Extended to August 15, 2018

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

6 Open to Public

		of the Treasury nue Service		ecurity numbers on this form orm 990 and its instructions i				/06	Open to Public	
A F	or the	2016 calend	-	CT 1, 2016 and	ending S	SEP 30,	2017			
B c	heck if	C Name of	organization		-	1 — —		ntıfıca	tion number	
	- A									
X	chang Name	e The De	nver Art Museum Foundation			4				
<u> </u>	_chang	 Doing bit 	usiness as	 		24967				
<u> </u>	_ return		and street (or P 0, box if mail is not de	livered to street address)	Room/suite	E Tele	phone nu		0000	
L_	Final return termin		14th Ave. Parkway			+		-913-		
	ated Amen	City or t	own, state or province, country, and	ZIP or foreign postal code			receipts \$		105,821,520.	
<u> </u>	return Applic	Denver	, CO 80204	- 41 - W1-		_	this a gro	-		
L	⊥tion pendir	_ F Name a	nd address of principal officer ^J . La	andis Martin		1	r subordin		Yes X No	
			C above	4047(0)(4)	-7/ // 50:	⊣ ''	all subordin			
			x 501(c)(3) 501(c) ((insert no) 4947(a)(1)	or/ 521	-			st (see instructions)	
		te: ► N/A	x Corporation Trust As	ssociation Other	l la Vaca			' ' ' ' ' ' '	number Ptoto of local democile: CO	
	_		x Corporation Trust A	SSOCIATION Other	L Year	oi iormati	on: 1988	_ M ○	State of legal domicile: CO	
Pa	rt I	Summary				34 1				
ė	1	Briefly describ	oe the organization's mission or mos	t significant activities see Pa	rt III,	line 1.				
Governance	_								 	
/err	i	Check this bo	_	ntinued its operations or dispo	sed of mor	e than 25	% of its n	1 - 1		
õ			ting members of the governing body					3	8	
<u>م</u>			lependent voting members of the go			4	8			
es	5	Total number	of individuals employed in calendar	year 2016 (Part V, line 2a)				5	0	
Ĭ	6	Total number	of volunteers (estimate if necessary)					6	10	
Activities &	7 a	Total unrelate	d business revenue from Part VIII, co	olumn (C), line 12				7a	156,917.	
•	b	Net unrelated	business taxable income from Form	990-T, line 34				7b	17,247.	
, 5 6 e						Prio	r Year		Current Year	
g j	8	Contributions	and grants (Part VIII, line 1h)				5,031,9	65.	698,389.	
בֻ ע <u>ל</u>	9	Program servi	ce revenue (Part VIII, line 2g)	DECENTED.	— <u> </u>			0.	0.	
ě.	10	Investment in	ce revenue (Part VIII, line 2g)	, and 7d KECEIVED	. ! L		4,350,2	26.	5,673,106.	
Hevenue	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 🖁	c, 9c, 10c, and 11e)	<u> </u>			0.	0.	
	12	Total revenue	- add lines 8 through 11 (must equa	iPart VIII∧column₁(A),dined2)			9,382,1	91.	6,371,495.	
<u>\$</u>	13	Grants and sii	milar amounts paid (Part IX, column	(A) lines 1-3)	S		5,762,5	21.	5,891,267.	
	14	Benefits paid	to or for members (Part IX, column)(/	4), ⁴ ine 4)	 - [0.	0.	
[E	15	Salaries, othe	r compensation, employee benefits (Part I Column (A) lines 5 10)				0.	0.	
2010 Expenses	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)				0.	0.	
ф	b	Total fundrais	ing expenses (Part IX, column (D), lin	ne 25) >	0.				Service Control	
Ü	17	Other expense	es (Part IX, column (A), lines 11a-11d	l, 11f-24e)		65,511.			160,239.	
	18	Total expense	s Add lines 13-17 (must equal Part	IX, column (A), line 25)			5,828,0	32.	6,051,506.	
		•	expenses Subtract line 18 from line				3,554,1	59.	319,989.	
or					В	eginning o	f Current Y	'ear	End of Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		<u> </u>	15	53,350,2	66.	142,166,217.	
Ass			(Part X, line 26)				29,001,6	94.	10,853,276.	
Net			fund balances Subtract line 21 from	n line 20		12	24,348,5	72.	131,312,941.	
Pa	rt II	Signature						•		
			I declare that I have examined this return	including accompanying schedule	es and stater	nents, and	to the best	of my k	nowledge and belief, it is	
			. Declaration of preparer (other thanfoffic						•	
		1	Land Marta					17-1	18	
Sign	,	Signatur	e of officer	-			Date		· <i>Q</i>	
_		J Lan	dis Martin, Chairman and Tr	easurer						
Her	e e		print name and title							
	_	, , ,		Preparer's signature	I	Date	Chec	ck	PTIN	
Paid		Print/Type pre Laurie And		1 A - 4		4.16	ا ده		P01416697	
			.,.,	Lami Zydru	ion	7.70		employed L >	r 3111003/	
	arer	Firm's name	Kundinger, Corder & Engl	e, r.c.			Firm's EIN	*		
USE	Only	Firm's address	475 Lincoln Street #200				Dhara	202 -	:24 5052 -	
		L	Denver, CO 80203				Luone no	303-5	334-5953 ,	
May	the II	RS discuss thi	s return with the preparer shown abo	ove? (see instructions)					X Yes ! No	



Form **990** (2016)

