DLN: 93493079009040 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 10-01-2018 , and ending 09-30-2019 C Name of organization Denver Art Museum D Employer identification number B Check if applicable □ Address change 84-6038240 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 100 W 14th Avenue Parkway ☐ Application pending (720) 913-0022 City or town, state or province, country, and ZIP or foreign postal code Denver, CO 80204 G Gross receipts \$ 65,113,066 Name and address of principal officer **H(a)** Is this a group return for Christoph Heinrich □Yes ☑No subordinates? 100 W 14th Avenue Parkway H(b) Are all subordinates Denver, CO 80204 ☐ Yes ☐No included? Tax-exempt status **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or □ 527 If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ▶ www denverartmuseum org L Year of formation 1897 M State of legal domicile CO K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities The primary mission of the Denver Art Museum is to enrich the lives of present and future generations through the acquisition, presentation, and preservation of works of art, supported by exemplary scholarship and public programs related both to its permanent Activities & Governance collections and to temporary exhibitions presented by the Museum Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 3 34 Number of independent voting members of the governing body (Part VI, line 1b) 4 34 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 558 **6** Total number of volunteers (estimate if necessary) . . . 6 476 Total unrelated business revenue from Part VIII, column (C), line 12 7a 19,544 Net unrelated business taxable income from Form 990-T, line 34 8,146 Current Year **Prior Year** 53,955,780 8 Contributions and grants (Part VIII, line 1h) . 63,934,973 Program service revenue (Part VIII, line 2g) . 5,413,398 6,308,701 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 739,443 632,480 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,885,789 2,065,571 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 73,973,603 62,962,532 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15,749,222 17,331,187 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶2,267,604 20,296,118 18,708,281 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 36,045,340 36,039,468 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 37,928,263 26,923,064 Assets or displaying **Beginning of Current Year End of Year** 200,237,614 20 Total assets (Part X, line 16) . 165,832,052 21,766,721 **21** Total liabilities (Part X, line 26) 14,328,991 Net assets or fund balances Subtract line 21 from line 20 151,503,061 178,470,893 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-03-19 Signature of officer Date Sign Here Christoph Heinrich Director Type or print name and title Preparer's signature PTIN P01416697 Print/Type preparer's name Check \square ıf Paid self-employed Firm's EIN ▶ Preparer Use Only Firm's address ▶ 475 Lincoln Street Suite 200 Phone no (303) 534-5953 Denver, CO 80203 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	rt III Stateme	ent of Program Servi	ice Accomplis	hments		
	Check if S	chedule O contains a resp	onse or note to	any line in this Part III		🗹
1	Briefly describe th	ne organization's mission				
See	description for Part	I, Line 1 on Schedule O				
2	Did the organizati	ion undertake any signific	ant program ser	vices during the year w	hich were not listed on	
	the prior Form 99	0 or 990-EZ?				. 🗌 Yes 🛂 No
	If "Yes," describe	these new services on Se	chedule O			
3	Did the organizati	ion cease conducting, or	make significant	changes in how it cond	ucts, any program	
	services?					. 🗌 Yes 🗹 No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3)		ions are required	to report the amount	largest program services, as of grants and allocations to o	
4a	(Code) (Expenses \$	16,662,488	ıncludıng grants of \$) (Revenue \$	6,349,449)
	See Additional Data					
4b	(Code) (Expenses \$	6,043,387	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	2,322,950	ıncludıng grants of \$) (Revenue \$	47,360)
	See Additional Data					
	(Code) (Expenses \$	1,056,961	including grants of \$) (Revenue \$	1,784,070)
	Other program servi overall museum exp		re the activities assi	ociated with the gift shop,	restaurant, and other facilities des	signed to enhance the visitor's
4d	Other program se	ervices (Describe in Sche	dule O)			
	(Expenses \$	1,056,961 in	cluding grants of	\$) (Revenue \$	1,784,070)
	<u> </u>					

Pai	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
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		No
7		7		No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets?	-	Yes	
9	If "Yes," complete Schedule D, Part III 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	9		No
10	services? If "Yes," complete Schedule D, Part IV	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 2	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
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		No
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		No
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 (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
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		No
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		No

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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	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		No
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 Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V $\,$.

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Yes

Yes

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No

38

297

0

1a

Part V

If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Yes

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с 7d | 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .

Nο d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

8 9a Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . 9h Section 501(c)(7) organizations. Enter

a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter

b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

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.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(29) qualified nonprofit health insurance issuers.

a Gross income from members or shareholders .

11b

12b

13b

13c

11a

12a

13a

14a

14b

15

No

No

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orm	990 (2018)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗹
Se	ction A. Governing Body and Management			
		\longrightarrow	Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year 1a 34			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 34			
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
		\longrightarrow	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Curtis Woitte Deputy Dir & CFO 100 W 14th Avenue Parkway Denver, CO 80204 (720) 913-0022			

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

ors, Trustees	s, Key	Empl	loye	es,	, and	Higl	nest Co	mpens	atec	d Employees	(con	tinued)	rage o
(B) Average hours per week (list any hours	than o	one bo ooth ai	o not ox, u an off tor/tr	t che unles ficer ruste	ess pers r and a tee)	rson a	Rep comp fro organiz	pensation om the ization (\	n W-	(E) Reportable compensation from related organizations (W-		Estima amount o compens from	ated of other sation the
organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,100					relat	ed
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art VII , Section	Α				*	<u></u>	1	.335,436			0		274,699
but not limited	to thos					rec	<u> </u>			0,000	- 1		
			•				-			employee on		Yes	No No
the sum of repo s greater than \$	ortable o \$150,000	compe 00? <i>If</i> "	ensa <i>"Yes,</i>	ation 5," co	n and o	other	r compen chedule J	nsation f <i>I for suc</i>	from :h				INO
ve or accrue cor	mpensat	tıon fr	rom a	any	/ unrela	ated	organiza						No
nsation for the c	calendar							organiza 	ation'	s tax year (B)	•	(c	
ind pusitiess again	<u>!SS</u>				-							· ·	,064,661
								Owner's	Repr	esentative			232,820
								Cocurity	· Svst	om Design			180,147
								3eca,	- Jyu.	em veagn			160,1
								Exhibitio	on Des	sign			163,508
								Legal					130,241
es (maludina hui	t not lin	-tod			listed	abo) who	20001/100		than #100 0	100 of	:	
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The sum of reportable of granization ▶ 16 The sum of reportable of granization ▶ 16 The sum of reportable of granization ▶ 16 The sum of reportable of granization ↑ 150,000 The sum of reportable of granization ↑ 150,000 The sum of reportable of granization for the calendar (A) and business address	(B) Average hours per week (list any hours for related organizations below dotted line) Individual Truster T	(B) Average hours per week (list any hours per week (list any hours for related organizations below dotted line) Art VII, Section A	(B) Average hours per week (list any hours for related organizations below dotted line) Individual truestal t	Average hours per week (list any hours for related organizations below dotted line) The structure of the st	(B) Average hours per week (list any hours for related dorganizations below dotted line) The state of the	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person is both an officer and a director/trustee) Individual in the first person in the first person is both an officer and a director/trustee) Individual in the first person in th	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one box, unless person is both an officer and a director/trustee) In the position (do not check more than one than	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and any hours for related organization) Position (do not check more than one box, unless person is both an officer and any hours for related organization (W-2/1099-MISC) Position (do not check more than \$1000000000000000000000000000000000000	Average hours per week (list any hours for related organizations below dotted line) Position (do not check more hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person siboth an officer and a director/trustee) Position (do not check more than officer) Position (do not check more than organization) Position	(B) Average hours per week (list any hours for related organizations below dotted line) The state of the sta	Average hours per week (list any hours is both an officer and a director/frustee) subth and s

