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Form **990**

Ø:

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Denver CO 80203

May the IRS discuss this return with the preparer shown above? (see instructions)

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

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.lrs.gov/form990.

and ending SEP 30, 2015 A For the 2014 calendar year, or tax year beginning OCT 1, 2014 В Check if applicable C Name of organization D Employer identification number Address change The Denver Art Museum Foundation Name change Doing business as 74-2496760 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 1560 Broadway 2200 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 44,703,746. Amended return H(a) Is this a group return Denver CO 80202 Applica-Yes 🗓 No F Name and address of principal officer Frederic C. Hamilton for subordinates? pending 1560 Broadway, Suite 2200, Denver, CO 80202 H(b) Are all subordinates included? Tax-exempt status x 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A **H(c)** Group exemption number ▶ Corporation Trust Association Other > K Form of organization: x L Year of formation: 1988 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: See Part III, line 1 Activities & Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)-4 10 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 10 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <6,527.> ,7b b Net unrelated business taxable income from Form 990-T, line 34 <31.835.>) **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 3 302 308. Revenue Program service revenue (Part VIII, line 2g) 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,069,177 10,073,954. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,350,937 13,376,262. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,262,343 5,540,841. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 ٥. 16a Professional fundraising fees (Part IX, column (A), line 11e) O **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 51,332 29 990 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 5,313,675 5 570 831. Revenue less expenses Subtract line 18 from line 12 7,805,431. <962.738 **Beginning of Current Year End of Year** Total assets (Part X, line 16) 20 152,655,126, 134,604,102 Total liabilities (Part X, line 26) 9 607 439 27 070 888. Net assets or fund balances. Subtract line 21 from line 20 124 996 663 125,584,238, Part II Signature Block Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and conducted Deglaration of propoarer (other than officer) is based on all information of which preparer has any knowledge. SCANNED 2016 Marchl Signature of officer Date Sign Here rederic C. Hamilton, President Type or print name and title Date Check Preparer's signature Print/Type preparer's name 2.29.16 Paid self-employed aurie Anderson Firm's EIN Preparer Firm's name Kundinger Corder & Engle Use Only Firm's address - 475 Lincoln Street #200 Phone no.303-534-5953

Form 990 (2014)

x Yes

	rt III Statement of Program Service Accomplishments	760 Faye 2
rai		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The Foundation was established exclusively to own and administer funds	
	for the Denver Art Museum and to make periodic distributions to the	
	Museum for its educational and charitable causes.	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	l expenses, and
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$5,540,841. including grants of \$5,540,841.) (Revenue \$)
	The Foundation was established to own and administer funds exclusively	
	for the Denver Art Museum and to make periodic distributions to the	
	Museum for its educational and charitable causes.	
46	(Code) (Expenses \$	
40	(Code) (Expenses \$) (Revenue \$)	
		<u> </u>
	- In the second	
		
		•
		
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
		
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 5 540 841.	
		Form 990 (2014)

Form 990 (2014) The Denver Art Museum Foundation

Part IV Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," completè Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		.,
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		х
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		.,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		<u> </u>
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	٠,		
•	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		x
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	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ļ	1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱	<u> </u>	_
	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	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	Х
D	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			
IJ	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			-
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	L	_ x
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	<u></u>	х
20a	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		
		_	000	

04	Did the expenses on an extraction when \$5,000 of greats or other acceptance to any demostic expenses or		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	0.4		
00	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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	00		۱
00	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	-		
04-	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		
L	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2 58	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	051		
•	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	00		
~~	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			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		
	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):	00-		
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	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		X
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		
~4	contributions? If "Yes," complete Schedule M	30		_X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes." complete Schedule N, Part I	24		
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II	32		x
22	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
34	Part V, line 1	34	x	
25.	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	x
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		_
ь	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?	~~		
30	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~~		" -
31	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	x	
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Part V	Statements Regarding Other IRS Filings and Tax Compliance		
	Check if Schedule O contains a response or note to any line in this Part V		

					Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		, y	τes 	. \$
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1		# # T
	Did the organization comply with backup withholding rules for reportable payments to vendors and r			\$.	· 3.	, 4.j
Ŭ	(gambling) winnings to prize winners?	•		1c	~~*******	*****
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					lac.
	filed for the calendar year ending with or within the year covered by this return	2a	0		72	,
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ms?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction			Ŷ	Min.	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country. ▶				: 🖏	_
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR)			3.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		_ x
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?	?	5b		x
-	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c_		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		_ <u>x</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gifts	l		
	were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		overuded to the period			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to trie payor?	7a		<u> </u>
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	100 roc	uurad	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the form opens.	vas rec	luireu	7c		
	to file Form 8282?	7d	l			X
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		rt?	7e		x
e	Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit continued by the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continued by the organization of the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit continued by the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit continued by the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit continued by the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit continued by the organization of		Ot ·	7f		X
f	If the organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			4.4		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	•		8	l	
9	Sponsoring organizations maintaining donor advised funds.			6 3		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					. # ±
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			13 8	33/2
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	L		3	17%
11	Section 501(c)(12) organizations. Enter	1	1			* *
а	Gross income from members or shareholders	11 <u>a</u>			٠.٠	1.16
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1		
	amounts due or received from them)	11b		┨	***	Z"
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		? 	12a	<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>			1 2 2
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				 	*
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	100	X
	Note. See the instructions for additional information the organization must report on Schedule O			,	:5	1
b		401			, , ,	,
	organization is licensed to issue qualified health plans	13b	<u> </u>		: 3	
C		136		14a	 	x
14a		ıle O		14b	 	 ^ _
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	e U			- 000	(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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 x 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the