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

Form	1990 (2016) The Denver Art Museum Foundation	74-2496760	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	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 purposes.		
	Deliver and the latest and the second		
2	Did the organization undertake any significant program services during the year which were not listed on the	ſ	Yes X No
	prior Form 990 or 990-EZ?	L	Yes LA_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		
		mossured by	avnancae
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total ex	penses, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 5,891,267. including grants of \$ 5,891,267.) (Reven	ue \$)
	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 purposes.		
4b	(Code) (Expenses \$ including grants of \$) (Reven	ue \$)
		=	
4c	(Code) (Expenses \$ including grants of \$) (Reven	ue \$	
	The state of the s		
			
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 5,891,267.		_

Form 990 (2016) The Denver Art Museum Foundation
Part IV Checklist of Required Schedules

			Yes	No
1 '	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	x	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	1.5
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	N/ *	٠.	
	as applicable			ئتستا
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			
	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	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	405		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		x
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization maintain an office, employees, or agents outside or the office states? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-14		
ŋ	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	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
		Form	990	(2016)

Form 990 (2016) The Denver Art Museum Found Part IV: Checklist of Required Schedules (continued)

			Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	İ		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ <u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OEL.		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	۱,۰	, •	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		_ <u>x</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		_ <u>x</u>
29 30	Did the organization receive more than \$25,000 in non-cash contributions in Fes, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
50	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 55		
•	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_ x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_ <u>x</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
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?	<u>ٽ'</u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2016)

orm	990 (2016) The Denver Art Museum Foundation 74-2496760		Р	age 5					
	rt V Statements Regarding Other IRS Filings and Tax Compliance	-							
- 4	Check if Schedule O contains a response or note to any line in this Part V								
•			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	•		_					
	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	· .	ر احتمد						
	(gambling) winnings to prize winners?	1c							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		, ,	[· · ·					
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	· '\	3						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		-						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	j l							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			x					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b		7b		ļ					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c	ļ	Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g		7g		1					
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	- 11.C	Some I					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ائینا	*						
_	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		-					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		,.					
10	Section 501(c)(7) organizations. Enter								
a	Initiation fees and capital contributions included on Part VIII, line 12	·	,						
			' ۔۔ ا						
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	*	1.1	1					
a			٠.	, ~					
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		l	-					
12-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		٠ .					
	<u> </u>			:					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	 	†					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	134		· ·					
		.	Š	,""					
b	organization is licensed to issue qualified health plans		'	`~.					
_	Enter the amount of reserves on hand	(l. '.	1. 1.					

14a

14b

Х

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2016)

The Denver Art Museum Foundation

74-2496760

Page
Part. VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions											
ï	Check if Schedule O contains a response or note to any line in this Part VI			Х								
Sec	tion A. Governing Body and Management											
			Yes	No								
1a	Enter the number of voting members of the governing body at the end of the tax year	, ,	, ,,	· * }								
	If there are material differences in voting rights among members of the governing body, or if the governing	-	,									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0											
b	b Enter the number of voting members included in line 1a, above, who are independent 1b 8											
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
_	officer, director, trustee, or key employee?	2		X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision											
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х								
4	The state of the s											
5												
6	Did the organization have members or stockholders?	6		Х								
	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_		х								
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		х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:											
а	The governing body?	8a	Х									
b	Each committee with authority to act on behalf of the governing body?	8b		х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the											
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	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								
þ	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?											
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?											
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990											
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13											
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe											
	ın Schedule O how this was done	12c	X	<u> </u>								
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		٠									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ	ļ									
а	The organization's CEO, Executive Director, or top management official	15a		Х								
b	Other officers or key employees of the organization	15b	ļ	X								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		1	1 3								
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	. :	1 4									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		<u></u> :									
	exempt status with respect to such arrangements?	16b	<u>.</u>	<u> </u>								
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)	avaılat	ole									
	for public inspection. Indicate how you made these available. Check all that apply											
	Own website Another's website X Upon request Other (explain in Schedule O)											
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial									
	statements available to the public during the tax year											
20	State the name, address, and telephone number of the person who possesses the organization's books and records											
	Curtis Woitte, DAM Dep. Dir. & CFO - 720-913-0022											
	100 w. 14th Ave. Parkway, Denver, CO 80204											

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Part VIII 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

X Check this box if neither the organization nor any related organization compensat								ited any current officer, director, or trustee						
(A)	(B)				C)			(D)	(E)	(F)				
Name and Title	Average	Posi (do not check r			ntior more	than	one	Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of				
	week	⊢	T	I			188,	from	from related	other				
	(list any hours for	recto						the	organizations (W-2/1099-MISC)	compensation from the				
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(***2/1099-141130)	organization				
	organizations	ruste	l trus		e g	mpeu		(***271033*****1000)		and related				
	below	ndividual trustee or director	nstitutional trustee	_	Key employee	st co	- a			organizations				
	line)	Indiv	Instri	Officer	Key 6	Highest compensated employee	Former							
(1) J. Landis Martin	5.00													
Chairman and Treasurer		x		х				0.	0.	0.				
(2) Richard D. McCormick	0.30													
VP/Secretary		х		х				0.	0.	0.				
(3) Peter H. Coors	0.20													
Director		x						0.	0.	0.				
(4) William J. Hybl	0.20													
Director		Х					L	0.	0.	0.				
(5) Elisabeth W. Ireland	0,20													
Director		Х						0.	0.	0.				
(6) Jay Precourt	0.20													
Director		x	<u> </u>					0.	0.	0.				
(7) Daniel L. Ritchie	0.20							}						
Director		Х				L		0.	0.	0.				
(8) Lewis Sharp	0.20				ŀ									
Director		Х			L.	<u> </u>		0.	0.	0.				
(9) Donald L. Sturm	0.20													
Director		Х				┖		0.	0.	0.				
(10) Scott J. Reiman	0.20]												
Director		х				ļ	_	0.	0.	0.				
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Form 990 (2016)