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization ▶ 6

Page 8

	State and a						rage 3
Part				line in this Dest VIII			
	Check ii Scheddi	e o contains a resp	oonse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaig	ns 1a	<u></u>		revenue		512 - 514
nts nts	b Membership dues		4,098,762				
isa Ion	c Fundraising events		779,727				
S, G An	d Related organizatio		6,140,453				
<u>≅</u>	e Government grants (co		1				
 II. %	6 All ather contributions	, <u></u>	10,369,639				
ion S	f All other contributions, and similar amounts in		32,567,199				
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contribution in lines 1a - 1f \$	ons included 2,					
ರಿ ಕ	h Total. Add lines 1a	-1f	•	53,955,780			
٦,			Business				
Program Service Revenue	2a Admissions & Prog Fees			900099 6,2	261,341 6,2	61,341	
4	b Learning & Engagement				47,360	47,360	
3				300033			
Ę.	c —						
S	u						
grar	f All other program se						
ď	9Total. Add lines 2a-2		6,3	308,701			
	3 Investment income (ii		interest and other	1	1	T	<u> </u>
		ncidaling dividends,	Interest, and other	621,25	7		621,257
	4 Income from investme	ent of tax-exempt l	oond proceeds				
	5 Royalties						
		(ı) Real	(II) Personal	_			
	6a Gross rents	271,58	3				
	b Less rental expenses	97,739		1			
		170.04		_			
	c Rental income or (loss)	173,84	9				
	d Net rental income o	r (loss)			9		173,849
		(ı) Securities	(II) Other				
	7a Gross amount from sales of	11,22	2	1			
	assets other than inventory	11,22					
	·			_			
	b Less cost or other basis and						
	sales expenses C Gain or (loss)	11,22	3	-			
	d Net gain or (loss)	· ·	<u> </u>		3		11,223
	8a Gross income from fi		_				
ne Le	(not including \$ contributions reporte	779,727 of					
₹	See Part IV, line 18		367,255				
Rev	b Less direct expense	s b	367,255	_			
er	c Net income or (loss)	from fundraising e	vents >	_	0		
Other Revenue	9a Gross income from g See Part IV, line 19	aming activities					
	See Fait IV, lille 19		, }				
	b Less direct expense	sb		1			
	c Net income or (loss)		ties	_			
	10aGross sales of invent	ory, less					
	returns and allowand		3,489,154				
	b Less cost of goods s		1,685,540	_			
	c Net income or (loss)			」 1,803,61	4 1,784,07	70 19,544	
	Miscellaneous		Business Code				
	11a _{Miscellaneous} Rever	nue	900099	75,45	1 75,45	51	
	b Sale of Art Proceeds		900099	12,65	7 12,65	57	
	с		 				
	d All other revenue .		+				
	e Total. Add lines 11a		▶				
	12 Total revenue. See			88,10			
	-= rotar revenue. see	Allocide de la contraction de	· · · · •	62,962,53	2 8,180,87	19,544	
							Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response or note to ar	_	·	, ,	П
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21		скрепосо	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,040,873	468,093	327,859	244,921
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5			
7 Other salaries and wages	16,290,314	11,634,287	3,679,686	976,341
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	104,069		104,069	
c Accounting	62,800		62,800	
d Lobbying	150,000		150,000	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,433		5,433	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,099,323	552,296	529,819	17,208
12 Advertising and promotion	1,200,901		1,200,901	
13 Office expenses	83,950		80,651	3,299
14 Information technology				
15 Royalties				
16 Occupancy	1,274,391	1,218,856	55,535	
17 Travel	262,988	197,928	54,732	10,328
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .			<u>·</u>	
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,372,105	1,110,241	215,654	46,210
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Exhibitions	5,076,601	5,076,601		

2,023,635

1,647,014

1,450,521

2,894,550

36,039,468

378,629

1,647,014

1,450,521

2,351,320

26,085,786

779,120

439,819

7,686,078

865,886

103,411

2,267,604

Form **990** (2018)

	raitiv, iiie 22		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16		
4	Benefits paid to or for members		

b Other

c Collection Items Purcha

d Repairs and maintenance

25 Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

e All other expenses

Form	1 990 ((2018)				Page 11
Pa	art X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part IX			🗆
_	_			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		15,893,906	1	565,740
	2	Savings and temporary cash investments		100,004	2	
	3	Pledges and grants receivable, net		56,572,192	3	42,590,809
	4	Accounts receivable, net		488,336	4	660,989
	5 6	Loans and other receivables from current and for trustees, key employees, and highest compensa Part II of Schedule L Loans and other receivables from other disqualif section $4958(f)(1)$), persons described in section contributing employers and sponsoring organiza	ited employees Complete fied persons (as defined under n 4958(c)(3)(B), and		5	
ssets	l	voluntary employees' beneficiary organizations (Part II of Schedule L Notes and loans receivable, net	(see instructions) Complete		7	
1SS	8	Inventories for sale or use		462,729	8	496,418
4	9	Prepaid expenses and deferred charges		1,996,176	9	2,076,797
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 143,244,286			
	ь	Less accumulated depreciation	10b 13,865,512	66,666,980	10c	129,378,774
	11	Investments—publicly traded securities .		19,502,441	11	19,935,792
	12	Investments—other securities $$ See Part IV, line	3,175,513	12	3,449,840	
	13	Investments—program-related See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	[973,775	15	1,082,455
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	165,832,052	16	200,237,614
	17	Accounts payable and accrued expenses	·	13,696,743	17	19,237,811
	18	Grants payable			18	
	19	Deferred revenue		582,247	19	2,478,909
	20	Tax-exempt bond liabilities		50,001	20	50,001
S	21	Escrow or custodial account liability Complete F	_		21	
Liabilities	22	Loans and other payables to current and former key employees, highest compensated employees	officers, directors, trustees, s, and disqualified			
iat		persons Complete Part II of Schedule L $$.	L		22	
7	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pa and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		25		
	26	Total liabilities.Add lines 17 through 25		14,328,991	26	21,766,721
Balances		Organizations that follow SFAS 117 (ASC 98 complete lines 27 through 29, and lines 33 Unrestricted net assets		47,466,782	27	48,169,236
Bal	28	Temporarily restricted net assets	[102,745,040	28	129,532,060
뒫	29	Permanently restricted net assets		1,291,239	29	769,597

151,503,061

165,832,052

30

31

32

33

34

178,470,893

200,237,614 Form **990** (2018)

Net Assets or Fund

30 31

32

33

34

Total net assets or fund balances .

