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EXTENDED TO NOVEMBER 16, 2015

**Return of Organization Exempt From Income Tax** 

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

Open to Public

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public. nation about Form 000 and its instructions is at

A F	or th	e 2014 calendar year, or tax year beginning and	ending	Z.IIS. GOVITOIMISSU.	
В	heck if pplicab	C Name of organization		D Employer identifi	cation number
	Addre chang	E REISHER FAMILY FOUNDATION			
	Name	Doing business as		91-6	498816
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 12345 W. COLFAX AVENUE	ite E Telephone number 303-	235–1301	
_	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,826,813.
<u> </u>	_lretum ∏Appli			H(a) Is this a group re	
L	tion pendi	SAME AS C ABOVE		for subordinates <b>H(b)</b> Are all subordinates i	
		empt status X 501(c)(3) 501(c) ( ) ( (Insert no.) 4947(a)(1)	or 5	②りり If "No," attach a	list (see instructions)
JV	Nebsi	te: ► N/A	1	H(c) Group exemption	
KF	orm o	organization: Corporation X Trust Association Other	L Y	ear of formation; 2000	M State of legal domicile; CO
Pa	art I	Summary	Ý		
Activities & Governance	1	Bnefly describe the organization's mission or most significant activities: TO P. SCHOLARSHIP FUND AT THE DENVER FOUNDATION.		DE GRANTS TO	THE REISHER
ra	2	Check this box  fithe organization discontinued its operations or dispo	sed of m	ore than 25% of its net a	ssets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
ح ن	1	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
ij	6	Total number of volunteers (estimate if necessary)		6	0
⋛		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7 <u>a</u>	0.
	-	14et unitelated business taxable income nom 1 om 1 950-1, inte 54	П	Prior Year	Current Year
		Contributions and grants (Dort VIII line 1h)	ŀ	1,953,300.	2,008,200.
Revenue	8	Contributions and grants (Part VIII, line 1h)	ŀ	0.	0.
Š	9	Program service revenue (Part VIII, line 2g)	ŀ	1,236,540.	1,818,613.
æ	!	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ŀ	1,230,340.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		• •	
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,189,840.	3,826,813.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Ļ	1,550,000.	1,865,000.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		28,000.	28,000.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
. <u>×</u>	1	Total fundraising expenses (Part IX, column (D), line 25)	0.	00.054	20 212
		Other expenses (Part IX, column (A) lines 11a 11 d, 11 24e 1	Ļ	27,954.	30,313.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	ļ	1,605,954.	1,923,313.
	19	Revenue less expenses Subtract line 18 from line 12		1,583,886.	1,903,500.
Sor		Total assets (Part X line 16)	Į	Beginning of Current Year	End of Year
t Assets od Balanc	20	Total assets (Part X, line 16)		31,219,430.	33,122,930.
d As	21	Total liabilities (Part X, line 26)		0.	0.
Fig.	22	Net assets or fund balances. Subtract line 24-from line 20		31,219,430.	33,122,930.
	art II	Signature Block		<del></del>	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedule	es and stat	tements, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepa	arer has any knowledge.	
		Marlin Or Berken		9/14/1	
Sig	n	Signature of officer		Date	
Her		MARLENE J. BECKER, ASSISTANT SECRETAR	Y		
	•	Type or print name and title			
		Print/Type preparer's name Prepare)'s signature		Date Check	PTIN
Paid	d	COLLEEN E. MILLER Collum Mille	L	8/18/15 off sett-employ	P00288331
	parer	Firm's name DELOITTE TAX LLP		Firm's EIN	86-1065772
	Only	Firm's address 555 17TH STREET, SUITE 3600		THIII S EIN	
336	J.11.y	DENVER, CO 80202		Dhana na 3 U	3-292-5400
<u></u>	. 41 1	DELITE THE CO 00202		1 Filolis 110.3 0	X Vac No