Section A. Officers, Directors	, Trustees, Key Em	ploye	ees,	, and	<u>a Hi</u>	gne	St C	ompensated Employe	es (continuea)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one						Reportable	Reportable			tımate	
	hours per	рох	unle	ss pe	rson i	s bot	h an	compensation	compensation			ount	of
	week (list any	— т					, 	from the	from related organization			other pensa	tion
	hours for	direct				ъ		organization	(W-2/1099-MI			om th	
	related	0 0 0	stee			nsate		(W-2/1099-MISC)	(** 27 1000 ****	50,		anızat	
	organizations	trust	al tru		ıyee	эшс		`			_	d relat	
	below	Individual trustee or director	Institutional trustee	je j	Key employee	Highest compensated employee	je l				orga	nızatı	ons
	line)	ig i	lusti	Officer	ğ	聖旨	Former						
					┝		-				<u> </u>	_	
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		\vdash			\vdash	\vdash	-						
				L									
					ľ								
		LI					<u> </u>						0
1b Sub-total								0.		0.	 		0.
c Total from continuation sheets to F	art VII, Section A							0.		0.			0,
d Total (add lines 1b and 1c) 2 Total number of individuals (including	but not limited to th		liete	2d 2l	hove	ابد (د	ho r	I	1	<u>`</u>	l	-	
2 Total number of individuals (including compensation from the organization	_	1056	11516	su ai	DOVE	C) WI	10 1	eceived more than \$100	o,000 or reportat	'IC			C
compensation from the organization												Yes	No
3 Did the organization list any former of	fficer, director, or tru	ustee	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on			-,	-
line 1a? If "Yes," complete Schedule											3		х
4 For any individual listed on line 1a, is									the organization			<u></u>	
and related organizations greater that											4		х
5 Did any person listed on line 1a recent							relat	ted organization or indiv	idual for services	3	<u></u>	مند	~
rendered to the organization? /f "Yes,	" complete Schedui	e J fo	or st	uch	pers	son				—	5		Х
Section B. Independent Contractors 1 Complete this table for your five high	ost componented in	dono	nde	nt c	onti	racto	ore t	that received more than	\$100,000 of cor	mnens	ation f	rom	
the organization Report compensation										препа	ationi		
	A)	-		···g··		<u> </u>		(B)	7		(C	;)	
	siness address	NON	NE				[Description of s	services	C	Compe		n
										1			
							_			<u> </u>			
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							-		,				
										<u>L</u> _			
										<u> </u>			
2 Total number of independent contract		ot lir	mite	d to			stec	d above) who received r	nore than	, , , -	•	~	75
\$100,000 of compensation from the	organization -					0				- 1		•	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenue excluded from tax under (B) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 686,322 1d d Related organizations 1e Government grants (contributions) All other contributions, gifts, grants, and 12,067 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 698 389 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 915,569 134,916. 780,653. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 104,207,562. assets other than inventory b Less cost or other basis 99,450,025 and sales expenses 4,757,537 c Gain or (loss) 4,757,537 22,001 4,735, d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a All other revenue Total. Add lines 11a-11d 156,917. 6,371,495 0. 5,516,189. Total revenue See instructions. 12

Form 990 (2016) The Denver Art Museu Part IX Statement of Functional Expenses

section	on 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			omplete column (A)	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	5,891,267.	5,891,267.	Sant Sugar	
2	Grants and other assistance to domestic				, i
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				7.75
4	Benefits paid to or for members			er against the	
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 Pension plan accruals and contributions (include				
8	•				
	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits Payroll taxes				
11	Fees for services (non-employees)				
''a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	·			
f	Investment management fees	160,239.		160,239.	
g	Other (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion		-		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			_	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)		A STATE OF THE STA		in a fine of
а					
b		· · · · · ·			
c					
d					
	All other expenses	£ 051 506	5,891,267.	160,239.	0.
25	Total functional expenses Add lines 1 through 24e	6,051,506.	3,031,207.	100,239.	· · · · · · · · · · · · · · · · · · ·
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	
	Check here If following SOP 98-2 (ASC 958-720)				
	In tollowing 30F 30*2 (A30 330*720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 176. 176 Cash - non interest-bearing 1 461,612. 1 321 698. 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 2,343,346. 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D 10b 10c **b** Less accumulated depreciation 72,953,985 59,654,423. Investments - publicly traded securities 11 11 78,223,493. 77,135,574. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 1,711,000 1,711,000. 15 Other assets See Part IV, line 11 15 153,350,266, 142,166,217. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 5,762,521. 5 891 267. 18 Grants payable 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, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 4,962,009 Schedule D 23,239,173 25 29,001,694. 10,853,276. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 1,690,054. 27 1,772,770. Unrestricted net assets 6,289,369 6,872,409. 28 Temporarily restricted net assets 28 116,369,149. 122,667,762 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31

> 142 166 217. Form 990 (2016)

131,312,941.