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 84-6038240

Name: Denver Art Museum

Form 990 (2018)

Form 990, Part III, Line 4a:

Exhibitions and Collections - See Schedule OExhibitions and Collections Each year, the Denver Art Museum (DAM) presents exhibitions that provide a variety of experiences with art, regularly attracting more than 800,000 visitors annually. The Museum's approach to exhibitions celebrates the creativity of individual artists who have made an extraordinary impact, and ignites creativity through programs that provide engaging and interactive art experiences. Among the highlights in 2019. The Denver Art Museum was the sole venue for Rembrandt. Painter as Printmaker, showcasing more than 100 prints plus several drawings and paintings from Rembrandt van Rijn's career spanning from 1625 to 1665. Dior. From Paris to the World surveyed 70 years of the house of Dior's enduring legacy and its global influence. A selection of more than 200 couture dresses, as well as accessories, costume jewelry, photographs, drawings, runway videos, and other archival material, traced the history of the iconic haute couture fashion house, its founder, Christian Dior, and the subsequent artistic directors who carried Dior's vision into the 21st century Jordan Casteel. Returning the Gaze featured nearly 30 paintings by Denver-born artist Jordan Casteel, who is now based in Harlem, New York. This presentation was Casteel's first major museum exhibition, and provided audiences with a first look at new work by one of the most acclaimed emerging artists working today Serious Play. Design in Midcentury America focused on creative interpretations of play featuring works from 40 groundbreaking designers, including Charles and Ray Eames, Paul Rand, and Eva Zeisel. This exhibition highlighted for visitors the ways designers' approaches to play and whimsy impacted the way Americans lived, worked, and raised their families in the years following World War II. Eyes on Julie Buffalohead explored the artist's use of metaphors, iconography, and storytelling narratives in her artwork to describe emotional and subversive American Indian cultures A sampling of

Premises and Buildings - See Schedule OPremises & Buildings | These costs include all expenditures associated with the day-to-day operations of the Museum's facilities | Exhibition and permanent galleries displayed a variety of artwork for the public's enjoyment while the Museum's public spaces enable museum staff and volunteers to

conduct frequent learning and engagement programs including tours, public talks, interpretive programs, art-making activities, and more. The premises and buildings provide ample space for mission-driven programming aimed at enriching the lives of this and future generations, and for which the Museum has been internationally

Form 990, Part III, Line 4b:

recognized

Form 990, Part III, Line 4c:

more than 800,000 people in 2019

Learning and Engagement Programs - See Schedule OLearning and Engagement Programs The Denver Art Museum (DAM) believes that art can make a difference in people's lives by celebrating and stimulating creativity and inspiring greater understanding of and connection with our world. To fulfill this vision, the DAM's Department of Learning and Engagement strives to make art relevant and enjoyable to people of all ages, abilities, and backgrounds The Department of Learning and Engagement has taken a leading role both nationally and internationally in three areas 1) research about what visitors need to make a museum visit meaningful, 2) creation of rich and innovative learning resources in collection installations and temporary exhibitions, and 3) interactive learning for young people in both school and family groups. The Department hosts over ten site visits a year from national and international museum colleagues, actively presents at national conferences, and has a strong track record of sharing findings and best practices with the museum field (Reports are on the DAM website under 'Research & Reports') Programs include - In-Gallery Installations. The museum's in-gallery interpretive installations provide visitors with a variety of ways to explore temporary exhibitions and permanent collections on their own. Discovery libraries, Create-n-Takes, Drop-In Drawing and Drop-In Writing, gallery games for kids and families, browsing areas, and more deepen visitors' experiences with art Family Programs The DAM is committed to being a truly family-friendly institution, offering free general admission to all youth ages 18 and under through the Free for Kids program. In order to make the museum engaging for kids and their grown-ups, we take a two-pronged approach. 1) offering programs and activities at "peak family times" (weekends, school breaks, and summer) and 2) integrating family materials into installations, exhibitions, and public spaces so there's always a way for families to connect with art. Family activities are included with the cost of general admission. On weekends and school breaks, families can check out Family Backpacks, which are kidsized packs filled with games and learning materials for families to use on their own in the galleries. Discovery Library costume areas, eye spy and other gallery games. family create zones, and the Just for Fun Family Center (a collection and exhibition-based hands-on activity area) are always available. Create Playdate targets 3-5 year olds and their families and Foxy and Shmoxy Art Detectives targets toddlers, helping grown-ups explore the museum with young children through storytelling, theater, and artmaking opportunities. In addition, The Studio is a dedicated workshop for hands-on projects and artist demonstrations inspired by exhibition themes. - Adult and Access Programs The DAM offers a wide range of opportunities for adults to discover, explore, and make personal connections to collections and exhibitions. Programs range from tours, studio classes, and art history courses to Insider Moments with curators and working artists in the galleries. The DAM's Untitled series engages young adult visitors with art and creativity through unconventional, participatory encounters with art the last Friday of the month Intentionally designed access programs offer visitors with different abilities to have a rich, engaging experience at the museum. Low-Sensory Mornings offered quarterly provide adults and families with a quiet, less sensory stimulating environment during their visit, and Art & About is a monthly tour program designed for individuals with early Alzheimer's and their care partners. Tactile Tours and Verbal Description Tours support visitors who are blind or have low vision -School and Teacher Programs. The hallmark of DAM's school tour program is its interactive touring approach. The introductory all-museum tours, Perception Games and Imagination Games, have been featured at several national conferences, as have the touchable materials and activities developed for culture and architecture based tours. Creative Explorers, a tour for early childhood groups (ages 3-5), uses storytelling, artmaking, and movement to inspire young students to engage with art. Around 70,000 students visit the museum each year to explore topics related to visual arts, social studies, and language arts curricula. Creativity Resource, the museum's online resource for teachers, uses the creativity of artists to inspire creativity in teachers and students. Resources include downloadable art images, artist and artwork information, lesson plans and multi-media resources, and curated blogs on cultural and creativity topics - Community Partnerships Emphasis is on introducing non-visiting families to the museum Current collaborations include work with the Mayor's Office for Education and Children, local school districts, and community centers serving under-resourced neighborhoods. Community access tours given by specially trained community and Spanish-language guides provide these groups with introductory tours of the museum stressing comfort and awareness of the museum and all that it has to offer - Outreach and Community Programs The Learning and Engagement Department is involved in several strategic collaborations designed to take art experiences into the community and encourage museum visitation by a broader audience. Family Art Social is an in-community program hosted at area schools, largely Title I, designed to show families that art can foster relationships and develop creativity and problem solving skills. Events are held in conjunction with school events (e.g., parent night) and feature a bilingual (English and Spanish) lead facilitator and two additional facilitators, materials that include recycled found objects, and food for participants. Students pick a "creative challenge" from a bucket to spark ideas for projects. Similarly, Art Lives Here/El Arte Vive Agui takes the DAM offsite to schools that have difficulty visiting the museum. The program provides an immersive experience for students, teachers, and families to engage with museum art objects--in essence, a traveling mini-museum. Co-created with local schools, the program launched at three metro Title I schools in spring 2017. Three versions of the installation now travel to approximately twenty schools and community centers. The installations "live" in each school for one month, allowing students, teachers, and families to have multiple interactions with the objects. At the end of both programs, staff pass out free passes to adults to encourage them to visit the museum - Partnerships with the Creative Community Over the past few years, the Department has increasingly focused on programming that seeks to connect visitors with the creativity of artists and to use our collections to inspire creativity in our visitors. Programming has ranged from collaborations with artists to creation of new "making and residency spaces throughout the campus including 1) The Studio on the first floor of the Hamilton Building, 2) the Native Arts Artist-in-Residence studio in the American Indian galleries, 3) Thread Studio on the sixth floor of the North Building, and 4) a Latino Artist residency program in the Spanish Colonial and pre-Colombian galleries Overall. Learning and Engagement programs both onsite, in the community, and online served