•	,,,,,,,	1	1 1	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	`	1 32 .	* *
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by independent	94	٩٠٠٩	7* 8
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	* * * *	3	ì
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		78	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
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		l
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılab	ole	
	and the second s			

for public inspection. Indicate how you made these available. Check all that applyx Upon request Other (explain in Schedule O) Own website Another's website 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

The Hamilton Companies - 303-863-3056 1560 Broadway Denver CO 80202

n 990 (2014)	The Denver Art Museum Foundation	74-2496760	Page

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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.

(A) Name and Title	(B) Average hours per week	offi	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Frederic C. Hamilton	5.00									
President/Treasurer		х		x		<u> </u>		0.	0.	0
(2) Richard D. McCormick	0.30									
VP/Secretary		x		x		<u> </u>	L	0.	0.	0
(3) Peter H. Coors	0.20									
Director		x						0.	0,	0
(4) William J. Hybl	0.20	Γ								
Director		x					l	0.	0.	0
(5) Elisabeth W. Ireland	0,20									
Director		x						0.	0.	0
(6) J. Landis Martin	0,20									
Director		x				ļ		0.	0.	. 0
(7) Jay Precourt	0.20									
Director		x						0.	0.	0
(8) Daniel L. Ritchie	0.20									
Director		x	l					0.	0.	0
(9) Lewis Sharp	0.20									
Director		x						0.	0.	0
(10) Donald L. Sturm	0.20						ļ			
Director		x						0.	0.	0
			L		L		L.			
							_			
				}						
		ļ	<u> </u>				_			
		1	•							
		1_	<u> </u>	<u> </u>	_	1	<u> </u>			
		1								
		1	<u> </u>	<u> </u>	<u> </u>	_	_			
		1		1	1		1			
]								

Form	990 (2014) The Denver Ar	t Museum F	oun	dat	ion					74-2496	760		<u> P</u>	age 8
Pai	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	Pos heck ss pe	more rson	than of the the than of the the than of the the than of the than of the than of the	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		on amoun d othe		of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fr org an	rom th janizat d relat anizati	ne tion ted
												····		
														
						ļ		<u> </u>						
								<u> </u>						
1b	Sub-total Total from continuation sheets to Part VI	I, Section A	1			J	I	>	0.		0.			0.
d	Total (add lines 1b and 1c)							>	0.		0.			0.
	Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed a	bov	e) wh	no re	eceived more than \$100	0,000 of reportabl	e 		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on		3	res	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	ım of reportab	le c							the organization		4	,	x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							elat	ted organization or indiv	idual for services		*		X X
	etion B. Independent Contractors					4				¢100,000 of com		otion :		
1	Complete this table for your five highest co the organization Report compensation for										pens	ation	TOIL	
	(A) Name and business	address	NO	NE					(B) Description of	services	c) Compe	C) ensatio	on
	Total number of independent contractors (including but r	not I	ımıte	ed to	the	se li	stec	d above) who received r	nore than				
	\$100,000 of compensation from the organi	zation					0				se origin			