32

33

124,348,572.

153,350,266.

32

33

34

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

	350 (2010)				, uç	<u> 10</u>
Pại	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
ç						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u> </u>		495.
2	Total expenses (must equal Part IX, column (A), line 25)	2				506.
3	Revenue less expenses Subtract line 2 from line 1	3				989.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1			572.
5	Net unrealized gains (losses) on investments	5		7,	482,	251.
6	Donated services and use of facilities	6				
7	Investment expenses	7			_	
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<	837,	871.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1	31,	312,	941.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990			<u> </u>	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		فاشت	عند	أنسا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			٠, ١	- 1
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			_ _		
b	Were the organization's financial statements audited by an independent accountant?		_2	2b	Х	<u></u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	S, '			
	consolidated basis, or both			- /		
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit		-		
	review, or compilation of its financial statements and selection of an independent accountant?		<u>_2</u>	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			-		, , , , , , , , , , , , , , , , , , ,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au		:	- *	1
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	3b		

SCHEDULE A

Part I

(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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number 74-2496760 The Denver Art Museum Foundation Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

	G, gui.	A -bb			dun nanita	- 470(h)/	4\/ 4 \/ :\	(a)	
1	H	A church, convention of ch					IJ(A)(I).		
2	H	A school described in sect		,			::1		
3	H	A hospital or a cooperative					•	the beental's name	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
_		city, and state							
5	ш	An organization operated for		ollege or university owner	or opera	ted by a g	overnmental unit descri	oea in	
		section 170(b)(1)(A)(iv). (C	•						
6	믉	A federal, state, or local go	J				• •		
7	X	An organization that norma	•	antial part of its support f	rom a gov	ernmenta	l unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8	님	A community trust describe							
9	Ш	An agricultural research org	ganızatıon described	I in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college	
		or university or a non-land-o	grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state of the colleg	je or	
		university							
10	Ш	An organization that norma	ally receives (1) more	e than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	ın 33 1/3% of its suppor	t from gross investment	
		income and unrelated busing	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ured by the organization	after June 30, 1975	
		See section 509(a)(2). (Cor	mplete Part III)						
11	<u></u>	An organization organized	and operated exclus	sively to test for public sa	fety See	section 50	09(a)(4).		
12		An organization organized	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section 509(a)(3).	Check the box in	
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line	s 12e, 12f, and 12g		
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), typically by	/ giving	
		the supported organization	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting	
		organization You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported	
		organization(s) You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally inte	-		ın connec	tion with,	and functionally integrat	ed with,	
		its supported organization	•	•			, ,	•	
d	. [Type III non-functionally						zation(s)	
		that is not functionally int						• •	
		requirement (see instruct	-	= -			•		
е		Check this box if the orga	•	•					
_		functionally integrated, or					- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Ente	er the number of supported of		many unogratou oupport	9 0194	Lution			
		vide the following information	-	ed organization(s)					
		i) Name of supported	(n) EIN	(III) Type of organization	(iv) is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1 10	Yes	No	support (see instructions)	support (see instructions)	
		·=		above (see instructions))			 	 -	
			 	ļ		 			
						1		}	

· Stale Total

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and		 				
	membership fees received (Do not		ı			[
	include any "unusual grants ")	2,116,673.	281,760.	3,302,308.	5,031,965.	698,389.	11,431,095.
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to	}]	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,116,673.	281,760.	3,302,308.	5,031,965.	698,389.	11,431,095.
5	The portion of total contributions					\$0.00 P	
	by each person (other than a			, ,			
	governmental unit or publicly	<u>``</u> .	1.5	•`		, ,	
	supported organization) included	1 7 7 7					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	* 1 157				1	
	column (f)	, , ,	1	. , ,	·		
	Public support. Subtract line 5 from line 4				* **	18.	11,431,095.
	ction B. Total Support	,		,		,	
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	2,116,673.	281,760.	3,302,308.	5,031,965.	698,389.	11,431,095.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	J				J J	
	and income from similar sources	453,791.	590,887.	326,090.	526,790.	915,574.	2,813,132.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	ļ	<u>-</u> -			17,247.	17,247.
10	Other income Do not include gain						
	or loss from the sale of capital				:		
	assets (Explain in Part VI)	*	Sales of the sales				4. 064 454
	Total support. Add lines 7 through 10			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13/12	- I	14,261,474.
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	=	s first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
Sed	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) di	ivided by line 11, o	column (f))		14	80.15 %
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	86.43 %
16a	33 1/3% support test - 2016. If the	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶ x
b	33 1/3% support test - 2015. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2016. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h i	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not d	check a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	heck this box and s	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test	The organization of	qualifies as a public	ly supported orga	anızatıon	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or <u>1</u> 7b	, check this box a	nd see instructions	
					Sche	dule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990 EZ) 2016 The Denver Art Museum Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked qualify under the tests listed by			organization failed	l to qualify under l	Part II If the organi	zation fails to
Sec	etion A. Public Support	lelow, please comp	nete Fart II /				1
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(6) 2010	(0) 2014	(4) 2010	(0) 2010	(1), (1)
'	membership fees received (Do not			ļ.			
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					1	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					ļ	
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		A				
	Public support. (Subtract line 7c from line 6.)	2.77	/		()		
	ction B. Total Support		/				
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6					<u> </u>	
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 businesses acquired after June 30, 1975						
	Add lines 10a and 10b	7	_	<u> </u>			
11							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	/					
	Total support (Add lines 9 10c 11, and 12)	L		1	<u> </u>	<u> </u>	l
14	First five years. If the Form 990 is fo	r the organization	s first, second, th	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						<u> </u>
_	ction C. Computation of Pub						
15	Public support percentage for 2016			column (f))		15	%
<u>16</u>	Public support percentage from 2015					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	<u> </u>		.,	
17	Investment income percentage for 2	016 (line 10c, colui	nn (f) divided by l	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2016. If the	e organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 /1/3%, check this box a	and stop here. The	e organization qua	ılıfıes as a publicly	supported organi	zation	>
t	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	nis box and see ir	estructions	▶∟_

Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 12a or 12b 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 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 or 990-EZ)
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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	5c		
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	9c		, ,
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	10a		
	10b	المراجعة	لدسما
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	edule A.(Form 990 or 990 EZ) 2016 The Denver Art Museum Foundation	74-2496760	P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	, ,		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	<u>L_</u>
b	A family member of a person described in (a) above?	11b		<u> </u>
С	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		<u> </u>
Sec	tion B. Type I Supporting Organizations		_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	(;		24° 00
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		' '	' '
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	j		
	controlled the organization's activities If the organization had more than one supported organization,	4 13	, .	F 7
	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>
2	Did the organization operate for the benefit of any supported organization other than the supported		-	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	("2)		1.5
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		-	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	<u>, </u>		
		<u>-</u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	- ,		1, ~,
	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			100
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	**		5
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	, ;	 *	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 4.4		ļ.,
	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	+ 797		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	40		T.,
	significant voice in the organization's investment policies and in directing the use of the organization's			F .
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	٠.	,	, :
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u></u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see ins	tructions).		
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			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	tv (see instructions	s)	
2	Activities Test Answer (a) and (b) below.	., (Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.55	1,40
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		ļ' ·	1 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	, ¢,	1.75	1. S.
	how the organization was responsive to those supported organizations, and how the organization determined	· .		l
	that these activities constituted substantially all of its activities	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>za</u>	 	
U				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	· · · · ·	1	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b	+-	
3	Parent of Supported Organizations Answer (a) and (b) below.	``	1	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	-	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes " describe in Part VI , the role played by the organization in this regard	٠		<u> </u>
	ON ITS SUPPORTED ORGANIZATIONS? IT MASS DESCRIPE IN MARK VI. THE ROLE DIAVED BY THE ORGANIZATION IN THIS REGARD	l 3h	1	

Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust (on Nov 20, 1970 (explain in	Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E	_
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
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	non B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		13 × 1 × 1	
	instructions for short tax year or assets held for part of year)	1	· "我一个不是	The second of the second
a	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other		a	
	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,			
	see instructions)	4	İ	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		A STATE OF THE STA	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	ν	
2	Enter 85% of line 1	2	スキー フ愛いて ちゃ かっ	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, , , , , , , , , , , , , , , , , , , ,	
4	Enter greater of line 2 or line 3	4	agent they to pay the	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integi	rated Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2016

Sect	ion D - Distributions			Current Year
1 `	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		_
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
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 t	he organization is responsive	e	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(iı) Underdistributıons	(iii) Distributable
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	Company of the Company		
2	Underdistributions, if any, for years prior to 2016 (reason-			Mary of the state
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2016	, ,		
а	The state of the s			
ь	I there will be the state of th	The second of the second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
С	From 2013		Cur y	. , ,
d	From 2014	,		الله المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراج المراجعة المراجعة ا
e	From 2015	Burnay Dark	110 100	(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	i. i		
	Applied to 2016 distributable amount	2 .973 . 4 t. xx .	the state of the s	
i	Carryover from 2011 not applied (see instructions)	28 · 28 · 1 · 1 · 1 · 1 · 1	3" "2" A A A A A A A A A A A A A A A A A	1. 1 - 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
J	Remainder Subtract lines 3g, 3h, and 3i from 3f		,	
4	Distributions for 2016 from Section D,			
	line 7 \$	the state of the	The state of the state of the	in the state of
а	Applied to underdistributions of prior years	Marine Committee		
b	Applied to 2016 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if	E - I I		
	any Subtract lines 3g and 4a from line 2 For result greater	* .		2.3
	than zero, explain in Part VI See instructions			1
6	Remaining underdistributions for 2016 Subtract lines 3h	增 、安徽· · · · · · · · · · · · · · · · · · ·	The state of the state of	_
	and 4b from line 1 For result greater than zero, explain in	***		
	Part VI See instructions	- '		
7	Excess distributions carryover to 2017. Add lines 3j			1
	and 4c		1 th 3 th 1 th 1 th 1 th 1 th 1 th 1 th	in the second
8	Breakdown of line 7			
а	The state of the state of		, , , , , ,	
b	Excess from 2013	関の対抗している		
С	Excess from 2014			
	Excess from 2015		\$	
	Excess from 2016	r. 4-,	activity of the	
				Form 990 or 990-F7) 2016

	(Form 990 or 990-EZ) 2016 The Deliver Art Maseum Foundation 74-2490/00 Page 8
Part VI:	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions)
<u> </u>	

SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ 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