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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	for related organizations below dotted line)		Institutional Trustee	Officer	key employee	eavoldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
J Landis Martin	1 00	x		×				0	0	0
Chairman									1	
Sarah Anschutz Hunt	1 00	×		x				0	0	0
Vice Chairman									-	
Craig Ponzio	1 00	x		x				0	0	0
Vice Chairman										

Sarah Anschutz Hunt	1 00	×	х		0	
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Wayne W Murdy	1 00					•
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Jana Bartlıt

Robert S Rich

Dr Patricia Baca

Nancy Lake Benson

David Birnbaum

Mario Carrera

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	organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Merie C Chambers Trustee	1 00	x					0	0	0
Pat Cortez Trustee	1 00	x					0	0	0
Joy L Dinsdale Trustee	1 00	х					0	0	0
Michael Duncan	1 00	×					0	0	0

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Trustee
Michael Duncan
Trustee
Suzanne Farver

Trustee

Trustee

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Trustee

Trustee

Baryn S Futa

Cathev McClain Finlon

Charles P Gallagher

Arlene Hirschfeld

James A Holmes

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	l e'	. ,						1 /14 2/4000	1 (1) 2/1000	l avenuention and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Mariner Kemper Trustee	1 00	×						0	0	0	
Nancy Leprino Henry Trustee	1 00	×						0	0	0	
Kent Logan Trustee	1 00	×						0	0	0	
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Nancy Leprino Henry					0	
Trustee					3	
Kent Logan	1 00				0	
Trustee					3	
Lee McIntire	1 00	l			0	
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Kathryn A Paul

William B Pauls

Thomas A Petrie

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Trustee

Trustee

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation any houre and a director/trustee) organizations from the organization

	any nours	and	a dir	recto	or/tr	ustee,)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Scott Reiman Trustee	1 00	×						0	0	0	
Richard L Robinson Trustee	1 00	x						0	0	0	
John J Sie Trustee	1 00	х						0	0	0	
lames F Williams II	1 00										

0

0

341,823

173,944

204,231

0

0

146,863

18,768

22,650

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Trustee
John J Sie
Trustee
James F Williams II
Trustee

David Corkins thru March 2019

Emily Sturm thru March 2019

Richard M Weil thru March 2019

Trustee

Trustee

Trustee

Director

Curtis Woitte

Andrea Fulton

Christoph Heinrich

Deputy Director/CFO

Dep Dir /Chief Marketing

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation n the

	any hours	and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
Melora McDermott-Lewis Chief Learning & Ed Offic	40 00					×		121,217	0	17,791	
Arpie Chucovich Chief Development Officer	40 00					×		125,708	0	19,466	
Florence Muller Vejvoda	40 00					×		121,132	0	13,203	

16,223

19,735

123,064

124,317

40 00

40.00

...............

Curator of Textile Art & Fashion

and Independent Contractors

Timothy Standring

Bryon Thornburgh

Director of Technology

Curator of Painting & Sculpture

			it - DO NO	T PROCESS	As Filed Data -	•			3493079009040 OMB No 1545-0047
	m 99	OULE A	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe ► Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or e trust. 90-EZ.	r a section	2018
iterna	Reven	the Treasury		► Go to	www.irs.gov/Form	990 for the late	est information		Open to Public Inspection
		he organiza useum	tion					Employer identific	ation number
Par	tΙ	Reason	for Public C	Charity Stat	us (All organization	s must comple	ete this part.) 9	84-6038240 See instructions.	
					e it is (For lines 1 thro				
L		A church, c	onvention of o	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2		A school de	scribed in se c	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3		A hospital o	or a cooperativ	ve hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descr	ribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	(iv). (Comple	te Part II)	t of a college or unive	,			bed in section 170
5				_	governmental unit de				
7	✓			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	a governmental u	ınıt or from the gener	al public described in
3		A communi	ty trust descr	ıbed ın sectio ı	n 170(b)(1)(A)(vi)	(Complete Part 1	II)		
•					escribed in 170(b)(1) ee instructions Enter				ege or university or
)		from activit	ies related to וncome and נ	ıts exempt fur ınrelated busır	(1) more than 331/39 actions—subject to cer ness taxable income (le complete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	ipport from gross
L					d exclusively to test fo	r public safety	See section 509	(a)(4).	
2		more public	ly supported	organizations :	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
1		Type I. A so	supporting org n(s) the powe	janization oper	rated, supervised, or cappoint or elect a majo	ontrolled by its s	supported organi	zation(s), typically by	
)		manageme	nt of the supp		pervised or controlled i ation vested in the sar and C.				
2					supporting organizatio ions) You must com				ited with, its
ł		Type III n	on-function	ally integrate he organizatio	d. A supporting organ in generally must satis rt IV, Sections A and	ization operated fy a distribution	in connection wi	th its supported orgai	
•		Check this	box if the org	anızatıon recei	ved a written determing integrated supporting	nation from the I		pe I, Type II, Type II	I functionally
f	Enter			on-runctionally organizations	mregrated Supporting	organization			
j				_	upported organization(s)			
	(i) N	Name of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (seinstructions)
						Yes	No		
otal									
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 1128	5F :	 Schedule A (Form 9	90 or 990-EZ) 201