74-2496760

			Check if Schedule O cont	tains a response	or note to any lii	ne in this Part VIII			
			• * **	\$ \ **		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ıts	1	а	Federated campaigns	1a		1 2 2	. 28. 4. 2	×.	
ira our		b	Membership dues	1b				£.	
Ğ,Ě		С	Fundraising events	1c				ş	
i i			Related organizations	1d	3,007,025,			Š	
a in			Government grants (contribut					w.	
Sig			All other contributions, gifts, gran						å.
호텔		•	similar amounts not included abo	1 1	295,283.	*		1 27 1	
F		_			293,283.	4		ca sakis	, ,
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines Total. Add lines 1a-1f	s 1a- If \$		3 302 308.			\$
<u> </u>			Total: Add into Ta Ti		Business Code	X	\$	\$ ^	NA S
ا بو	2	а				1		,	
Program Service Revenue		ь							
Se		C							
E S		d				-			
ρğ		_			- p- g				
Pro		f	All other program service reve	enue					
			Total. Add lines 2a-2f	Sildo	•			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	3	я.	Investment income (including	dividends intere				, , , , <u>, , , , , , , , , , , , , , , </u>	3.0023
	٥		other similar amounts)	arridondo, intore	>	326,090.		<110,912.	<pre>437,002.</pre>
	4		Income from investment of ta	v.evemnt hond r	roceeds -	320,000.		X110,312.	437,002.
	5		Royalties	ix exempt bond p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	9		noyalies	(i) Real	(II) Personal	25.55	· . 'N		91 %
	-	_	Gross rents	(I) I teal	(ii) r ersonar				· 28
	6	_		-		- *3%,			
			Less: rental expenses			_			
			Rental income or (loss)			A3983		7	*
			Net rental income or (loss)	[[]	1 () 011	7 36 2 .	33 32	79 67 1	righty " Ships
	7	а	Gross amount from sales of	(i) Securities	(II) Other				
			assets other than inventory	41,075,348.		- Marie - Mari		1 100	
		b	Less: cost or other basis						. Ats
			and sales expenses	31,327,484.					
		С	Gain or (loss)	9,747,864.	,	**			
		d	Net gain or (loss)			9,747,864.		104,385.	9,643,479.
ē	8	а	Gross income from fundraisin	ng events (not		* 3)	
E			ıncludıng \$	of		3. 48		,	
ě			contributions reported on line	e 1c). See					,
7			Part IV, line 18	а				31 \ 2 >	
Other Revenu		b	Less: direct expenses	b		<u> </u> . ***	1 % - X	4, 5, 6,	
J		С	Net income or (loss) from fund	draising events		1	*		2.00
	9	а	Gross income from gaming ad	ctıvıties. See		A		l	7 24
			Part IV, line 19	а		1			7,4,
		b	Less: direct expenses	b				i i	
		С	Net income or (loss) from gan	ning activities	>		<u> </u>		
	10	а	Gross sales of inventory, less	returns			4.5		*
			and allowances	а			,	, ,	**
		b	Less: cost of goods sold	b]		O	
		С	Net income or (loss) from sale	es of inventory_	>				
			Miscellaneous Revenu		Business Code	е			
	11	а							
		b							
		С							
		d	All other revenue	_	L				
		е	Total. Add lines 11a-11d		>				
	12		Total revenue. See instructions.			13,376,262,	0.	<6,527,	10 080 481.
43200 11-07)9 '- 14								Form 990 (2014)

Form 990 (2014) The Denver Art Museum Foundation Part IX Statement of Functional Expenses

	Check if Schedule O contains a response to 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	-	ехрепаса	"» «	· *
•	and domestic governments. See Part IV, line 21	5,540,841,	5,540,841.		*
2	Grants and other assistance to domestic	3,310,011.			
-	individuals. See Part IV, line 22				*
3	Grants and other assistance to foreign		· . ***		3
-	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		<u>, ,, </u>		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying Professional fundraising services. See Part IV, line 17			· 	
f	Investment management fees	29,990.		29,990.	
-	Other. (If line 11g amount exceeds 10% of line 25,	25,550.		20,000.	,
9	column (A) amount, list line 11g expenses on Sch 0.)				
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 O.)	***************************************			*
a					-
þ					
C					
d	All other expenses	· <u>-</u>			
е 25	Total functional expenses. Add lines 1 through 24e	5,570,831.	5,540,841.	29,990.	0
<u>25</u> 26	Joint costs. Complete this line only if the organization	5,5,0,0,51.			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1 176 1 176. Savings and temporary cash investments 135,671 2 2 360,885. 3 Pledges and grants receivable, net 7,342,211 3 4,875,228. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 **Assets** Notes and loans receivable, net 920,000 7 420,000. Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c Investments - publicly traded securities 16,578,558 11 37,769,678. 11 Investments - other securities See Part IV, line 11 12 12 107,916,486 107,518,159. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,711,000 1,711,000. Total assets. Add lines 1 through 15 (must equal line 34) 16 134 604 102 152,655 126. Accounts payable and accrued expenses 17 17 5,262,343, 5,540,841. 18 Grants pavable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 4,345,096 21,530,047. 9 607 439 26 27 070 888. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 1,818,878 1,779,591. Temporarily restricted net assets 7,195,952 28 6,919,472. Permanently restricted net assets 115,981,833 116,885,175. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

125,584,238.

33

124,996,663

134 604 102

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

orm	990 (2014) The Denver Art Museum Foundation 7	4-2496760		Pag	_{le} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	-			
	Total account (sector accord Dark VIII. ach ump (A), line 10)	1	12	276	262.
1	Total Total Total Color	2			831.
2	Total expenses (mast equal tast of position ()) and any	3			431.
3	Trevenida lead disperieda disperieda una 2 marin inte	4			663.
4	The assets of faire suitables at segurining or year (mass equal to a segurining or year)	5			856.
5	146t directized gains (losses) on investmente	6		<u> </u>	030.
6	Bonaco de vidos ano dos en asimilis	7			
7	investment expenses	В			
8	Thorported adjustments	9			
9	Other changes in field assets of fund bullahous (Oxplain in Sociedae S)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		105	F 0.4	220
D-	COLUMN (D))	10	125	, 584,	238.
Pa	rt XII Financial Statements and Reporting				v
	Check if Schedule O contains a response or note to any line in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990. Cash x Accrual Other			100	_
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		İ	-	l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	1	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na	I		ļ
	separate basis, consolidated basis, or both				İ
	Separate basis Consolidated basis Both consolidated and separate basis				<u></u>
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate by	asis,			
	consolidated basis, or both:				1
	x Separate basis Consolidated basis Both consolidated and separate basis		ļ		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a	audit,		•	
	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 Sched				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	e Audit			
	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 require	d audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	065	
			Form	990	(2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