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

Form	990 (2014) REISHER FAMILY FOUNDATION	91-6498816 Page 2	
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission: TO PROVIDE GRANTS TO THE REISHER SCHOLARSHIP FUND AT TH	E DENVER	-
	FOUNDATION.	······································	-
			-
2	Did the organization undertake any significant program services during the year which were not listed on		-
2	the pnor Form 990 or 990-EZ?	Yes X No	
3	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No	
3	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations to other required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the grants and grants are required to report the grants are required to report the grant of grants and grants are required to report the grants are required to required to report the grants are required to report the grants are	ers, the total expenses, and	
4a	revenue, if any, for each program service reported.  (Code ) (Expenses \$ 1,865,000 • including grants of \$ 1,865,000 • ) (Reven	uie \$	-
-+-	IN THE SPRING OF 2014, THE REISHER SCHOLARSHIP COMMITTE	E AT THE DENVER	!
	FOUNDATION DESIGNATED NEW REISHER SCHOLARS AT THE FOLLO		-
	UNIVERSITIES: THE UNIVERSITY OF NORTHERN COLORADO, METR		-
	UNIVERSITY OF DENVER, THE UNIVERSITY OF COLORADO AT DEN		-
	UNIVERSITY OF COLORADO AT COLORADO SPRINGS, COLORADO ST		-
	AND COLORADO MESA UNIVERSITY.		-
	THE COLOREDO MEDIT CHITCHETTI	· ·	-
	DURING 2014, THE REISHER FAMILY FOUNDATION MADE GRANTS	TOTALING	-
	\$1,865,000 TO ITS SUPPORTED ORGANIZATION, THE DENVER FO		-
	PROVIDE FOR THE CONTINUATION AND GROWTH OF THE REISHER		-
	PROGRAM.		-
	r ROGRAM.		-
4b	(Code) (Expenses \$	nue \$)	-
40	(Code) (Expenses \$) (Reven		,
			-
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4c	(Code) (Expenses \$) (Rever	iue \$)	)
			_
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		<u> </u>	_
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			-
	-		_
			-
			-
4d	Other program services (Describe in Schedule O )		-
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 1,865,000.		-
		Form <b>990</b> (2014	1)

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	4	x	
_	If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
J	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			₩
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	,		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		<del>  ^</del>
u	Part X, line 16: If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<sub>v</sub>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<b>-</b>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
148	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-4-0	<del>                                     </del>	† <del></del>
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			۱
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\vdash$	┝┸
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		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	۳	<u> </u>	† <u></u> -
15	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		F	OOA	(2014)

Part, IV	Checklist of	Required	<b>Schedules</b>	(continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u>X</u>
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			v
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		х
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		s.	
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١.,
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ų.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ <u>.</u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
	Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
D	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		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330	$\vdash \vdash$	$\vdash$
36	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	۳	$\vdash$	<del>-</del>
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<del>"</del>		<del></del> -
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Training and an individual to complete contents of			(2014)
				, · -//

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	990 (2014) REISHER FAMILY FOUNDATION	91-6498	816	P	age 5
Par					
	Check if Schedule O contains a response or note to any line in this Part V				Щ
		_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 4			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
ŭ	(gambling) winnings to prize winners?	, ,	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
20	filed for the calendar year ending with or within the year covered by this return	2a 0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
D			├	<del>                                     </del>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)	3a		Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			1	x
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		
b	If "Yes," enter the name of the foreign country. ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit		İ	İ
	any contributions that were not tax deductible as charitable contributions?		6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	•			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	,	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
·	to file Form 8282?	ao 1042ou	7c		x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	H-		ļ
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х
e			7f		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri				<del> </del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g	1	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	1 _	1	- v
	sponsoring organization have excess business holdings at any time during the year?	•	8	<del> </del>	X
9	Sponsoring organizations maintaining donor advised funds.				۱,,
	Did the sponsoring organization make any taxable distributions under section 4966?		<u>9a</u>	<u> </u>	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	•	9b	L_	X
10	Section 501(c)(7) organizations. Enter:				l
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1	1	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:		1		
а	Gross income from members or shareholders	11a	]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them )	116			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a	T	T
а	· · · · · · · · · · · · · · · · · · ·	•	<u></u>	1	<del>                                     </del>
	Note. See the instructions for additional information the organization must report on Schedule O.		1		
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1	1	
	organization is licensed to issue qualified health plans		1		
_	Enter the amount of reserves on hand	[13c]	1445	+-	X
	Did the organization receive any payments for indoor tanning services during the tax year?		14a	+-	┼^
h	If "Ves " has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e U	I 14b	1	1