▶ 🗸

	(Complete only if you ch						under Part
_	III. If the organization fa	ns to quality un	uer the tests list	eu pelow, piease	e complete Part	111.)	
	Section A. Public Support Calendar year	T					
	(or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not	37,584,182	29,369,258	58,647,735	55,317,727	45,485,428	226,404,330
	ınclude any "unusual grant ")				·		
2	Tax revenues levied for the						
	organization's benefit and either	7,215,886	7,465,002	7,728,660	8,180,790	7,892,058	38,482,396
	paid to or expended on its behalf	7,213,000	7,103,002	7,720,000	0,100,750	7,032,030	30,102,330
_							
3	The value of services or facilities	407.220	476 226	F22 077	426.456	F70 204	2 424 402
	furnished by a governmental unit to	407,229	476,336	522,877	436,456	578,294	2,421,192
	the organization without charge	45,207,297	37,310,596	66,899,272	63,934,973	53,955,780	267,307,918
4	Total. Add lines 1 through 3	43,207,297	37,310,390	00,099,272	03,934,973	33,933,760	207,307,918
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						35,817,909
	line 1 that exceeds 2% of the						00,027,7000
	amount shown on line 11, column						
	(f)						
6	Public support. Subtract line 5						231,490,009
	from line 4						231,490,009
9	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
_	(or fiscal year beginning in) ▶	` '		` ,	` '	` '	
7	_	45,207,297	37,310,596	66,899,272	63,934,973	53,955,780	267,307,918
8	Gross income from interest,						
	dividends, payments received on	700 170	000 150	887,384	832,801	903.945	4 200 250
	securities loans, rents, royalties and income from similar sources	708,170	888,150	887,384	832,801	892,845	4,209,350
	and income from similar sources						
9	Net income from unrelated						
9	business activities, whether or not				20.5:-		
	the business is regularly carried on	15,659	13,126	12,709	23,643	19,544	84,681
	, , , , , ,						
10							
	or loss from the sale of capital	383,252	416,631	348,291	305,906	367,255	1,821,335
	assets (Explain in Part VI)						
11							273,423,284
	10 Gross receipts from related activities, 6	te (coo instructio	.nc\			142	
						12	44,966,260
13	First five years. If the Form 990 is fo				•	· · · · · · <u>-</u>	nization,
	check this box and stop here					▶ ⊔	
	Section C. Computation of Public	• • •					
14	Public support percentage for 2018 (lin	ie 6, column (f) di	vided by line 11, co	olumn (f))		14	84 660 %
	Public support percentage for 2017 Sch	nedule A Part II I	ine 1/1			15	87 130 %

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

and stop here. The organization qualifies as a publicly supported organization

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

Р	Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	pelow, please co	omplete Part II.)	
30	Calendar year		43.554.5		413.004-		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
36	ection B. Total Support Calendar year			I	1		1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
b	income from similar sources Unrelated business taxable income						
D	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization	ı 's fırst, second, tl	nird, fourth, or fift	:h tax vear as a se	ction 501(c)(3) c	rganization.
	check this box and stop here	3	, ,	, ,	,	(), ()	• □
Se	ection C. Computation of Public	Support Perce	ntage				<u> </u>
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S					16	
	ection D. Computation of Investi					1 1	
17	Investment income percentage for 201			line 13, column (f	·))	17	
18	Investment income percentage from 2	•		,	• •	18	
	331/3% support tests—2018. If the		·	on line 14 and lin	ne 15 is more than		ne 17 is not
							_
	more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2017. If the	-			•		_
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported org	anization	▶⊔_
20	Private foundation. If the organization	on did not check a	box on line 14, 1	.9a, or 19b, check	this box and see	instructions	▶ □

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of 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

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b 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 3с 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 4a 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 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

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. 6

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)

7 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)

8 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.

9a 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.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	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		
b	A family member of a person described in (a) above?	11b		
C	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	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	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 Part VI how providing such benefit arried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting			
	organization	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a 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	3h		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section 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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other 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		
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		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
				1

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Additional Data

Software ID:

Software Version: **EIN:** 84-6038240

Name: Denver Art Museum

Page 8

Schedule A (Form 990 or 990-EZ) 2018 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI

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)

Facts And Circumstances Test

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

OMB No 1545-0047

DLN: 93493079009040

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Inspection

	Section 527 organizations Complet		00 EZ DadVI III	na 47 (1 ala	. h i		_	
		n Form 990, Part IV, Line 4, or Form 9 t have filed Form 5768 (election under s						R
		t have NOT filed Form 5768 (election ur						
f the	e organization answered "Yes" or	n Form 990, Part IV, Line 5 (Proxy Tax						
	xy Tax) (see separate instruction Section 501(c)(4), (5), or (6) organiz							
	me of the organization	zations Complete Fait III			Employer id	entifica	tion nun	nber
	nver Art Museum							
	Complete State of the control				84-6038240			
		nization is exempt under sectio						
1	"political campaign activities")	nization's direct and indirect political can	npaign activities ii	n Part IV (s	see instruction	s for def	inition of	
2	Political campaign activity expenditures (see instructions)					\$		
3	Volunteer hours for political camp	• •						
Par	t I-B Complete if the orga	nization is exempt under sectio	n 501(c)(3).					
1	Enter the amount of any excise ta	ax incurred by the organization under se	ection 4955		>	\$		
2	Enter the amount of any excise to	ax incurred by organization managers ui	nder section 4955		>	\$		
3	If the organization incurred a sect	tion 4955 tax, did it file Form 4720 for t	his year?			[Yes	☐ No
4a	Was a correction made?					[Yes	□ No
ь	If "Yes," describe in Part IV							
Par	t I-C Complete if the organ	nization is exempt under sectio	n 501(c), exc	ept secti	on 501(c)(:	3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt func	tion activiti	es 🕨	\$		
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$							
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b							
4	*							□ No
5	Enter the names, addresses and a	employer identification number (EIN) of	all section 527 pc	olitical orga	nizations to w	_		
_	organization made payments For	each organization listed, enter the amo	ount paid from the	e filing orga	anızatıon's fun	ds Also	enter the	
		that were promptly and directly delivered (PAC) If additional space is needed,				h as a se	parate se	egregated
	Tana or a pointear action committee	- Traductional Space is necessary	provide information		•			
	(a) Name	(b) Address	(c) EIN		ount paid from			of political
				funds	organization's If none, enter		itributions ind promp	s received otly and
					-0-	dire	ectly deliv	vered to a
							separate p sanization	political i If none,
							enter -	
1								
2								
3								
4								
+								
5								
5								
or P	Paperwork Reduction Act Notice, see t	the instructions for Form 990 or 990-EZ.	Cat	No 500949	Schedule (C (Form 9	990 or 991	0-F7) 2018
			Cat	110 00004	, ocnedule t	~ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,

Total lobbying expenditures (add lines 1a and 1b)		0	
Other exempt purpose expenditures	36,039,468		
Total exempt purpose expenditures (add lines 1c and	36,039,468		
Lobbying nontaxable amount Enter the amount from columns	n the following table in both	1,000,000	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		

h Subtract line 1g from line 1a If zero or less, enter -0-Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No section 4911 tax for this year?

4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period

(a) 2015

1,000,000

314,250

250,000

(b) 2016

1,000,000

124,248

250,000

(c) 2017

1,000,000

250,000

(d) 2018

1,000,000

250,000

Schedule C (Form 990 or 990-EZ) 2018

(e) Total

4,000,000

6,000,000

438,498

1,000,000

1,500,000

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

2a

activity

Volunteers?

Part IV

Return Reference

1

(b)

Amount

(a)

No

Yes

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year C Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1 Also, complete this part for any additional information

Supplemental Information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of

5

SCHEDULE D

(Form 990)

Department of the Treasury

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.

▶ Go to www.irs.gov/Form990 for the latest information.

