c  10c  10c	₹	8	Inventories for sale or use		8_	
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b Less accumulated depreciation  10b  11 Investments - publicly traded securities  12 Investments - other securities See Part IV, line 11  13 Investments - program-related See Part IV, line 11  14 Intangible assets  15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and		10a	Land, buildings, and equipment cost or other			
11 Investments - publicly traded securities 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 20 Complete Part II of Schedule L 21 Secured mortgages and notes payable to unrelated third parties 22 Unsecured notes and loans payable to unrelated third parties 23 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 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here x and	1		basis Complete Part VI of Schedule D 10a			
12   Investments - other securities See Part IV, line 11   13   Investments - program-related See Part IV, line 11   13   Intangible assets   14   14   Intangible assets   15   Other assets See Part IV, line 11   10 ,895 ,792   15   16   Total assets. Add lines 1 through 15 (must equal line 34)   111 ,948 ,166   16   17   Accounts payable and accrued expenses   20 ,785   17   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   22   Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons   22   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   Unsecured notes and loans payable to unrelated third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   1,279,001   25   25   Total liabilities. Add lines 17 through 25   1,299,786   26   Organizations that follow SFAS 117 (ASC 958), check here   X   and   Add   A		b	Less accumulated depreciation 10b		10c	
13 Investments - program-related See Part IV, line 11  14 Intangible assets 15 Other assets See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   10 10,895,792. 15 10 10,895,792. 15 111,948,166. 16 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 120,895,792. 16 120,895,792. 16 120,895,792. 16 120,895,792. 16 120,895,792. 16 120,895,792. 16 120,895,792. 16 120,895,792. 10 120,895,792. 10 120,895,792. 10 120,895,792. 10 120,895,		11	Investments - publicly traded securities		_	42,357,730.
14 Intangible assets 15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 111, 948, 166. 16 17 Accounts payable and accrued expenses 20, 785. 17 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here   14 10,895,792. 15 110,895,792. 15 111,948,166. 16 1111,948,166. 16 120,895,792. 15 1111,948,166. 16 120,895,792. 15 1111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 17 18 18 Grants payable and accrued expenses 20,785. 17 18 21,949,166. 16 120,895,792. 15 111,948,166. 16 111,948,166. 16 111,948,166. 16 111,948,166. 16 111,948,166. 16 120,895,792. 15 111,948,166. 16 120,895,792. 17 18 18 Grants payable and accrued expenses 20,785. 17 20,785. 17		12	,	59,961,302.		60,071,109.
15 Other assets See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   10 10,895,792. 15 111,948,166. 16 111,948,166. 16 111,948,166. 16 111,948,166. 16 120,785. 17 111,948,166. 16 111,948,166. 16 111,948,166. 16 111,948,166. 16 111,948,166. 16 120,785. 17		13	Investments - program-related See Part IV, line 11			
Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   x and		14	Intangible assets		_	
17 Accounts payable and accrued expenses  18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   20 ,785. 17  18 20 ,785. 17  18 20 ,785. 17  18 21 22 23 24 25 26 27 28 29 20 21 22 22 23 24 25 26 26 27 28 29 20 20 21 22 22 23 24 25 26 27 28 29 20 20 21 21 22 22 23 24 25 26 27 28 29 20 20 20 21 21 22 22 23 24 25 26 26 27 28 29 20 20 20 21 21 22 22 23 24 25 26 26 27 28 29 20 20 20 21 21 22 22 22 23 24 25 26 27 28 28 29 20 20 20 21 21 22 22 22 23 24 25 26 27 28 28 29 20 20 20 21 21 22 22 22 23 24 25 26 27 28 28 29 20 20 21 21 22 22 22 23 24 25 26 27 28 28 29 20 20 20 21 21 22 22 22 23 24 25 26 27 28 28 29 20 20 20 21 21 22 22 22 23 24 25 26 27 28 28 29 20 20 20 20 21 21 22 22 23 24 25 26 27 28 28 28 29 20 20 20 21 21 22 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28		15	Other assets See Part IV, line 11		_	10,870,147.
18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here    18  19  19  19  19  19  19  19  20  21  21  22  23  24  25  Check here   X and		16_			_	116,272,558.
19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here   29	1		• •	20,785.		
Tax-exempt bond liabilities  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons  Complete Part II of Schedule L  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here						
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Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	ŀ		•			<u> </u>
key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here	-				21	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here	ies	22	• •			
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here   28 29 20 21 22 23 24 25 26 27 28 29 20 20 21 22 23 24 25 26 27 28 29 20 20 21 22 23 24 24 25 26 27 28 29 20 20 20 21 22 23 24 24 25 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	≣				22	
24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Organizations that follow SFAS 117 (ASC 958), check here   24  25  26  27  28  29  29  20  20  21  22  25  26  26  27  28  29  20  20  20  21  22  25  26  26  27  28  29  20  20  20  20  20  20  20  20  20	Lia		·		_	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  25 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and					_	<del></del>
parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and					24	
Schedule D       1,279,001. 25         26 Total liabilities. Add lines 17 through 25       1,299,786. 26         Organizations that follow SFAS 117 (ASC 958), check here ▶ X and       X and		23				
26 Total liabilities. Add lines 17 through 25 1,299,786. 26  Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	l			1,279,001,	25	1,682,329.
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		26			1	1,682,329.
	$\overline{}$	20				
27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	o,		0.3			
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	- S	27	•	43,685,951.	27	44,661,095.
29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here	alai			59,418,872.	28	62,129,235.
Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	9 P		•	7,543,557.	29	7,799,899.
	<u>ا</u> ج.					
ö   and complete lines 30 through 34.	p		and complete lines 30 through 34.			
30 Capital stock or trust principal, or current funds	ets	30			30	
31 Paid in or capital surplus, or land, building, or equipment fund	lss(	31	Paid in or capital surplus, or land, building, or equipment fund		31	
32 Retained earnings, endowment, accumulated income, or other funds	et A				32	
33 Total net assets or fund balances	ž	33			33	114,590,229.
34 Total liabilities and net assets/fund balances 111,948,166. 34		34	Total liabilities and net assets/fund balances	111,948,166.	34	116,272,558. Form <b>990</b> (2014)