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8										
	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	•										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	X								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filled?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	Did the organization have members or stockholders?	6		X							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a		X							
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			Ī -							
	ın Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		Х							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		ļ							
а	The organization's CEO, Executive Director, or top management official	15a		Х							
ь	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ļ								
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	Į.									
	exempt status with respect to such arrangements?	16b	<u> </u>	<u></u>							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records										
-	MARLENE J. BECKER - 303-235-1301										
	12345 W COLFAY AVE LAKEWOOD CO 80215-3742										

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#### REISHER FAMILY FOUNDATION

91-6498816

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) (B)					C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		Cer an	luau	a ecit	Ji/u us	lee)	from	from related	other
	(list any	recto	]					the	organizations	compensation
	hours for related	ord	8			sated		organization	(W-2/1099-MISC)	from the
	organizations	ustee	frust		8	ngu		(W-2/1099-MISC)		organization and related
	below	laal ti	Ion		oldr	st con				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MARY S. REISHER	2.00	<u> </u>	Ť	Ť						
PRES/TREASURER/TRUSTEE		Х		Х				0.	0.	0.
(2) NANCY A. REISHER	2.00									
TRUSTEE		Х						0.	0.	0.
(3) ROBERT G. FOWLER	2.00									
TRUSTEE		X	L					7,000.	0.	0.
(4) JANET C. GARDINER	2.00								_	
TRUSTEE	<u> </u>	Х						7,000.	0.	0.
(5) JOHN A. IKARD	2.00		ĺ						_	_
TRUSTEE		Х	L	L.	L.			0.	0.	0.
(6) LAURA G. MARVIN	2.00								_	_
TRUSTEE		X	_	╙	_		L	7,000.	0.	0.
(7) ROBERT M. VINTON	2.00	l	1							_
TRUSTEE	<u> </u>	Х	┖	_	L		_	7,000.	0.	0.
(8) KAREN L. BELLINA	2.00								56 000	
TRUSTEE	37.50	X	<u> </u>		<u> </u>		_	0.	56,300.	0.
(9) SHARON L. HARPER	2.00	,,							24 400	
TRUSTEE	30.00	A	⊢	_	<u> </u>			0.	24,400.	0.
(10) MARLENE J. BECKER	2.00	ł		x					۾ ا	
ASST SECRETARY	2.00		├	1	⊢			0.	0.	0.
(11) JAMES R. WALKER SECRETARY	2.00	ł		x				0.	0.	^
SECRETARI	<del> </del>	┢	┢	₽	$\vdash$	┢		0.		0.
· · · · · · · · · · · · · · · · · · ·	-	-	-	┢	-	_	$\vdash$			
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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	<u>ees</u>	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do	Posi (do not check r				one	Reportable	Reportable		E	stimate	ed
	hours per week		, unle cer ar						compensation		ar	nount	
	(list any		Π		Γ		Τ,	from	from related			other	
	hours for	trustee or director				_		the organization	organizatior (W-2/1099-MI			pensa rom th	
	related	90.0	eg.			satec		(W-2/1099-MISC)	(44-2/1033-1411	30,		janizat	
	organizations	trust	i i	1	yee Yee	шрег		(,			_	d relat	
	below	Individual t	Institutional trustee	<u>ـ</u>	Key employee	est co	وة				org	anızatı	ions
	line)	ğ	fusti	Officer	Key (	Highest compensated employee	퉏						
	<u> </u>	]											
		_	L		_		┖						
					l	ŀ							
		<u> </u>	<u> </u>		<u> </u>	ļ	╙		=-				
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		1								-			
		一				_							
		1											
1b Sub-total							▶	28,000.	80,7	00.			0.
c Total from continuation sheets to Part V	II, Section A						<b></b>	0.	_	0.			0.
d Total (add lines 1b and 1c)							<b>&gt;</b>	28,000.	80,7	00.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wt	ho r	eceived more than \$100	,000 of reportab	le			
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,		ıste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s										- 1	3		X
4 For any individual listed on line 1a, is the su								•	the organization				
and related organizations greater than \$15	•		•							- }	4		X
5 Did any person listed on line 1a receive or a					-		relat	ted organization or indivi	dual for services	•	_		x
rendered to the organization? If "Yes," com Section B. Independent Contractors	ipiete Scriedui	eJi	or se	ICH	pers	son					5		
Complete this table for your five highest co	mnensated in	dene	ande	nt c	onte	racto	ore t	that recoved more than	\$100,000 of oor	20000	ation (	From	
the organization Report compensation for										npens	allon	10111	
(A)	uno odioridai y	ou.	<u></u>	<u>.</u>	*****	<u> </u>	1	(B)	, cai		(0	<u>., , , , , , , , , , , , , , , , , , , </u>	
Name and business	address	NO	INC	3			- 1	Description of s	ervices	C		nsatio	n
							$\Box$						
									-				
							_						
O Tatalanashan start			•.		•		ᆜ	<u> </u>					
2 Total number of independent contractors (i	_	OT III	mite	a to		se li: )	stec	above) who received m	ore than				
\$100,000 of compensation from the organi	zation 📂						_				Eor	990 c	2014
											- ( 1/TT)	JULI (	/UI41