DLN: 93493079009040 OMB No 1545-0047

Open to Public Inspection

Intern	nal Revenue Service ► Go to <u>www.ii</u>	<u>rs.qov/Form990</u> for the latest info	rmation.	Inspection
	me of the organization		Employer i	dentification number
рer	nver Art Museum		84-6038240)
Pa	Organizations Maintaining Donor Ac Complete of the organization answered			•
		(a) Donor advised funds	(b)Fur	nds 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 adorganization's property, subject to the organization's		donor advised funds ar	re the 🔲 Yes 🔲 No
6	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do private benefit?	d donor advisors in writing that grant f nor or donor advisor, or for any other	funds can be used only to purpose conferring imp	for ermissible Yes No
Pa	rt II Conservation Easements. Complete	f the organization answered "Yes'	' on Form 990, Part 1	IV, line 7.
1	Purpose(s) of conservation easements held by the o	rganızatıon (check all that apply)		
	Preservation of land for public use (e g , recrea	ation or education) 🔲 Preserva	tion of an historically im	portant land area
	Protection of natural habitat	☐ Preserva	tion of a certified histor	ıc structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization heleasement on the last day of the tax year	d a qualified conservation contribution		vation
а	Total number of conservation easements		2a	THE CHE CHE OF CHE TEEN
Ь	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified his	toric structure included in (a)	2c	
d	Number of conservation easements included in (c) ac structure listed in the National Register	equired after 7/25/06, and not on a his	storic 2d	
3	Number of conservation easements modified, transfetax year •	erred, released, extinguished, or termi	nated by the organizati	on during the
4	Number of states where property subject to conserv	ation easement is located >		
5	Does the organization have a written policy regardin and enforcement of the conservation easements it h		handling of violations,	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations, and er	nforcing conservation ea	sements during the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforci	ng conservation easeme	ents during the year
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements of	section 170(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(II)?			☐ Yes ☐ No
9	In Part XIII, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization's final		
Par	Organizations Maintaining Collection Complete of the organization answered			Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIII, the text of the footnote to its fi	for public exhibition, education, or res	earch in furtherance of	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for proceeding amounts relating to these items			
((i) Revenue included on Form 990, Part VIII, line 1		▶ \$_	
(1	ii)Assets included in Form 990, Part X		- \$	
2	If the organization received or held works of art, his following amounts required to be reported under SF.			vide the
а	Revenue included on Form 990, Part VIII, line 1		▶ \$	
b	Assets included in Form 990, Part X		▶ \$	
	Paperwork Reduction Act Notice, see the Instruc	tions for Form 990.	Cat No. 52283D . Sc	 chedule D (Form 990) 2018

Pari	3111	Organizations Ma	aintaining Col	lections o	of Art. H	istori	cal T	reasu	ires. oi	r Other	Similar A	ssets (cont	inued)
3	Using	the organization's acq (check all that apply)											
а	✓	Public exhibition				d	✓	Loan	or exch	ange prog	ırams		
b	✓	Scholarly research				е		Othe	r				
c	✓	Preservation for future	generations										
4	Provid Part X	de a description of the o	organization's col	ections and	l explain h	now the	ey furt	her the	e organiz	zation's ex	xempt purpo	ose in	
5		g the year, did the orga s to be sold to raise fur									nılar	☐ Yes	☑ No
Par	t IV	Escrow and Cust Complete if the org X, line 21.	ganization answ	ered "Yes			-					unt on Forr	
1a		organization an agent led on Form 990, Part)		an or other	intermedi	ary for	contri	bution	s or othe	er assets	not	☐ Yes	□ No
b	If "Ye	s," explain the arrange	ment ın Part XIII	and comple	ete the fol	lowing	table				Α	Amount	
С		ning balance		,		_				1c			
d	_	ons during the year								1d			
е	Distrib	butions during the year	-							1e			
f	Endin	g balance								1f			
2a		e organization include	an amount on Fo	rm 990. Pai	rt X. line 2	21. for (escrov	v or cu	stodial a	eccount lia	ability?	□ Ves	 □ No
		s," explain the arrange										_	NO
	rt V	Endowment Fund											
		Ziidowiiiciic i dii	asi complete ii	(a)Currer			rior yea			ears back			Four years back
1 a	Beginni	ing of year balance .		. ,									,
b	- Contrib	utions											
С	Net ınv	estment earnings, gair	s, and losses										
d	Grants	or scholarships											
		expenditures for facilitie	es										
f	Admını	strative expenses .											
g	End of	year balance											
2	Provid	le the estimated percei	ntage of the curre	nt year end	d balance	(line 1g	g, colu	mn (a))) held a	S			
а	Board	designated or quasi-e	ndowment 🟲										
b	Perma	anent endowment 🟲											
С	Temp	orarily restricted endov	vment 🟲										
	The p	ercentages on lines 2a,	, 2b, and 2c shou	ld equal 100	0%								
3a	organ	nere endowment funds Ization by		sion of the	organızatı	on that	are h	eld an	d admın	istered fo	r the		Yes No
	• •	related organizations					•					3a(i)	
b		elated organizations . s" on 3a(ii), are the rel					 dula P					3a(ii) . 3b	
4		ibe in Part XIII the inte	-		•							. 50	1 1
	t VI	Land, Buildings,											
	لاح	Complete If the org			" on Forr	n <u>9</u> 90	<u>, P</u> art	IV, lı	<u>ne 11</u> a.	. See Fo	rm 990, Pa	art X, line 1	0
	Descri	ption of property	(a) Cost or oth (investme	er basıs	(b) Cost of						depreciation		Book value
1a	Land						4,6	00,000					4,600,000
	Building	1					35,3	83,418			9,848,608		25,534,810
		old improvements					-				·		·
		nent					7,0	42,271			4,016,904		3,025,367

96,218,597

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

96,218,597

129,378,774

	Saa Form 990 Part V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value		(c) Method of or end-of-yea	valuation r market value
	al derivatives					
	Tied equity interests	· · ·				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Fo	rm 990. Part	X. line 13.
	(a) Description of investment		ok value		(c) Method of	
(1)				Cost	or end-or-year	market value
(2)						
(3)						
4)						
[5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
(9) Fotal. (Colum	on (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
9) Fotal. (Column Part IX			n 990, Part	IV, line 11d Si	ee Form 990,	Part X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
Fotal. (Column Part IX 1) (2) (3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d Si	ee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
(9) Fotal. (Column Part IX 1) 2) 3) 4) 5)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		n 990, Part	IV, line 11d S	ee Form 990,	
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		n 990, Part	IV, line 11d S		
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization asserted to the organization as the complete in the organization and the complete in the organization as the complete in the organization and the complete in the complete in the organization and the complete in the complet	n				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15	n		 n 990, Part I\		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	n	es' on Forn	 n 990, Part I\		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 66) 7) 88) 9) Fotal. (Column Part X 1) Federal (1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1.	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value
(9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	n	es' on Forn	 n 990, Part I\		(b) Book value

Part XI

2

а

b

е 3

b

c

Part XII

5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Return Reference

4

Schedule D (Form 990) 2018

44.768

5,433

-85,082

202,020

97,739

5,433

2.256.868

2e

3

4c

2e

3

4c

5

202.020

Page 4

246,788

-79,649

62,962,532

34,076,926

299,759

33,777,167

2,262,301

36.039.468

Schedule D (Form 990) 2018

63,042,181

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b

.