2014 2014

2014

m990. Inspection :

Schedule A (Form 990 or 990-EZ) 2014

Name of the organization 74-2496760 The Denver Art Museum Foundation 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) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of (iv) Is the organization (III) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above or IRC section Instructions) Instructions) Yes Nο (see instructions))

Schedule A (Form 990 or 990-EZ) 2014 The Denver Art Museum Foundation 74-2496760

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	2,797,787.	2,930,437.	2,116,673.	281,760.	3,302,308.	11,428,965.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		!				
	the organization without charge						
4	Total. Add lines 1 through 3	2,797,787.	2,930,437.	2,116,673.	281,760.	3,302,308,	11,428,965.
	The portion of total contributions		4	3 1. 3			
	by each person (other than a						
	governmental unit or publicly		r 1	₽.		,,	
	supported organization) included					· ****	
	on line 1 that exceeds 2% of the	Ý					
	amount shown on line 11,	% * ≠			.,	Nati is	
	column (f)		# . <u> </u>	*	*		
6	Public support. Subtract line 5 from line 4	× Ø . ;	· '7 🐞 3		84	* 🛊	11,428,965.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,797,787.	2,930,437.	2,116,673.	281,760.	3,302,308.	11,428,965.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	394,903.	247,462.	453,791.	590,887.	326,090.	2,013,133.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		***		44.		
11	Total support. Add lines 7 through 10		****	1 3. Vá	. 4		13,442,098.
12						12	
13	First five years. If the Form 990 is fo		s first, second, thii	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	▶□
80	organization, check this box and stoction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2014 (column (fl)		14	85.02 %
	Public support percentage for 2014 (50iditii (1))		15	81.61 %
	33 1/3% support test - 2014. If the			n line 13, and line	14 is 33 1/3% or r		
102	stop here. The organization qualifies					•	▶ x
	33 1/3% support test - 2013. If the				d line 15 is 33 1/3%	6 or more, check th	
•	and stop here. The organization qua						
17:	10% -facts-and-circumstances tes	t - 2014. If the ord	anization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check t	his box and stop I	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"					_	
ŀ	10% -facts-and-circumstances tes	t - 2013. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t						
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a publ	icly supported org	anızatıon	▶∟
18	Private foundation. If the organization						s >

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	Delow, ploade com	pioco i dirii j				
Calendar 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 ")		_	-			
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge	1					
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified person	1					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	*	<u> </u>				
Section B. Total Support			1	<u> </u>	T	
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, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesse acquired after June 30, 1975	s					_
c Add lines 10a and 10b 11 Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on	s					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12					<u></u>	L
14 First five years. If the Form 990 is	for the organization	's first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here						<u> </u>
Section C. Computation of Pu					T T	
15 Public support percentage for 2014			column (f))		15	%
16 Public support percentage from 20					16	%
Section D. Computation of Inv					1	
17 Investment income percentage for			ine 13, column (f))		17	%
18 Investment income percentage from				46	18	
19a 33 1/3% support tests - 2014. If t						I / IS NOT
more than 33 1/3%, check this box	and stop here. Th	e organization qua	alifies as a publicly	supported organiz	zation	and.
b 33 1/3% support tests - 2013. If t						
line 18 is not more than 33 1/3%, o						
20 Private foundation. If the organiza	LION DID NOT CHECK A	a DOX ON line 14, 1	a, or 190, check	una DOX and See In	ar uctions	

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.	All	Supporting	Organizations
------------	-----	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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.
- 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 controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
	<i>\$</i> 2.	
2		
3a	-	
3b		
3c		
4a		
	-	
4b		
,*, ^; 4c		:-
`	3	
5a		_
5b		-
5c		-
6		-
7		
8		
_		
9a		
9b	-	
9c	-	
 10a		-
10b		

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Par	t IV Supporting Organizations (continued)		T	T :
44			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	^ - ^ -	ļ	-
	below, the governing body of a supported organization?	11a_	}	├
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
Sect	tion B. Type I Supporting Organizations			
		· · · · · · · · · · · · · · · · · · ·	Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	144
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ĺ		
	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	<u> </u>	ļ
	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
<u>Sect</u>	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ĺ		
	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	1		
	the supported organization(s).		<u> </u>	<u> </u>
<u>Sect</u>	tion D. Type III Supporting Organizations		,	
		r	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	İ		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior t	ax		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	·	_	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	ļ	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			%
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		<u> </u>
<u>Sect</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see in	structions):		
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions	s <u>).</u>	
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,			è
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities	2a		
	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			