	T A	Check if Schedule O cont		or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 8	a Federated campaigns	1a					
g al	t	<b>b</b> Membership dues	1b					
ts, An	•	c Fundraising events	1c					
إقِق	•	d Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contribut						
	f	f All other contributions, gifts, gran	1 1					
들		similar amounts not included above		2,008,200.				
E E	_	Moncash contributions included in lines	1a-1f \$	1,708,200.	2 000 200			
9		h_Total. Add lines 1a-1f		D	2,008,200.			
	٠,	_		Business Code	=			
ķ	2 a						-	
Sel								
a a		c d						
Program Service Revenue		e						
۳.	f	f All other program service reve	nue					
	ç	g Total. Add lines 2a-2f					•	
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			1,818,613.			1,818,613.
	4	Income from investment of tax	k-exempt bond	oroceeds >				
	5	Royalties		<b>•</b>				
	_	_	(ı) Real	(ii) Personal				
		a Gross rents						
		b Less. rental expenses						
		c Rental income or (loss) d Net rental income or (loss)	<u> </u>		:			
		a Gross amount from sales of	(i) Securities	(ii) Other			· · · · · · · · · · · · · · · · · · ·	
	′ '	assets other than inventory	() Securities	(ii) Other				
	t	b Less: cost or other basis						
		and sales expenses		1				
		c Gain or (loss)						
	•	d Net gain or (loss)						
venue	8 8	<ul> <li>Gross income from fundraising including \$</li> </ul>	g events (not of					
		contributions reported on line	1c) See					
Other Re		Part IV, line 18	а					
돭		<b>b</b> Less direct expenses	b					
		c Net income or (loss) from fund	_			ļļ.		
	9 a	a Gross income from gaming ac				j		
		Part IV, line 19	а			ł		
		b Less: direct expenses	b contractors					
		<ul> <li>Net income or (loss) from garr</li> <li>Gross sales of inventory, less</li> </ul>		<b>_</b> _				
	10 6	and allowances	a					
		b Less cost of goods sold	b					
		c Net income or (loss) from sale	•	<b>•</b>		İ		
		Miscellaneous Revenu		Business Code			<del></del>	
	11 a							
	ı	b						
	(	с						
	(	d All other revenue						
	•	e Total. Add lines 11a-11d		<b>•</b>				
Zásno	12	Total revenue. See instructions.		<u> </u>	3,826,813.	0.		<del></del>
43200 11-07	-14							Form <b>990</b> (2014)