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Net unrealized gains (losses) on investments

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a

2b

2c

2d

4a

4b

2a

2b

2c

2d

4a

4b

Explanation

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID:

Software Version: EIN: 84-6038240

Name: Denver Art Museum

Evalanation

Supplemental Information

Return Reference	Explanation
Part III, Line 1a	The Museum's collections, which were acquired through contributions and purchases, are not recognized as assets on the statement of financial position. Purchases of collection item is are recorded as decreases in net assets without donor restrictions in the year in which the items are acquired. Contributed collection items are not reflected on the financial stratements. Proceeds from deaccessions or insurance recoveries are reflected as increases in the appropriate net asset classes. Museum policies require that such proceeds be used only to acquire additional art objects. All of the Museum's collection items are held for eduicational, research, exhibition, and curatorial purposes. Each of these collection items is cataloged, preserved, and cared for, and activities verifying their existence and assessing their condition are performed continuously.

Supplemental Informatio	n				
Return Reference	Explanation				
Part III, Line 4	The Denver Art Museum (DAM) is dedicated to the collection, preservation, and presentation of art for broadly diverse audiences. With more than 70,000 works of art in its care, the DAM holds the largest and most comprehensive collection of world art between Kansas City and the West Coast. The Museum is an accessible, quality destination, welcoming over 800,0 00 visitors annually. The Museum is committed to its role as a cultural resource providing shared experiences of art and culture to the Rocky Mountain region and beyond. Collection is are organized into nine curatorial departments. Architecture, Design & Graphics, Asian, Modern & Contemporary, Native Art (American Indian, African, and Oceanic), New World (pre-Columbian and Spanish Colonial), Painting & Sculpture, Textile Art, Western American, and Photography. The DAM strives to enrich the lives of present and future generations through the acquisition, presentation and preservation of works of art. The collections further the organization's exempt purpose by providing the sustenance necessary to educate visitors about the past, present and future, and inspire life-long learning.				

ipplemental Information					
Return Reference	Explanation				
Part XI, Line 4b - Other Adjustments	Rental Expense -97,739 Art Proceeds 12,657				

S

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Rental Expense 97,739

Ē

upplemental Information						
Return Reference	Explanation					
Part XII, Line 4b - Other Adjustments	Transfers to DAMF 609,854 Acquistions of Art 1,647,014					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079009040 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization Denver Art Museum 84-6038240 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions?

		Yes	No			
Total			>			
3 List all states in which the orgalicensing	nızatıon ıs registered	or licens	sed to so	ı lıcıt contributions or has t	reen notified it is exempt	rom registration or

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Da	:a -		DLN: 934	9307	9009	040
Sch	edule J	Compensa	ion Informat	ion	ОМ	B No	1545-0	0047
(For	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Compens ▶ Complete if the organization ans	ated Employees vered "Yes" on Forn	n 990. Part IV. li	ne 23.	2018		
▶ Attach to Form 990.								
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/Form990</u> fo	instructions and th	ne latest informa	tion.		o Pul	
	ne of the organiza	tion		Er	nployer identificat			
Den	ver Art Museum			84	I-6038240			
Pa	rt I Questi	ons Regarding Compensation		<u>'</u>				
							Yes	No
1a		piate box(es) if the organization provided any of ection A, line 1a Complete Part III to provide a						
		or charter travel	Housing allowance o	•				
	_	companions	Payments for busine					
		ification and gross-up payments	Health or social club					
	☐ Discretion	ary spending account	Personal services (e	g , maid, chauffei	ir, cner)			
b		es in line 1a are checked, did the organization Il of the expenses described above? If "No," coi			t or reimbursement	1 b	Yes	
2		tion require substantiation prior to reimbursing es, officers, including the CEO/Executive Direct			-2	2	Yes	
	directors, truste	es, officers, including the CEO/Executive Direct	or, regarding the items	s checked in line 18	a'			
3		f any, of the following the filing organization us						
	_	EO/Executive Director Check all that apply Do d organization to establish compensation of the	,		Part III			
		- 						
		ition committee ent compensation consultant	Written employment Compensation surve					
		of other organizations	Approval by the boa		n committee			
_		•	,	·				
4	related organiza	did any person listed on Form 990, Part VII, S tion	ection A, line 1a, with	respect to the fillh	g organization or a			
а	Receive a sever	ance payment or change-of-control payment?				4a		No
ь		receive payment from, a supplemental nonqua	lified retirement plan?	•		4b	Yes	
С	•	receive payment from, an equity-based compe	•			4c		No
	If "Yes" to any o	f lines 4a-c, list the persons and provide the ap	plicable amounts for e	ach item in Part II	I			
	0	504(-)(4)		- 5.0				
5), 501(c)(4), and 501(c)(29) organizations d on Form 990, Part VII, Section A, line 1a, did						
,		ontingent on the revenues of	the organization pay	or accrae arry				
а	The organization	,7				5a		No
b	Any related orga	nization?				5b		No
	If "Yes," on line	5a or 5b, describe in Part III						
6		d on Form 990, Part VII, Section A, line 1a, did intingent on the net earnings of	the organization pay	or accrue any				
а	The organization	7				6a		No
b	Any related orga					6b		No
_	•	6a or 6b, describe in Part III						
7	payments not de	d on Form 990, Part VII, Section A, line 1a, did escribed in lines 5 and 6? If "Yes," describe in P	art III			7		No
8		nts reported on Form 990, Part VII, paid or acci itial contract exception described in Regulations			rıbe			
_						8		No
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow the rebuttable	presumption procedu	ire described in Re	gulations section	9		
For I		ction Act Notice, see the Instructions for F	orm 990	Cat No. 500	53T Schedule 1		990)	2018

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual								
(A) Name and Title	(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC (i) Base (ii) Bonus & incentive compensation compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 Christoph Heinrich Director	(i)	341,823	0	0	133,750	13,113	488,686	0
	(ii)	0	0	0	0	0	0	0
2 Curtis Woitte Deputy Director/CFO	(i)	173,944	0	0	9,258	9,510	192,712	0
	(ii)	0	0	0	0	0	0	0
3 Andrea Fulton Dep Dir /Chief Marketing	(i)	204,231	0	0	9,688	12,962	226,881	0
	(ii)	0	0	0	0	0	0	0
	+							

Page 3 Page 3						
Part III Supplemental Inform	ation					
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation					

The Museum Director receives a taxable benefit for a health club membership as part of his employment agreement

Part I, Line 1a

Return Reference	Explanation
ear	ne Museum Director participates in a non-qualified supplemental retirement plan. The Plan requires the Museum to make regular contributions to the Plan until the irlier of ten years or a distribution event occurs, as defined by the agreement. The Museum's obligation as of September 30, 2019 was \$490,239. There were no stributions from the Plan in 2019.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493079009040 SCHEDULE M OMB No 1545-0047 **Noncash Contributions** (Form 990) 2018 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** Denver Art Museum 84-6038240 **Types of Property** (b) (c) (d) (a) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . Χ 1,943,163 Sales Price Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . Other ▶ (Χ 578,294 Reported by City 25 City indirect) 26 Other ▶ (_ 28 Number of Forms 8283 received by the organization during the tax year for contributions 5 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Nο **b** If "Yes," describe the arrangement in Part II 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Nο b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II Schedule M (Form 990) (2018) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J