3a

activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

<u>Sche</u>	dule A (Form 990 or 990 EZ) 2014 The Denver Art Museum Foundation			<u>74-2496760</u>	Page 6
Pai		g Orgar	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970. See inst	ructions. All	
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E		
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Currer (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
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				
	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) Currer	_
4	Aggregate fair market value of all non-exempt-use assets (see	1		(Ορίιοι	141)
1	instructions for short tax year or assets held for part of year):				
_	Average monthly value of securities	1a			
	Average monthly cash balances	1b			
	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
	Discount claimed for blockage or other	 "" 			
-	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			
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1 1			
•	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	4		
7	Recoveries of prior-year distributions	7			
<u>.</u>	Minimum Asset Amount (add line 7 to line 6)	8	<u>-</u>		
	ion C - Distributable Amount			Current	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
		2 /2	44,		
_ <u></u>	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			<u>., </u>
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	. <u></u> .		
7	Check here if the current year is the organization's first as a non-functional	lly-integrat	ted Type III supporting o	organization (see	
-	inctrictions)				

Sche Pa i	dule A (Form 990 or 990-EZ) 2014 The Denver Art Muse TV Type III Non-Functionally Integrated 509			4-2496760 Page 7
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	-		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	s	
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	the organization is responsive	l	
Ū	(provide details in Part VI) See instructions	e ergameanen ie reep erien e		1
9	Distributable amount for 2014 from Section C, line 6		-	
10	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Line 3 amount	(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014.			
а		1 4		,
b				
d				
	From 2013	-		
	Total of lines 3a through e			
	Applied to underdistributions of prior years		<u> </u>	
	Applied to underdistributions of prior years Applied to 2014 distributable amount	, xv*		
		-		
<u> </u>			•	
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
<u>c</u>	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).			
6	•			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8	Breakdown of line 7			
a				
b				
С				<u> </u>
	Excess from 2013	!		1

e Excess from 2014

Part VI	Supplemental Info	ormation Desired the	Museum Foundation	l by Dart II line 10. Day	- /4-249	Dartill loss 10		
1 411 71	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)							
	Also complete this part	ior any additional inform	nation (See instruction					
	•							
			_					
								
	····	<u> </u>						
		-						
		- -						
		·						
								
								
								
			·					
								
— ——								
			·					
						<u></u>		
								
								
						-		
						····		
								
			-					
								

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.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Pai	The Denver Art Museum Found 1 Organizations Maintaining Donor Advise		imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			and a desired complete in the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>		
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 accete hel	d in donor advised fur	nde
3	are the organization's property, subject to the organization's	_	a in donor advised lar	Yes No
6	Did the organization inform all grantees, donors, and donor a	=	nt funds can be used	
0				•
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	/ other purpose come	
Pai	impermissible private benefit? † II Conservation Easements. Complete if the org	ranization answered "Ves	to Form 990 Part IV	
1			to roini 330, Fait iv	, inte 7
•	Purpose(s) of conservation easements held by the organization	· —	niction of a historical	umportant land area
	Preservation of land for public use (e.g., recreation or e		rvation of a historically rvation of a certified h	
		Fiese	rvation of a certified n	istoric structure
_	Preservation of open space	had aanaamiatian aantubii	tion in the form of a a	annon otion against on the last
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribu	tion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements			
d h	Total acreage restricted by conservation easements			2a 2b
b	Number of conservation easements on a certified historic str	voturo included in (a)		26
ن	Number of conservation easements included in (c) acquired	• ,	a historia structura	26
a		after 6/17/06, and not on	a mistoric structure	2d
3	listed in the National Register Number of conservation easements modified, transferred, rel	leased extinguished orta	rminated by the organ	
3	year	leased, extiliguished, or te	sillinated by the organ	meation during the tax
4	Number of states where property subject to conservation ea	coment is located		
5	Does the organization have a written policy regarding the per		on handling of	
3	violations, and enforcement of the conservation easements r		on, nanding of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		on easements during	
7	Amount of expenses incurred in monitoring, inspecting, and			
8	Does each conservation easement reported on line 2(d) above			
Ü	and section 170(h)(4)(B)(ii)?	o satisfy the requirement	3 31 3334.311 17 3(11)(17)(Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its reven	ue and expense state	
3	include, if applicable, the text of the footnote to the organizar			
	conservation easements.	non o manola otatomonte	,	gammadon o accounting for
Pai	rt III Organizations Maintaining Collections o	f Art. Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form		•	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its	s revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS		enue statement and	balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	· · · · · · · · · · · · · · · · · · ·		
	relating to these items:	,	•	
	(i) Revenue included in Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar as	sets for financial gain	
_	the following amounts required to be reported under SFAS 1			
а	Revenue included in Form 990, Part VIII, line 1	, ,		> \$
	Assets included in Form 990, Part X			\$
-	•			