# Form 990 (2014) REISHER FAMILY Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			mplete column (A).	<del></del>
	Check if Schedule O contains a respon		this Part IX	(C)	(D)
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			İ	
	and domestic governments. See Part IV, line 21	1,865,000.	1,865,000.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign			:	
	organizations, foreign governments, and foreign				
	ındıvıduals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<del> </del>
5	Compensation of current officers, directors,				
	trustees, and key employees	28,000.		28,000.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<u>.</u>
11	Fees for services (non-employees).				
а	Management		<u></u>		
b	Legal	24,009.		24,009.	
C	Accounting	3,475.		3,475.	- ··· - · <u>- · · · · · · · · · · · · · ·</u>
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				<u>.</u>
12	Advertising and promotion	100		400	<del> </del>
13	Office expenses	402.		402.	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				-
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	Į		ļ	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		<u> </u>		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		<del></del>		
24	Other expenses, Itemize expenses not covered above, (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TRUSTEES LIAB COVERAGE	2,427.		2,427.	
b				. ,	<del>~</del>
c				=	
d	-				
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,923,313.	1,865,000.	58,313.	0.
26	Joint costs. Complete this line only if the organization		· · · · · · · · · · · · · · · · · · ·		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
_					5 000 (004.4)

Form 990 (2014)

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,000.	1	2,000
2	Savings and temporary cash investments	323,955.	2	519,255
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			-
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
1	basis. Complete Part VI of Schedule D 10a			
Ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	30,893,475.	12	32,601,67
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	<u> </u>
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	31,219,430.	16	33,122,93
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		1	
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D	0.	25	
26	Total liabilities, Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here		26	
	C. 32			
	complete lines 27 through 29, and lines 33 and 34.	31,219,430.	27	33,122,93
27	Unrestricted net assets	31,217,430.	28	33,122,33
28	Temporarily restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
29	Permanently restricted net assets	<del></del>	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	and complete lines 30 through 34.		30	
30	Capital stock or trust principal, or current funds	· <del>-</del> ·-	31	
31	Paid-in or capital surplus, or land, building, or equipment fund		32	<u> </u>
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds	31,219,430.		33,122,93
33	Total net assets or fund balances	31,219,430.		33,122,93
34	Total liabilities and net assets/fund balances	<u> </u>	, 54	Form <b>990</b> (20

orm	990 (2014) REISHER FAMILY FOUNDATION	9 T ~	0490	OTO	Pag	<u>je 12</u>	
	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			_				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,82	6,8	<u>13.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,92 ,90	<u>3,3</u>	<u>13.</u>	
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31	, 21	<u>9,4</u>	<u> 30.</u>	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	33	,12	<u>2,9</u>	<u>30.</u>	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>	
					Yes	No	
1	Accounting method used to prepare the Form 990: X Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	,				
	consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	).				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Au	dit				
	Act and OMB Circular A-133?			3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	drt	1			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	005		
				Form	990	(2014)	

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

REISHER FAMILY FOUNDATION

Employer identification number 91-6498816

Part Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11q Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement, and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (ı) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes (see instructions)) THE DENVER FOUNDATION 84-6048381 1,865,000 7 X

0.