	990 (2014) DMNS Foundation	84-1035262	2	Pa	ge <b>12</b>
Рa	rt XI Reconciliation of Net Assets	-			
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,915</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,426	,285.
3	Revenue less expenses Subtract line 2 from line 1	3	6	,019	,630.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110	,648	,380.
5	Net unrealized gains (losses) on investments	5	- 2	,077	,781.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	114	,590	,229.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			لتا
				Yes	No
1	Accounting method used to prepare the Form 990 CashX_ Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	}		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1		
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	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 required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2014)

#### **SCHEDULE A**

(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.

Open to Public

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990

Employer identification number DMNS Foundation 84-1035262 Reason for Public Charity Status (All organizations must complete this part ) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type !!! functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1.9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) Total

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)

Se	ction A. Public Support				•	<del>-</del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	3,805,948.	2,108,915.	5,240,845.	1,084,231.	961,621.	13,201,560.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	•					
	the organization without charge			Ĭ		ĺ	
4	Total. Add lines 1 through 3	3,805,948.	2,108,915.	5,240,845.	1,084,231.	961,621.	13,201,560.
	The portion of total contributions		i				
-	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)						6,539,252.
6	Public support, Subtract line 5 from line 4						6,662,308.
	etion B. Total Support	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					0,002,0001
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	3,805,948.	2,108,915.	5,240,845.	1,084,231.	961,621.	13,201,560.
8		3,003,510.	2,100,515.	3,210,013.	1,001,201.	301,021.	23,201,500.
٥	Gross income from interest,			Ï		ľ	
	dividends, payments received on						
	securities loans, rents, royalties	1,291,016.	1,491,184.	508,902.	482,414.	685,112.	4,458,628.
_	and income from similar sources	1,291,016.	1,491,104.	300,302.	402,414.	083,112.	4,458,628.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						<del></del>
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						15 655 100
	Total support. Add lines 7 through 10						17,660,188.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. 🗀
<u> </u>	organization, check this box and storetion C. Computation of Publ	here				<del></del>	<u> </u>
							25 52
	Public support percentage for 2014 (			olumn (f))		14	37.73 %
	Public support percentage from 2013	•	· ·			15	34.94 %
16a	33 1/3% support test - 2014. If the o	_		line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright [x]$
t	33 1/3% support test - 2013. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	•				
17a	10% -facts-and-circumstances tes	<b>t - 2014.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b> e	ere. Explaın ın Paı	t VI how the organ	ızatıon
	meets the "facts-and-circumstances"	test The organization	tion qualifies as a j	oublicly supported	organization		
t	10% -facts-and-circumstances tes	<b>t - 2013.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, ch	eck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	anization	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 1 <u>7</u> b	, check this box a	nd see instructions	<u>, ▶</u> □
	0.1. d.1. A /F 000 000 FT 0044						

# Schedule A (Form 990 or 990 EZ) 2014 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 below, please complete Part II.)