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Par	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or Oth	<u>er Simil</u>	<u>ar Asse</u>	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant	use of its	collection	ıtems
	(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	llections and explain	n how they further th	ne organization's ex	empt purpo	ose in Part	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" to	Form 990	, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Par	t X, line 21						
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?						Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account liab	olity?		Yes	No.
ь	If "Yes," explain the arrangement in Part XIII	Check here if the ex	planation has been	provided in Part XII				
Pai	t V Endowment Funds. Complete if	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10			
		(a) Current year	(b) Prior year	(c) Two years back	1	ears back	(e) Four	years back
1a	Beginning of year balance	117,654,452.	110,427,969,	103,317,817.		93.316.		438,098.
b	Contributions	5,769,291.	747,093.	2,642,005.	· ·	787,964.		728,277.
c	Net investment earnings, gains, and losses	2,826,108.	11,741,733.	9,327,871,		100,061.		521,912.
d	Grants or scholarships	5,540,841.	5,262,343.	4,859,724,		163,524.	·	075,087.
e	Other expenditures for facilities							
•	and programs							19,884.
f	Administrative expenses							
g	End of year balance	120,709,010.	117,654,452.	110,427,969,	103 3	317.817.	93	593,316.
2	Provide the estimated percentage of the curr				.,	, , , , , , ,		
a	Board designated or quasi-endowment	1.47	%	.,, 40.				
b	Permanent endowment 92,79	%	_^~					
	Temporarily restricted endowment	5.74 %						
·	The percentages in lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organiz	zation		
Oa	by	ocion or and organia					Γ	Yes No
	(i) unrelated organizations						3a(i)	Х
	(ii) related organizations						3a(ii)	x
h	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the	•						
	t VI Land, Buildings, and Equipm							
	Complete if the organization answere). Part IV, line 11a S	ee Form 990. Part X	(, line 10			
	Description of property	(a) Cost or o			Accumulate	ed	(d) Bool	c value
	Description of property	basis (investr	', '	, , ,	epreciation		(4, 200.	
4.	Land		, , , , , ,	· · - · · - · · · - · · · · · · · ·	S.			
	- · · ·			*	re-ret: stryttp			
b	Leasehold improvements							
c c	Equipment	-	-					
	Other							
	I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. column (B). line	10c.)		•		. 0,
	,, , .c	unt	. ,					

	useum Foundation			<u>-2496760</u>	Page 3
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes"				4 -4	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of V	/aluation: Cost or end	3-or-year market	value
(1) Financial derivatives					
(2) Closely-held equity interests				_	
(3) Other					
(A) Emerging markets	4,193,896.		Market Value		
(B) Global/macro	16,429,769.		Market Value	_	
(C) Healthcare (D) Leveraged buy-out	12,470,067.		Market Value	<u> </u>	
	2,307,924,		Market Value		
(E) Long/short equities (F) Long/short fixed income	43,039,827. 5,472,294.		Market Value		
(F) Long/short fixed income (G) Multi-strategy	12,569,273.		Market Value Market Value		
(H) Natural resources and energy	42,995.		Market Value		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	107 518 159.	Enu-or-rear	Market Value		
Part VIII Investments - Program Related.	1				
Complete if the organization answered "Yes"	to Form 990. Part IV. line 1	11c See Form 990.	Part X. line 13.		
(a) Description of investment	(b) Book value		/aluation. Cost or en	d-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.)		7. 1	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
Part IX Other Assets.					
Complete if the organization answered "Yes"		11d. See Form 990,	Part X, line 15.	1	
(a)	Description			(b) Book	/aiue
(1)				<u> </u>	
(2)				<u> </u>	
(3)				<u> </u>	
(4)					
(5)				 	
(6)				 	
(7)				 	
(8)				 	
(9)				 	
Total. (Column (b) must equal Form 990, Part X, col. (B) lir Part X Other Liabilities.	ne 15.)		<u></u>	<u></u>	
<u></u>	tto Form 000 Bort IV line :	110 or 11f Son Form	n 000 Bort V line 25	:	
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	1 990, Part X, line 25	·	
1. (-)		LOCK VAIGO			
(1) Federal income taxes		10 600 751	1 ,,,		
(2) Investments held for related entity		19,620,751	۱ ' _{نه} ۲'	į.	* (
(3) Investments held for Clyfford Still M	useum	1,909,296	1	"S	
(4) (5)			1 🐇 🥈		
(6)				, ×**	. ·
(7)			†	₩, ` *	4,4

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 21,530,047. 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(8)