1,865,000

Schedule A (Form 990 or 990-EZ) 2014

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

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

Sec	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and						/			
	membership fees received (Do not	1					/			
	ınclude any "unusual grants.")	,	\			n'				
2	Tax revenues levied for the organ-		1			j'				
	ization's benefit and either paid to		1			/				
	or expended on its behalf		1							
3	The value of services or facilities				1					
	furnished by a governmental unit to									
	the organization without charge				/					
4	Total. Add lines 1 through 3									
5	The portion of total contributions		1,							
	by each person (other than a		,,		1					
	governmental unit or publicly		"							
	supported organization) included		\	1						
	on line 1 that exceeds 2% of the			\ /	1					
	amount shown on line 11,									
	column (f)				<u></u>					
	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>					
	ction B. Total Support			1/ / 20040	1					
	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	/ (c) 2012	(d) 2013	(e) 2014	(f) Total			
	Amounts from line 4		/	\	<del></del>					
8	Gross income from interest,		/	",						
	dividends, payments received on			Ĭ,						
	securities loans, rents, royalties		j	`\						
_	and income from similar sources		<i>"</i>	',	-					
9	Net income from unrelated business		fr.	· ·	\					
	activities, whether or not the		<i>}</i>		[\					
40	business is regularly carried on				\					
10	Other income Do not include gain				\ \					
	or loss from the sale of capital assets (Explain in Part VI)				\					
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc //see instruction	one)	L.,	I	12				
	First five years. If the Form 990 is for	// -	•	d fourth or fifth t	ax vear as a sectio					
	organization, check this box and stor	<i>"</i>	3 mot, 0000ma, am	a, roarar, or mara	ux your uo u ocollo	11 00 1(0)(0)				
Sec	ction C. Computation of Publ		rcentage							
14	Public support percentage for 2014 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	- %			
15	Public support percentage from 2013	Schedule A, Part	II, line 14	_		15	%			
16a	33 1/3% support test - 2014. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization	ı			▶□			
b	33 1/3% support test $-2013$ . If the o	organization did no	ot check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qual			-						
17a	10% -facts-and-circumstances tes	_					•			
	and if the organization meets the "fac					rt VI how the orgar	nization			
	meets the "facts-and-circumstances"	•	•		-		. ▶□			
b	10% -facts-and-circumstances tes	-				\				
	more, and if the organization meets the		· · · · · · · · · · · · · · · · · · ·		•	,	,			
40	organization meets the "facts-and-circ		-	•		•				
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 17a, or 17						
	v				Sche	equie A (Form 990	or 990-EZ) 2014			

	rt III   Support Schedule for (	Organizations	Described in	Section 509(a	)(2)		rage 3
	(Complete only if you checked	the box on line 9	of Part I or if the o	rganization failed	to qualify under Pa	art II. If the organiza	ation fails.to
	qualify under the tests listed b	elow, please com	plete Part II )			_	
Sec	tion A. Public Support \						/
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	/ (f) Total
1	Gifts, grants, contributions, and		,				=
	membership fees received (Do not	\				1	
	include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	1			/		
	are not an unrelated trade or bus-		1				
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities		3/1				•
	furnished by a governmental unit to		",				•
	the organization without charge		',			L	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and			. /			
	3 received from disqualified persons			ii/			
-	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						
С	Add lines 7a and 7b		/	\ \			
8	Public support (Subtract line 7c from line 6)	12		\			
Sec	tion B. Total Support			`\			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	/ <b>(b)</b> 2011	(c) 2012 \	(d) 2013	(e) 2014	(f) Total
-	Amounts from line 6		/		ļ.		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income	/			`,		
	(less section 511 taxes) from businesses	/			\		
	acquired after June 30, 1975	<i>L</i> <sup>2</sup>			,		
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	<u>//</u>			\		
12	Other income. Do not include gain or loss from the sale of capital?				1		
13	assets (Explain in Part VI) Total support. (Add lines 9, 10c 11, and 12)						
	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d. fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ration.
	check this box and stop here		,,	a,, ç	, ,	), (o)(o) o. g	<b></b>
Sec	tion C. Computation of Publ	lic Support Pe	rcentage			\	
	Public support percentage for 2014 (			column (f))		15	%
	Public support percentage from 2013			ν,,		16	%
	tion D. Computation of Inve				<del> </del>	<del>*_ **</del> -	
	Investment income percentage for 20			ne 13, column (fi)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2014. If the			on line 14, and lin	e 15 is more than :		
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2013. If the						and
	line 18 is not more than 33 1/3%, che						

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

### Part IV | Supporting Organizations

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

Section A. All Supporting Organizations	Section A. A	II Supporting Or	ganizations
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ec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain.	1	Х	ļ
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			ا
	organization was described in section 509(a)(1) or (2).	2	L	X
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		Х
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		Х
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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	]	l
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	1		
-	answer (b) and (c) below (if applicable) Also, provide detail in part VI. including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		Х
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
		<del>  3c</del>		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in		1	х
7	Part VI.	6		<u> </u>
′	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		х
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	-	_
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990)			х
٥-		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			₩.
_	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	$\vdash$	Х
D	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			v
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b_	-	<u> </u>
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			7.7
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in part VI.	9c		X
ıva	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			Y