Section A. Public Support	ciow, picase com	picte rait ii j				· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(6) 2012	(4) 2012	(5) 0014	(6) T-4-1
1 Gifts, grants, contributions, and	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
membership fees received (Do not						
include any "unusual grants ")						
· _ · _ · _ ·		<del>                                     </del>			-	<del> </del>
Gross receipts from admissions, merchandise sold or services per-						1
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose		-		<b>}</b>	-	
3 Gross receipts from activities that						
are not an unrelated trade or bus-		F				
iness under section 513						<u> </u>
4 Tax revenues levied for the organ-						1
ization's benefit and either paid to		1	1			1
or expended on its behalf	_			ļ		
5 The value of services or facilities		1	1	1		1
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 persons	···					
b Amounts included on lines 2 and 3 received			1			
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						1
amount on line 13 for the year			<u> </u>			
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,					1	
dividends, payments received on						[
securities loans, rents, royalties and income from similar sources						:
<b>b</b> Unrelated business taxable income					1	<del> </del>
(less section 511 taxes) from businesses			[	1		
acquired after June 30, 1975						
c Add lines 10a and 10b						-
11 Net income from unrelated business				<del>                                     </del>		
activities not included in line 10b,				1		ļ
whether or not the business is regularly carried on						
12 Other income Do not include gain						<u></u>
or loss from the sale of capital				1		
assets (Explain in Part VI)  13 Total support. (Add lines 9, 10c, 11, and 12)		<del>                                     </del>	<del></del>	1	<del> </del>	<del></del>
14 First five years. If the Form 990 is for	the organization's	e first second this	d fourth or fifth to	av vear as a section	n 501(c)(2) organi	zation
check this box and stop here	ure organization	a mar, accond, thir	a, rourn, or min t	an year as a section	on ou r(c)(o) organiz	Lauon,
Section C. Computation of Publi	c Support Pa	rcentage		· .		
15 Public support percentage for 2014 (li			column (fl)	<del></del>	15	n/
16 Public support percentage from 2013		•			16	% %
Section D. Computation of Inves					1 10 1	<u> </u>
17 Investment income percentage for 20			ne 13 column (f)\		17	%
18 Investment income percentage from 2		•	ic 10, column (I))		18	
	·	•	on line 14, and has	15 io mara than 1		
19a 33 1/3% support tests - 2014. If the						I / IS NOT
more than 33 1/3%, check this box an			-	=		and .
b 33 1/3% support tests - 2013. If the	_			•	•	
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization	i ulu not check a	DOX OR LINE 14, 19	a, or 190, check th	TIS DOX AND SEE IN	STRUCTIONS	▶∟

# Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section	A. A	II Su	pportina	Organ	izations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
þ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If		1	
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	:		
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
_	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	7		
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
8	If "Yes," complete Part I of Schedule L (Form 990)	8	1	
02	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	54		
	the supporting organization had an interest? If "Yes," provide detail in part VI.	9b		
_	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.	9c		
lNa	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
.ou	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			-
-	determine whether the organization had excess his most general determine whether the organization had excess his mass had in a large to the determine whether the organization had excess his mass had in a large to the determine whether the organization had excess his mass had had had had had had had had had had	10h		

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Pa	rt IV   Supporting Organizations (continued)			
44	Like the presentation accorded a self-superior form of the College Col		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
<b>.</b>	A family member of a person described in (a) above?	11a	_	├─-
	A 35% controlled entity of a person described in (a) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b		-
Sec	etion B. Type I Supporting Organizations	11c	<u> </u>	
	- Type - supporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			l
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	İ		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	11	<u> </u>	L
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	.		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			1
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		<del></del>
·	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			ĺ
	supported organizations played in this regard	3		ĺ
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			<del></del>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see Inst	tructional:		
а	The organization satisfied the Activities Test Complete line 2 below	ructions).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	y (see instructions,	).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	J I		
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	l 3b l		