Part)			Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.			
	tal revenue, gains, and other support per audited financial statements			1	6,128,416.
	nounts included on line 1 but not on Form 990, Part VIII, line 12.	1 1		:	
	et unrealized gains (losses) on investments	2a	<7,217,856.	>	
	onated services and use of facilities	2b	<u>.</u>		
	ecoveries of prior year grants	2c			
	her (Describe in Part XIII)	2d			
	dd lines 2a through 2d			2e	<7,217,856.
_	ubtract line 2e from line 1			3	13,346,272.
	nounts included on Form 990, Part VIII, line 12, but not on line 1	1 . 4		, s.	
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	29,990.		
	her (Describe in Part XIII)	4b		-	
-	dd lines 4a and 4b			4c	29,990.
	tal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		- Evmanasa nas	5 Deture	13 376 262.
Part A	(III Reconciliation of Expenses per Audited Financial		ı ⊑xpenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV	, line 12a.			
	tal expenses and losses per audited financial statements			1	5,540,841.
_	nounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1			
_	onated services and use of facilities	2a	 ,		
	ıor year adjustments	2b			
	her losses	2c			
	her (Describe in Part XIII.)	2d		%:	
	dd Ines 2a through 2d			2e	0.
	ibtract line 2e from line 1			3	5,540,841.
	nounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	vestment expenses not included on Form 990, Part VIII, line 7b	4a	29,990.		
	her (Describe in Part XIII)	4b			
	id lines 4a and 4b	- 10)		4c	29,990.
	tal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin (III) Supplemental Information.	e 18.)		5	5 570 831.
art V	and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		lation		
eeds	of the Denver Art Museum.				
					,
					
					-
		,			

The Denver Art Museum Foundation

Schedule D (Form 990) 2014

Page 4

74-2496760

Schedule D (Form 990)

The Denver Art Museum Foundation

Part XIII | Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12	2.	
` (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
rivate equity	5,517,407.	FMV
ong only equities	5,474,707.	FMV
		·
	1,	
	1	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Part I General Info		otivitios O::	tside the United States. Comple	74-2496760	W/aall an
Form 990, Part		ctivities Ou	iside the United States. Comple	te if the organization answered	"Yes" on
		maintain recor	ds to substantiate the amount of its gra	ints and other assistance	
-			the selection criteria used to award the		Yes No
United States			procedures for monitoring the use of its		utside the
			an be duplicated if additional space is n	· · · · · · · · · · · · · · · · · · ·	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America and					
the Carribbean	0	0	Passive investments		82,339,531,
				-10,1	
			_		
3 a Sub-total	0	0			82,339,531
b Total from continuation sheets to Part I					82,339,531
c Totals (add lines 3a and 3b)		_			82 339 531

The Denver Art Museum Foundation

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed. Schedule F (Form 990) 2014

74-2496760

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							:	
2 Enter total number of the IRS, or for which	of recipient organization the grantee or counse	ns listed above that are relansel has provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ex	cempt by		
3 Enter total number of	Enter total number of other organizations or entitles	or entities						

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014 The Denver Art Museum Foundation

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

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)		·			
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients	1,000				
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2014

Sched	ule F (Form 990) 2014 The Denver Art Museum Foundation	74-2496760	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	x Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and	`	
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	x No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	x Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	x Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	x Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F	(Form 990) 2014 The Denver Art Museum Foundation	74-2496760	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (acco	ounting method: amounts of	
	investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting m		
	(estimated number of recipients), as applicable Also complete this part to provide any additional in		
	(estimated number of recipients), as applicable Also complete this part to provide any additionaring	normation.	
	•		
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Schedule F (Form 990) 2014

SCHEDULE (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.

OMB No 1545-0047

Open to Public Inspection

www.irs.gov/form990.	
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Schedule	
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Name of	Name of the organization						_ - _	Employer identification number
	The Denver Art Museum Foundation	t Museum Found	lation					74-2496760
Part	General Information on Grants and Assistance	and Assistance						
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	į
E 6	criteria used to award the grants or assistance? Decembe in Dart IV the organization's procedures for monitoring the use of grant funds in the United States	istance?	toring the use of grant i	funds in the United	States			X Yes No
13	礼	The second of th	The state of the s		omplete if the cree	V" boxousage actions	1 tro 000 mag 4 "ag,"	W loo 21 for any
	Grants and Other Assistance to Domestic Urganizations and Domestic Governments. Complete if the Organization allowered the to Form 350, Falt IV, fine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	S5,000 Part II car	zations and Comestic be duplicated if additin	omestic governments, com if additional space is needed	Jed	anization answered T	es to roillisso, rait	וע, ווווס בו, וסו מווץ
1(a)	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Denver	Denver Art Museum							
100 W 1 Denver	100 W 14th Ave Pkwy Denver CO 80204	84-6038240	501 (c) (3)	5,540,841.	0.1	n/a	n/a	General support
2 E	Enter total number of section 501(c)(3) and government organizations list	and government o	tions lis	ted in the line 1 table				1,
S E	Enter total number of other organizations listed in the line 1 table	s listed in the line						0
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	3, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2014)

432101 10-15-14

432102 10-15-14

Page 2

74-2496760

Schedule I (Form 990) (2014)