The Denver Art Museum Foundation

Employer identification number 74-2496760

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?			Yes No
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, line	7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically imp	ortant land area
	Protection of natural habitat	Preservation of a cer	tified histori	c structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a co <u>nse</u>	rvation easement on the last
	day of the tax year		<u> </u>	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	` '	20	
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	
	listed in the National Register		20	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ie organizat	on during the tax
	year >			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements			└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	iservation e	asements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserve	ation easem	ents during the year
•	> \$		24.14.41/21/1	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	J(n)(4)(B)(I)	
•	and section 170(h)(4)(B)(ii)?			└── Yes
9	In Part XIII, describe how the organization reports conservat	•		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organiz	ation's accounting for
Dai	conservation easements t III Organizations Maintaining Collections o	f Art Historical Treasures or C	Other Sim	ular Assets
<u> </u>	Complete if the organization answered "Yes" on Form		out out	
12	If the organization elected, as permitted under SFAS 116 (AS		ment and h	alance sheet works of art
ıa	historical treasures, or other similar assets held for public ext			
	the text of the footnote to its financial statements that descr	·	arice or pub	ile service, provide, irri art XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		t and halan	ce sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e			
	relating to these items	ducation, of research in faitherance of pr	JUNC SELVICE	, provide the following amounts
	(i) Revenue included on 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	acures or other similar assets for financia	al dain prov	
~	the following amounts required to be reported under SFAS 1		ai gairi, prov	iuc
а	Revenue included on Form 990, Part VIII, line 1	10 (100 900) relating to these items	_	\$ -
a	Assets included in Form 990. Part Y			¢

Par		. Organizations Maintaining C									
3	Using	the organization's acquisition, accessi	on, and other record	ls, check any of th	e following tha	at are a si	gnıfıcant	use of its	collection	ıtems	
•	(chec	k all that apply)									
а		Public exhibition	d	Loan or e	change progra	ams					
b		Scholarly research	е	Other	-						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	ollections and explain	n how they further	the organizati	on's exer	npt purp	ose in Par	t XIII		
5	Durin	g the year, did the organization solicit o	r receive donations (of art, historical tre	easures, or oth	er sımılar	assets		_		
	to be	sold to raise funds rather than to be ma	aintained as part of t	the organization's	collection?				Yes		No
Par	t IV.	Escrow and Custodial Arran	gements. Comple	ete if the organizat	ion answered	"Yes" on	Form 99	0, Part IV,	lıne 9, or		
		reported an amount on Form 990, Par	t X, line 21				-				
1a	Is the	e organization an agent, trustee, custodi	an or other intermed	diary for contributi	ons or other as	sets not	ıncluded	l	٦		
	on Fo	orm 990, Part X?							Yes		No
ь	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing table							
									Amount		
С	Begir	nning balance					1c				
d	Addıt	tions during the year					1d				
е	Distri	butions during the year					1e				
f	Endır	ng balance					1f	<u> </u>			
2 a	Did t	ne organization include an amount on Fe	orm 990, Part X, line	21, for escrow or	custodial acco	ount liabili	rty?	L	」 Yes	\sqsubseteq	No
<u>b</u>		es," explain the arrangement in Part XIII									
Pai	<u>t Vʻ.</u>	Endowment Funds. Complete it	f the organization an	swered "Yes" on							
			(a) Current year	(b) Prior year	(c) Two year		·	years back	(e) Four		
1a	Begir	nning of year balance	124,348,572.	120,709,010				427,969.		317,8	
b	Cont	ributions	698,389.	9,907,19		9,291.		747,093.		642,0	
С	Net ii	nvestment earnings, gains, and losses	12,995,123.	<505,110		6,108.		741,733.		327,8	
d	Gran	ts or scholarships	5,891,272.	5,762,52	5,54	0,841.	5,	262,343.	4,	859,7	724.
е	Othe	r expenditures for facilities									
	and p	programs				<u>_</u>					
f	Adm	nistrative expenses									
g		of year balance	131,312,941.	124,348,57		9,010.	117,	654,452.	110,	427,9	,69.
2		de the estimated percentage of the curi		e (line 1g, column	(a)) held as						
а		d designated or quasi-endowment	1.35	_%							
b		anent endowment 93.43	%								
С		porarily restricted endowment	5.22 %								
		percentages on lines 2a, 2b, and 2c sho	·								
3a		here endowment funds not in the posse	ssion of the organiz	ation that are held	and administe	ered for tr	ne organ	ization	Г.		
	by									Yes	No_x
		inrelated organizations							3a(ı)	\dashv	<u>x</u>
_		elated organizations							3a(II)	\dashv	<u> </u>
b		es" on line 3a(ii), are the related organiza			17				3b		—
4 Dai		ribe in Part XIII the intended uses of the Land, Buildings, and Equipm		owment tungs							
्रा	VI. ,	Complete if the organization answere		Dort IV line 11a	See Form 990) Part Y	line 10				
		·					cumulat	od	(d) Book	value	
		Description of property	(a) Cost or o basis (investr	4	st or other s (other)	٠,,	reciation	I .	(d) Book	value	
	1000		Dans (IIIVesti	Das	- (01.107)	<u>-</u>	, &				—
	Land					۲		•			—
b	Build			 							—
ر		ehold improvements		- -							—
d	Othe	oment									
		Innes 1a through 1e (Column (d) must e	gual Form 990 Part	X column (B) line	10c)	L					0.
iota	. <u>~uu</u>	mies ra unough le (Column (d) must e	quair oini 000, i ait	λ., σσιστιπ (<i>D</i>), μπε				Schedule	D (Form	9901	