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1						
	other Type III non-functionally integrated supporting organizations must complete Sections A through E					
Sect	Section A - Adjusted Net Income  (A) Prior Year  (potional)					
1	Net short-term capital gain	1 1				
2	Recoveries of prior-year distributions	2	<u>.</u>			
3_	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or		n.			
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year)					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other	į				
	factors (explain in detail in Part VI)					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3	<u></u>			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,					
	see instructions)	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Mınımum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functionall	y-integr	ated Type III supporting org	anization (see		
	instructions)					

Schedule A (Form 990 or 990-EZ) 2014

<u>Sc</u> he	dule A (Form 990 or 990-EZ) 2014 DMNS Foundation			4-1035262 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	he organization is responsive	•	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	!	(i)	(ii)	(iii)
Saa+	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
<u> </u>			Pre-2014	Amount for 2014
_1_	Distributable amount for 2014 from Section C, line 6		<u> </u>	
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	<u></u>			
<u>b</u>				
<u>c</u>	· · · · · · · · · · · · · · · · · · ·		×	
<u>d</u>				
	From 2013			
	Total of lines 3a through e		<u> </u>	
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
_ <u>-</u> _	,			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$		<del></del>	
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions) Remaining underdistributions for 2014 Subtract lines 3h			
6	and 4b from line 1 (if amount greater than zero, see			
 7	Instructions)  Excess distributions carryover to 2015 Add lines 3:			<del>                                     </del>
1	Excess distributions carryover to 2015. Add lines 3j and 4c	1		
	Breakdown of line 7			
_ <u>a</u> b				<del>                                     </del>
_ <u>-</u>				-
	Excess from 2013			
	Excess from 2014	·		<del></del>

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 DMNS Foundation	84-1035262	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 1	7a or 17b, and Part III, line	12
	Also complete this part for any additional information (See instructions)	<del></del>	
			-
		<del>.</del>	
		<u></u> .	
			<del></del>
		<del>-</del>	
-			
		· .	
		-	
			_

# **SCHEDULE D**

(Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection Employer identification number

	DMNS Foundation				84-1035262
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or A	ccour	nts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Donor advised funds	(1	b) Fund	s and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used fun	ds	
_	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 o	nly	
•	for charitable purposes and not for the benefit of the donor				
	impermissible private benefit?	, , ,		•	Yes No_
Pai		ganization answered "Yes" to Form 990,	Part IV,	lıne 7	
1	Purpose(s) of conservation easements held by the organizat				
•	Preservation of land for public use (e.g., recreation or		storically	importa	ant land area
	Protection of natural habitat	Preservation of a ce			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a co	nservat	tion easement on the last
_	day of the tax year				
	day of the tax your				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
h	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified historic st	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired		cture		
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by t	he organ	ization	during the tax
-	vear ▶	, ,	J		_
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe		- of		
	violations, and enforcement of the conservation easements				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		during t	he year	<b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and				
8	Does each conservation easement reported on line 2(d) abo				
	and section 170(h)(4)(B)(II)?				Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expen-	se stater	nent, ai	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the or	ganızatı	on's accounting for
	conservation easements				
Pa	rt III Organizations Maintaining Collections o	of Art, Historical Treasures, or	Other	Simila	ar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8			
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue stat	ement a	nd bala	nce sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthe	rance of	public :	service, provide, in Part XIII,
	the text of the footnote to its financial statements that described	ribes these items			
b	If the organization elected, as permitted under SFAS 116 (A				
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	oublic se	rvice, p	rovide the following amounts
	relating to these items				
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$	S
	(ii) Assets included in Form 990, Part X			▶ \$	
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financ	cial gain,		
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items			
а				▶ \$	S
b	Assets included in Form 990, Part X			▶ \$	S