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization	Employer identification number
The Denver Art Museum Foundation	74-2496760
Form 990, Part VI, Section A, line 2:	
Frederic C Hamilton and Elisabeth Ireland have a business relationship.	
Form 990, Part VI, Section A, line 8b:	
The question is not applicable to the foundation as there are no additional	
committees with authority to act on behalf of the governing body.	
Form 990, Part VI, Section B, line 11:	
The Board of Directors has delegated the responsibility to review the Form	
990 before being filed to Mr. Hamilton who is President of the Board.	
Form 990, Part VI, Section B, Line 12c:	
If any person who is a director or officer of the Foundation is aware that	
the Foundation is about to enter into any business transaction directly or	
indirectly, such person shall immediately disclose to the board of	
directors of their interest or position, disclose any material facts that	
bear on the advisability of such transaction from the standpoint of the	
Foundation, and recuse themselves from voting on decisions about such	
transaction.	
Form 990, Part VI, Section B, Line 15:	
Form 990, Part VI, Section B, Lines 15a and 15b:	
This does not apply to the Foundation as the Foundation has no employees.	
Form 990, Part VI, Section C, Line 19:	

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
The Denver Art Museum Foundation	74-2496760
•	
Form 990, Part XI, Line 2c:	
FOIM 350, Part XI, Bine 20:	
The President of the Board assumes responsibility for the oversight of	
the audit. This process has not changed from prior years.	
	· ·
	

SCHEDULE R (Form 990)

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.

2014

OMB No 1545-0047

Open to Public Inspection

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

Employer identification number 74-2496760 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33 The Denver Art Museum Foundation Name of the organization Department of the Treasury Internal Revenue Service Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
DAMF LLC 1560 Broadway, #2200 Denver, CO 80202	Investments	Colorado		0	0. DAMF		
Part II organizations during the tax year		the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 beca	use it had one or	more related tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section st	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	2(b)(13) led ?
				501(c)(3))		Yes	S S
Denver Art Museum - 84-6038240 100 West 14th Avenue Parkway			17	170(b)(1)		-	
Denver, CO 80204-2788	Art museum	Colorado	501(c)(3) (a	(a)(vi) n	n/a		×

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

Schedule R (Form 990) 2014

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Schedule R (Form 990) 2014 The Denver Art Museum Foundation 74-2496760

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predomina (related, excluded fro sections	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing Dax managing Jule partner?	General or Percentage managing ownership
Part IV 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	ganizations Taxable a	is a Corpcing the tax	vration or Trust Co /ear	mplete if the	e organization	answered "Y	es" on Form	990, Part I	V, line 34	because it ha	d one or m	ore related
(a) Name, address, and EIN of related organization	N. c	Pnm	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity		(e) Type of entity (C corp., S corp, or trust)	(f) Share of total income		(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?
		,										
											_	
432162 08-14-14				:						Schec	dule R (For	Schedule R (Form 990) 2014

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	å
1 During the tax year, did the organization engage in any of the following transac	actions with one or more r	ig transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	entity			-ta		×
 Gift, grant, or capital contribution to related organization(s) 				4	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				1d	×	
e Loans or loan guarantees by related organization(s)				1 e		×
f Dividends from related organization(s)				=		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				1i		×
j Lease of facilities, equipment, or other assets to related organization(s)				1		×
k Lease of facilities equipment or other assets from related organization(s)				#		· ×
	d organization(s)			=		×
Doffermance of separate or membership or fundraising solicitations by related organization(s)	()			Ę		>
Sharing of facilities equipment mailing lists or other assets with related organization(s)	nization(s)			5		4 >
					İ	4
 Sharing of paid employees with related organization(s) 				ခု		×
						:
p remindusement paid to related organization(s) for expenses				9		×
 Reimbursement paid by related organization(s) for expenses 				ş		×
• Other transfer of each or property to related organization(c)				+		Þ
				- 6		٠ ,
اء.				S	1	×
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	on who must complete t	his line, including covered	relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
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Schedule R (Form 990) 2014 The Denver Art Museum 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.

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(j) ·]	(Form
20 Ger 1 Pa				 		-						\dashv		 \dashv							\dashv	le R
(h) (i) (j) (k) Dispropor- Lonale amount in box 20 managing ownership allocations? of Schedule K-1 partner? Ves No (Form 1065) Yes No																						Sched
(h) spropor- honate acations?					 						 											
Dispi alloca Yes														 		 	_				4	
(g) Share of end-of-year assets																						
(f) Share of total income								-							• • •				-			
(e) Are all partners sec 501(c)(3) orgs Yes No						 	ů.						 	 								
e partr 50°50 Jer					 					_							\dashv				-	
(d) Predominant income para (related, unrelated, excluded from tax undersections 512-514)																						
cile aign																						
(c) Legal domicile (state or foreign country)																						
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(b) Primary activity																						
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(a) Name, address, and EIN of entity																						
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Schedule R (Form 990) 2014 The Denver Art Museum Foundation	74-2496760	Page 5
Part VI 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).		
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