Schedule D (Form 990) 2016 The Denver Art Mo	seum Foundation		74-	2496760	Page 3
Part VII Investments - Other Securities.		•••			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b See Form 990, Pa	art X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	iation Cost or en	d-of-year marke	t value
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) Emerging markets	4,966,445.	End-of-Year Ma			
(B) Domestic equities	12,941,988.	End-of-Year Ma			
(C) International equities	5,708,174.	End-of-Year Ma			
(D) Leveraged buy-out	1,522,301.	End-of-Year Ma			
(E) Private equity	9,366,221.	End-of-Year Ma	 		
(F) Absolute return	13,783,531.	End-of-Year Ma			
(G) Hedged equity	28,280,715.	End-of-Year Ma			
(H) Illiquid investments	566,199. 77,135,57 4 .		TREE Value		(, , , ,
Total (Col (b) must equal Form 990, Part X, col. (B) line 12) Part VIII Investments - Program Related.	77,135,574.		1 2 7 4	<u> </u>	- ' ';
	on Form 000 Port IV line	11a Saa Farm 000 Ba	urt V Impo 12		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of value		d-of-vear marke	
	(B) Book take	(D) Monitor of Yang		,	-
(1)					
(2)					
(4)					
(5)					
(6)				<u> </u>	
(7)					
(8)					•
(9)	· · · · · · · · · · · · · · · · · · ·				
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.)		1. 1. 1.	1. 3	14.2	4 s. ^
Part IX Other Assets.					
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Pa	art X, line 15		
(a)	Description			(b) Book	value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)		<u> </u>			
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities.	e 15)			<u></u>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f See Form 9	990, Part X, line 2	5	
1. (a) Description of liability		b) Book value		•	, ,
(1) Federal income taxes					' ' ' ' '
(2) Investments held for related entity		3,010,770.	The service of the se		
(3) Investments held for Clyfford Still M	ıseum	1,951,239.		, ,	
(4)		;		- '.	
(5)			4, 1, 5,		* -
(6)				ı	•
(7)					آهي. اين سي
(8)			e e e e e e e e e e e e e e e e e e e	- 4	

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.

4,962,009

(9)

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

Pa	t XI Reconciliation of Revenue per Audited Financial State		Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			
1	Total revenue, gains, and other support per audited financial statements				13,693,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains (losses) on investments	2a	7,482,251.	վ։	
b	Donated services and use of facilities	2b		-	
С	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIII)	_2d			- 400 054
е	Add lines 2a through 2d			2e	7,482,251.
3	Subtract line 2e from line 1			3	6,211,256.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	4.60 0.20	,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,239.	4 1	
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b			4c	160,239.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		F	5	6,371,495.
.Pa	T XII Reconciliation of Expenses per Audited Financial Sta		Expenses per	Return.	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			
1	Total expenses and losses per audited financial statements			1	5,891,267.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1			
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		<u> </u>	
С	Other losses	2c		.	
d	Other (Describe in Part XIII)	_2d		 	
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	5,891,267.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	4.50.000		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,239.	<u>-</u> `	
b	Other (Describe in Part XIII)	_4b			460.000
_	Add lines 4a and 4b			4c	160,239.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, 1 XIII Supplemental Information.)	 	5	6,051,506.
lines	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any V, line 4:			4, Part X, I	ine 2, Part XI,
The	endowment funds are used for the educational, operational,	and capital			
	s of the Denver Art Museum,				
					
					

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.

answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.

Open to Pu

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Employer identification number Name of the organization The Denver Art Museum Foundation 74-2496760 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? __ Yes L 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the **United States** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total (b) Number of (a) Region expénditures employees, agents, and offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and 58,275,539. the Carribbean Passive investments

0

0

0

4

Schedule F (Form 990) 2016

58,275,539.

3 a Sub-total

b Total from continuation

sheets to Part I
c Totals (add lines 3a

Schedule F (Form 990) 2016 The Denver Art Museum Foundation

| The Denver Art Museum Foundation | The Denver Art Museum Foundation | The Denver Art Museum Foundation | The Denver Art Museum Foundation | The Denver Art Museum Foundation | The Denver Art Museum 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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of r the IRS, or for which th	recipient organization he grantee or counse	Enter total number of recipient organizations listed above that are in the IRS, or for which the grantee or counsel 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·e›	empt by		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2016

Page 3

74-2496760

The Denver Art Museum Foundation

Schedule F (Form 990) 2016

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 noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant (b) Region (a) Type of grant or assistance

Par	į IV	Foreign Forms		
1	org	is the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the varization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign reporation (see Instructions for Form 926)	X Yes	□ No
2	may Tru	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization by be required to separately file Form 3520, Annual Return To Report Transactions With Foreign lists and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign list With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)	Yes	X No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To retain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	qua Info	is the organization a direct or indirect shareholder of a passive foreign investment company or a alified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, formation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund the Instructions for Form 8621)	X Yes	□ No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain reign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	"Ye	the organization have any operations in or related to any boycotting countries during the tax year? If es," the organization may be required to separately file Form 5713, International Boycott Report (see tructions for Form 5713, do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

Open to Public, OMB No 1545-0047 Inspection

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

Schedule I (Form 990) (2016) ² [Employer identification number (h) Purpose of grant 74-2496760 or assistance X Yes Seneral support Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance ه/ر ا (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000 Part II can be duplicated if additional space is needed 5,891,267 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501 (c) (3) The Denver Art Museum Foundation Enter total number of other organizations listed in the line 1 table 84-6038240 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 100 W 14th Ave Pkwy Name of the organization Denver Art Museum Denver, CO 80204 Párt II Parti

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete of the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated of additional space is needed (d) Amount of non-cash assistance (c) Amount of cash grant Monitoring the funds is accomplished by an independent audit of the Museum done annually by certified public accountants, as well as attendance at (b) Number of recipients Museum board meetings by several directors of the Foundation. (a) Type of grant or assistance Schedule I (Form 990) (2016) Part I, Line 2: Part III

74-2496760

The Denver Art Museum Foundation

Schedule I (Form 990) (2016)

832102 11-61-16

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

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.