Sche	dule D (Form 990) 2014 DMNS Founda					84-10352		Page 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Si	milar Asse	ts(continu	Jed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	signific	ant use of its	collection	items
	(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 explair	n how they further t	he organization's exe	empt p	urpose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other simila	ar asse	ts	_	
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21				_		
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	is or other assets no	t inclu	ded	-	
	on Form 990, Part X?					L.	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table		_			
					_		Amount	
С	Beginning balance				Ŀ	lc		
d	Additions during the year				Ŀ	ld		
е	Distributions during the year				Ŀ	le		
f	Ending balance				L	1f		
<b>2</b> a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	ulity?		⅃ Yes	No ا
b	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided in Part XIII	<u> </u>			<u></u>
Pai	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) Th	ree years back		years back
1a	Beginning of year balance	7,195,602.	5,995,968.	3,638,341.		3,096,860.	2,	857,702.
b	Contributions	10,000.	10,000.	2,016,601.		762,752.		7,378.
С	Net investment earnings, gains, and losses	445,259.	1,378,675.	512,298.		-49,102.		407,492.
d	Grants or scholarships	-122,563.	-189,041.	171,272.		172,169.		175,712.
е	Other expenditures for facilities	1						
	and programs							
f	Administrative expenses							
g	End of year balance	7,528,298.	7,195,602.	5,995,968.	<u>.                                    </u>	3,638,341.	3,	096,860.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment > 92.00	<u></u> %						
С	Temporarily restricted endowment ▶	<u>8.00</u> %						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the or	ganization	_	
	by							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	x
b	If "Yes" to 3a(ii), are the related organization:	•					3b	
4	Describe in Part XIII the intended uses of the		wment funds			·-		
Pai	t VI Land, Buildings, and Equipm		. <b>.</b>			•		
	Complete if the organization answere			.,,				
	Description of property	(a) Cost or o		1	Accum		(d) Book	value
		basis (investr	nent) Dasis	(other) de	eprecia	LIOIT		<del></del>
	Land					<u> </u>		
	Buildings	-			_			
	Leasehold improvements							
	Equipment							
	Other	ougl Form 000, D-+	V solume (P) line 1	100)			-	0.
rota	I. Add lines 1a through 1e (Column (d) must e	quai rorm 990, Part	∧, column (¤), line l	100)				٠,

1				
ı	Dart VII	Investments -	Oth	er Securities.
ı		111110011101110	~	o. ooouiiiooi

Complete if the organization answered "Yes" to	Form 990, Part IV, line 1	1b See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Russell 1000 Index CF	27,824,773.	End-of-Year Market Value
(B) Russell 1000 Value Index CF	7,820,517.	End-of-Year Market Value
(C) Passive Bond Market CF	8,907,779.	End-of-Year Market Value
(D) Capital Int'l Emerging Markets Growth		
(E) Fund	4,959,120.	End-of-Year Market Value
(F) Harvest MLP Income Fund LLC	5,258,226.	End-of-Year Market Value
(G) International Small Cap Opportunities		
(H) Fund	5,300,694.	End-of-Year Market Value
Total (Col. (h) must agual Form 000, Part Y, col. (R) line 12.)	60 071 109	

### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to	to Form 990, Pa <u>rt IV, line 1</u>	1c See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Beneficial interest in charitable trust	870,147.
(2) Investment in carvings on loan to Museum	10,000,000.
(3)	
(4)	
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	10,870,147.

### Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Annuities payable	1,148,274.
(3)	Due to Denver Museum of Nature and Science	534,055.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col (B) line 25)	1,682,329.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

unrelated business taxable income. The Foundation did not pay any

unrelated business income taxes in 2013 and 2014. The Foundation follows

purpose is subject to taxation as unrelated business income. At times, the

Foundation's investment in a domestic limited partnership may generate

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public Inspection OMB No 1545-0047 2014

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

	Intormation an	Ion about Schedule	(Form 990) and its	Instructions is al	out schedule I (Form 990) and its instructions is at www in gov/form990	c	
Name of the organization						:	Employer identification number
Date Control Information on Canta and Active	on ad Assistance						84-1035262
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	มรtance, and the selec	<u>}</u>
Describe in Part IV the organization's procedures for monitoring it	ocedures for moni	toring the use of grant	the use of grant funds in the United States	· ··· · · · · · · · · · · · · · · · ·	;	: :	. Tes A No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5.000 Part II can be dublicated if additional space is needed	Domestic Organ \$5,000 Part II car	izations and Domestin	s and Domestic Governments. Com blicated if additional space is needed	omplete if the orga	nization answered "\	es" to Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Colorado Museum of Natural History							\$1,531,067 exhibits,
							collections, programs &
							capital purchases;
Denver, CO 80205	84-0518447	501(c)(3)	3,042,760.	0.			\$1,511,693 operations
	nd government or	ganizations listed in th	e line 1 table	:			1.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (Form 990) (2014) DMNS Foundation Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant The Foundation solely supports the Denver Museum of Nature and Science, Expenditures for restricted purposes are accounted for by the Museum. (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2014) Form 990, Part I Part III