Schedule M (Form 990) (2018)	Page 2			
	cion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part umber of contributions, the number of items received, or a combination of both. Also complete			
Return Reference	Explanation			
Part I, Line 33 Throughout the year, the Museum receives gifts of art which are accessioned into the collection. In accordance with generally accepted accounting principles, it is the Museum's policy not to capitalize collection items. In fiscal year 2019, the Museum received 340 gifts of art which were accessioned into the Museum's collection.				
	Schedule M (Form 990) (2018)			

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SCHEDUL (Form 990 or		Supplement		OMB No 1545-0047				
EZ) Department of the 3	n.	Open to Public Inspection						
Namel Brtherong Denver Art Museu	ga Mization				Employer identi	fication number		
990 Schedul	le O, Suppl	lemental Informatio	n					
Return Reference	Explanation							
Form 990, Part VI, Section A, line 6		er Art Museum has approx rd of Trustees at the annu		ers who approve the trustees no one meeting	ominated			

Return Explanation

line 7a

Form 990,
Part VI,
Section A.

Denver Art Museum members approve the slate of trustees as nominated by the Board of Trustees

Return Explanation

Form 990.

Part VI,	ary for review The Chief Financial Officer (CFO) provides the Form 990 to the Museum Boar
Section B,	d's Finance/Audit Committee Chair for review The Museum's CFO discusses any questions or
line 11b	concerns with the Secretary and the Finance/Audit Committee Chair and necessary changes ar
	e updated on the Form 990 Once the CFO is in agreement with the Secretary and the Finance
	/Audit Committee Chair regarding the finished Form 990, it is signed and dated by the Dire
	ctor and submitted to the IRS by the filing deadline. A copy is made available to all Muse
	um Board Trustees prior to filing with the IRS

The IRS Form 990 is completed annually and a copy is provided to the Museum's Board Secret

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The Museum's Conflict of Interest Policy is designed to protect the Museum by defining what is a conflict of interest and providing procedures to identify and address conflicts of interest and potential conflicts of interest. Museum tru stees, members of committees with delegated powers from the Board of Trustees, officers (C hairman, Vice Chairman, Secretary, Treasurer), and specific employees including the Museum Director, Executive Assistant to Director, Deputy Directors, Chief Curator, Curator, Assistant or Associate Curator, Department Director, or Department Associate Director (all "In terested Persons") are all covered under the policy. On an annual basis, each Interested Person must complete a "Disclosure and Compliance" form. This form requests information con cerning all actual or potential conflicts of interest involving Interested Persons, their immediate family members and certain entities in which they or their immediate family members and certain entities in which they or their immediate family members have an interest. As new trustees join the Board, new committee members are appointed, new officers are elected, or new employees who are covered under the policy are appointed (if those individuals are not already interested Persons by reason of holding another of these positions) such individuals are also required to complete the "Disclosure and Compliance" form in case of an actual or potential conflict of interest, the Museum uses a process at the Executive Committee level to investigate actual or potential conflicts of interest. They may, however, be counted in determining the presence of a quorum at a meeting of the Executive Committee at which a conflict is being reviewed and may make a presentation to the Executive Committee to disclose the conflict are not permitted to participate in any discousions relevant to determining the presence of a quorum at a meeting of the Executive Committee at which a conflict of interest exists. They may, however, be counted in determining the presence of a q

Return Reference

The Museum's procedures for determining executive compensation include reviewing comparable.

Part VI,
Section B,
line 15

Ilty data, monitoring the competitive market place, and approval by the executive committe
e of the Board of Trustees Determining the compensation for the Museum's other officers a
nd employees follows the Museum's compensation policies and practices. This includes revie
wing comparability data, considering the competitive market place, and the review and appr
oval by the Museum's executive management.

Return Explanation
Reference

line 19

Form 990,
Part VI,
Section C,

The Museum makes its governing documents, conflict of interest policy and financial statem ents available to the public upon reasonable request

Return Explanation

Part XII, Line
2c
The Finance/Audit committee meets annually with the independent CPA firm to review the res
ults of the current audit and internal control recommendations, if any The Finance/Audit
committee also assumes the annual responsibility of approving the selection of the audit f
irm There have been no changes in these processes from the prior year

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R**

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

OMB No 1545-0047

DLN: 93493079009040

Open to Public Inspection

Schedule R (Form 990) 2018

Name of the organization **Employer identification number** Denver Art Museum 84-6038240 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (e) Name, address, and EIN (if applicable) of disregarded entity Legal domicile (state End-of-year assets Direct controlling Primary activity Total income or foreign country) entity (1) Denver Art Museum Holdings LLC Hold Real Estate CO 1,078,173 Denver Art Museum 100 W 14th Avenue Denver, CO 80204 84-6038240 (2) DAM Office LLC Hold Real Estate CO 9,886,730 Denver Art Museum 100 W 14th Avenue Denver, CO 80204 84-6038240 Part II Identification 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. (a)
Name, address, and EIN of related organization (b) (c) (d) (e) (f) (g) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) or foreign country) (if section 501(c)(3)) entity (13) controlled entity? Yes No (1)Denver Art Museum Foundation Support the activities of CO 501(c)(3) 509(a)(1) No N/A the Denver Art Museum 74-2496760

Cat No 50135Y

one or more related organizations treated as a partnership du (a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, excluded fron tax under sections 512- 514)	d, total incom		Disprop	h) ortionate itions?	(i) Code V-UI amount in I 20 of Schedule k (Form 106	oox ma pa -1	(j) neral or naging rtner?		itage
					314)			Yes	No	1	Ye	s No	1	
											_	+		
Identification of Related Organiza because It had one or more related o						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34		
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	of- Per	V, lin-	e	(i) Section 5 (13) continuity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?
because it had one or more related o (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	of- Per	(h)	e	Section 5 (13) cont entity	512(b trolled y?

Schedule R (Form 990) 2018

Pa	Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
Ь	Gift, grant, or capital contribution to related organization(s)	1 b	Yes	
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1 f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No

d	l Loans or loan guarantees to or for related organization(s)	Ia	NO
е	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	J Sale of assets to related organization(s)	1 g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1 j	No

е	Loans of loan guarantees by related digamization(s)	<u> </u>		
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	10	Yes	

g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10	Yes	
p	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
5	Other transfer of cash or property from related organization(s)	1s		No

i Exchange of assets with related organization(s)	1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. 1n		No
o Sharing of paid employees with related organization(s)	. 10	Yes	
p Reimbursement paid to related organization(s) for expenses	1 p		No
q Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction the	hresholds		
(5)	(4)		
(a) (b) (c) Name of related organization Transaction Amount involved Meth type (a-s)	(d) hod of determining amount i	involved	
			-

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

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets		_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		or ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