Open to Public

74-2496760

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service Employer identification number

The Denver Art Museum Foundation

Inspection

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 11b: The Board of Directors has delegated the responsibility to review the Form 990 before being filed to Mr. Martin who is Chairman 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 The Foundation makes its documents available to the public upon request. Form 990, Part XI, line 9, Changes in Net Assets: -837 871 Adjustment for restatement of beginning net assets

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization The Denver Art Museum Foundation	Employer identification number 74-2496760
	74-2490700
Form 990, Part XI, Line 9	
Beginning net assets of the Denver Art Museum Foundation have been	
restated to reflect a change in the accounting of allocating investment	
earnings. The change was applied retroactively to ensure that net	
assets were properly stated as of October 1, 2016.	
Form 990, Part XII, Line 2c.	
The President of the Board assumes responsibility for the oversight of	
the audit. This process has not changed from prior years.	
	······

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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2016

OMB No 1545-0047

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

The Denver Art Museum Foundation

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Employer identification number

74-2496760

(g) Section 512(b)(13) ž controlled × Direct controlling Yes Identrication of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year entry Direct controlling entity 102.DAMF End-of year assets n/a status (if section e Public charity 501(c)(3)) 170(b)(1) (a)(vi) o. Total income Exempt Code ਉ section 501(c)(3) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) Colorado Colorado Primary activity Primary activity Investments Art museum Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Denver Art Museum - 84-6038240 100 West 14th Avenue Parkway 100 W. 14th Ave. Parkway CO 80204-2788 Denver, CO 80204 DAMF LLC Parti Denver, Part II

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

Schedule R (Form 990) 2016

74-2496760

The Denver Art Museum Foundation Schedule R (Form 990) 2016

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

(K)	General or Percentage managing ownership partner?			
3	naging (_	
_	S Da age			
(5)	amount in box managing o 20 of Schedule partner?			
	irtionate			
Ξ	Disproportionate allocations?			
(6)	Share of end-of-year assets			
(£)	Share of total income			
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)		!	
(p)	Direct controlling entity			
(0)	Legal domicile (state or foreign			
(Q)	Primary activity			
(a)	Name, address, and EIN of related organization			

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 Part IV

		- <u>8</u> 3	ę									
	Ξ,	Section 512(b)(13) controlled entity?	Yes	_					 ┢			
	(h)	Percentage ownership								 		
		Share of end-of-year	assets									
		Share of total income										
	(e)	Type of entity (C corp, S corp,	or trust)					•				
ig trie tax year	(Q)	Direct controlling entity		-								
	<u>(</u>)	Legal domicile (state or	country)									_
	(2)	Primary activity										
Line of gallizations treated as a corporation of trust during the tax year	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2016

74-2496760

Part V Iransactions with Related Organizations. Complete if the organization answered it es	vered res on rorm	on Form 990, Part IV, IIIIe 54, 535, 07 56	07.38			
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	:				Yes	ટ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed ir	n Parts II-IV?	, n. e.		,
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				9	×	
c Gift, grant, or capital contribution from related organization(s)				1	×	
d Loans or loan quarantees to or for related organization(s)				10	×	
				4		×
E Coaris of foat guarantees by refaced organization (s)						
f Dividends from related organization(s)				+		×
q Sale of assets to related organization(s)				1g		×
				1		×
				11		×
J Lease of facilities, equipment, or other assets to related organization(s)				-f		×
					3.46	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
1 Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			Ę	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			Ę		×
 Sharing of paid employees with related organization(s) 				ဝ		×
				~ \	* 1	
p Reimbursement paid to related organization(s) for expenses				1		×
q Reimbursement paid by related organization(s) for expenses				₽		×
				- 4	٠٠١	-
r Other transfer of cash or property to related organization(s)				÷		×
s Other transfer of cash or property from related organization(s)				1s		×
s for	tho must complete the	is line, including covered r	information on who must complete this 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	volved		
(1)						
(2)						
(6)						
(4)				ı		
(5)						
				i.		
(9)						
632163 09-06-16			Schedule R (Form 990) 2016	R (Forn	990	2016

74-2496760

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

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

(k) rcentage vnership				90) 2016
(j) General or Pemanaging partner? Ves No	 		 	 (Form 9
Code V-UBI General or Percentage amount in box 20 partner? ovnership of Schedule K-1 partner? (Form 1065) Yes No				Schedule R (Form 990) 2016
(h) Dispropor tonate a allocatons? Yes No				
(g) Share of Dend-of-year				
(f) Share of total income				
(e) Are all partners sec 501(c)(3) orgs ? Yes No				
Predominant income (related, unrelated, excluded from fax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Part VII	Supplemental Information.		
	Provide additional information for responses to questions on Schedule R. See instructions		
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