432102 10-15-14

Page 2

84-1035262

## **SCHEDULE 0** (Form 990 or 990-EZ)

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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DMNS Foundation

**Employer identification number** 84-1035262

Form 990, Part VI, Section A, line 3:
The Foundation paid an administrative fee to the Denver Museum of Nature
and Science totaling \$100,000, which is allocated \$33,000 for fund raising
services and \$67,000 for financial reporting services.
Form 990, Part VI, Section A, line 7a:
As stated in the Foundation's by-laws, three of the seven members of the
Foundation's Board of Directors must be members of the Board of Trustees of
the Denver Museum of Nature and Science. At its annual meeting, the Board
of Trustees of the Denver Museum of Nature and Science elects those three
members to serve on the Foundation's Board. Additionally, the Board of
Trustees of the Denver Museum of Nature and Science have the power to
remove and fill any vacancy with respect to a director who it elects.
Form 990, Part VI, Section B, line 11:
The Form 990 is reviewed and approved by the Board of Directors prior to
submission to the Internal Revenue Service.
Form 990, Part VI, Section B, Line 12c:
Conflict of interest disclosures are completed annually by the Board of
Directors. Potential conflicts, whether initially disclosed or
subsequently discovered, are reviewed by the President of the Board of
Directors, who then reports the results of the review to the Board.
Form 990, Part VI, Section B, Line 15:

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization  DMNS Foundation	Employer identification number 84-1035262
There are no compensated employees as disclosed in Part VII Section A.	
Form 990, Part VI, Section C, Line 19:	
The Foundation's governing documents are publicly filed with the Secretary	
of State and are available upon request. The conflict of interest policy	
is also made available upon request. Financial statements are provided	
upon request.	
Form 990, Part XII, Line 2c	
The process of audit oversight has not changed from the prior year.	- <del></del>
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SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

DMNS Foundation

Name of the organization Department of the Treasury Internal Revenue Service

Open to Public Inspection 2014

OMB No 1545-0047

Employer identification number

84-1035262

Schedule R (Form 990) 2014 (g) Section 512(b)(13) Š controlled × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling End-of-year assets N/A Public charity status (if section <u>e</u> 501(c)(3)) Line 7 Total income Exempt Code Ð section 501(c)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) foreign country) Colorado Nature and Science Museum Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. 84-0518447, 2001 Colorado Blvd, Denver, CO Name, address, and EiN (if applicable) Denver Museum of Nature and Science Name, address, and EIN of related organization of disregarded entity Part Part 80205

Schedule R (Form 990) 2014 DMNS Foundation

Page 2

84-1035262

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

General or Percentage managing ownership (i) Section 512(bX13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.  $\Xi$ (h) Percentage ownership Yes 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets Ξ **(**6) Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
(d)
(l Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>0</u> (d)
( Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> Part IV

Schedule R (Form 990) 2014

Schedule R (Form 990) 2014 DMNS Foundation

Page 3

84-1035262

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					<u> </u>	Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed	in Parts II-IV?			+	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				:	$\dashv$	+	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)		:	:::::::::::::::::::::::::::::::::::::::	,	<u>_</u>	×	
c Gift, grant, or capital contribution from related organization(s)	:	:	;	:	10	×	Ì
d Loans or loan guarantees to or for related organization(s)	;	:		:	1d		×
		•			1e	Ĥ	×
						-	
f Dividends from related organization(s).	;				1t		×
g Sale of assets to related organization(s)	;	:		:	19	( )	×
h Purchase of assets from related organization(s)					1h		×
i Exchange of assets with related organization(s)		:	:	•	1i	_	×
j Lease of facilities, equipment, or other assets to related organization(s)	:	:		,	1,		×
k   pase of facilities equipment or other assets from related organization(s)					<u>¥</u>		×
	. (2)40402101		:		-		,
	anization(s)		:		+	<u> </u> ×	
Periorniarice of services of membership of innuraling solicitation	inzailon(s)		:	:	╁	$\dagger$	];
<ul> <li>Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)</li> </ul>	ion(s)		•	•	두	1	۱×
o Sharing of paid employees with related organization(s)	:	:			9	7	,
							;
	;			:	유	+	ا له
q Reimbursement paid by related organization(s) for expenses.	•	: .			무	1	×
					+		Þ
	: : : : : : : : : : : : : : : : : : : :	: .		•	- 4		. .
[					12		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete th	is line, including covered	relationships and transaction t	thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	Method of detern	(d) Method of determining amount involved	olved		
V*)							
(1)							
(2)							
(4)						ĺ	
(5)						·	
(9)							
432163 08-14-14				Schedule R (Form 990) 2014	(Form 9	990) 24	0 4

Schedule R (Form 990) 2014 DMNS Foundation

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

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

(k) arcentage wnership					90) 2014
(j) General or Permanaging partner? Yes NO				j	(Form 9
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)					Schedule R (Form 990) 2014
Disproportionale allocations?					
(g) Share of end-of-year assets					
(f) Share of total income				_	
e partiers sec 501(c)(3) der orgs?		_			
Predominant income pate (related, unrelated, sections 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) (b) (c) (d) (d) (e) Anmary activity of entity (state or foreign excluded from tax under country) (e) (d) (d) (e) (d) (e) (finised, unrelate					

Schedule R	(Form 990) 2014 DMNS Foundation	84-1035262	Page 5
Part VII	(Form 990) 2014 DMNS Foundation Supplemental Information		
	Provide additional information for responses to questions on Schedule R (see instructions)		
	Provide additional information for responses to questions on Schedule in (see instructions)	<del></del>	<del></del>
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# Form **8868** (Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 ·

OMB No 1545-1709

Х

<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box		J	<b>X</b>	
• If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)			
Electror required	omplete Part II unless you have already been granted a nic filing (e-file). You can electronically file Form 8868 if y to file Form 990-T), or an additional (not automatic) 3-moi	ou need a	a 3-month automatic extension of ting sion of time. You can electronically f	ne to file (6 ile Form 88	months for a cor 68 to request an	extension	
of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers A	Associated With C	Certain	
Persona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the elec	tronic filing of this	s form,	
visit ww	w irs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded)			
A corpo	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete		_	
Part I on	ly				)	▶ □	
All other	corporations (including 1120-C filers), partnerships, REM	ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time		
to file in	come tax returns			Enter file	r's identifying nu	ımber	
Type or print	Name of exempt organization or other filer, see instru	ctions.		Employer	identification nur	nber (EIN) or	
File by the	DMNS Foundation				84-1035262		
due date for filing your	<ul> <li>Number, street, and room or suite no. If a P.O. box, s</li> <li>2001 Colorado Blvd.</li> </ul>	ee instruc	tions	Social se	curity number (SS	5N)	
return See Instructions City, town or post office, state, and ZIP code For a foreign address, see instructions  Denver, CO 80205							
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Application Return Application							
Is For Code Is For							
	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99		02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99	0-PF	04	Form 5227		•	10	
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069		·	11	
Form 99	0-T (trust other than above)	06	Form 8870			12	
	Edward Scholz						
• The b	pooks are in the care of Dooks are in the Color of	Denver,	CO 80205				
Telep	shone No ▶ 303-370-6480		Fax No > 303-370-6017				
• If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		j	▶ □	
• If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	f this is fo	the whole group	, check this	
box 🕨	If it is for part of the group, check this box	and atta	ich a list with the names and EINs o	f all memb	ers the extension	ıs for	
1 Ir	equest an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until			
	August 15, 2015, to file the exemp	t organıza	tion return for the organization nam	ed above	The extension		
IS	for the organization's return for						
<b>&gt;</b>	x calendar year 2014 or						
	tax year beginning	, an	d ending		_		
2 lf	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on Initial return	Final retur	n		
3a If	this application is for Forms 990-BL, 990-PF, 990-T, 4720	or 6069,	enter the tentative tax, less any				
	onrefundable credits. See instructions			3a	\$	0.	
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				
	timated tax payments made Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a Include your pa						
by	using EFTPS (Electronic Federal Tax Payment System)	See ınstru	ictions	3c	\$	0.	
Caution	. If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879-EO	for payment	

instructions