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

determine whether the organization had excess business holdings)

Sche	edule A (Form 990 or 990-EZ) 2014 REISHER FAMILY FOUNDATION 91-64	9881	6 Pa	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		Х
b	A family member of a person described in (a) above?	11b		X
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.	11c		X
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		İ	
	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		١.	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
	Dath, and the same data and the same state of th		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	_	┰	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Х	
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	_	х	
•	the organization maintained a close and continuous working relationship with the supported organization(s)	2	$\Box$	
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	_	х	
Sac	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
' a	The organization satisfied the Activities Test Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization is the parent of each of its supported organizations complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institutions).	rictions	)	
2	Activities Test Answer (a) and (b) below.	actions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
_	the supported organization(s) to which the organization was responsive? If "Yes," then in part VI identify			
	have the an anti-street first bound the second to the seco			
	those supported organizations and explain now 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	<b>2</b> a		
ь	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.	ــــــــــــــــــــــــــــــــــــــ		
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? Provide details in part VI.	За		
b		Ju		
~	of its supported organizations? If "Ves " describe in partial the role placed by the organization in this regard	3h		

Schedule A (Form 990 or 990-EZ) 2014 REISHER FAMILY FOUNDATION 91-6498816 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 0. 1 Net short-term capital gain Ō. 0. 2 2 Recovenes of prior-year distributions 1,236,540. 1,818,613. 3 3 Other gross income (see instructions) 1,236,540. 1,818,613. Add lines 1 through 3 4 Ō. 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 0 maintenance of property held for production of income (see instructions) 6 7 55,594. Other expenses (see instructions) 1,180,946. 1,760,300. Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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) n. <u>n .</u> 1a a Average monthly value of securities 900,684. 1,288,973. 1b **b** Average monthly cash balances 58,125,600. 52,873,200. c Fair market value of other non-exempt-use assets 1c 53,773,884. 59,414,573. 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other 0. factors (explain in detail in Part VI) n. Acquisition indebtedness applicable to non-exempt-use assets 2 53,773,884. 59,414,573. 3 Subtract line 2 from line 1d Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, 806,608 891,219. see instructions) 52,967,276. 58,523,354. 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 1,853,855. 2,048,317. 6 Multiply line 5 by .035 Recoveries of prior-year distributions 7 1,853,855. 2,048,317. 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 1,180,946. Adjusted net income for prior year (from Section A, line 8, Column A) 1,003,804. 2 2 Enter 85% of line 1 1,853,855. 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 1,853,855. Enter greater of line 2 or line 3 4

emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

5

Schedule A (Form 990 or 990-EZ) 2014

0.

1,853,855.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	1 0430010 Page7
Sec	ion D - Distributions	· // / / · · · · · · · · · · · · · · ·	(corminaeo)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1,865,000.
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6	· · · · · · · · · · · · · · · · · · ·		1,865,000.
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI) See instructions			1,865,000.
9	Distributable amount for 2014 from Section C, line 6			1,853,855.
10	Line 8 amount divided by Line 9 amount			100.009
		(i)	(ii)	(iii)
C1	ion E. Dioteikution Allocations (and instructions)	Excess Distributions	Underdistributions	Distributable
Seci	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			1,853,855.
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				· · · · · · · · · · · · · · · · · · ·
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
نــــــــــــــــــــــــــــــــــــــ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$ 1,865,000.			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			1,853,855.
С	Remainder Subtract lines 4a and 4b from 4.	11,145.		
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c	11,145.		
8	Breakdown of line 7			
а				
b				
c				
d	Excess from 2013			
е	Excess from 2014 11, 145.			

Schedule A (Form 990 or 990-EZ) 2014 REISHER FAMILY FOUNDATION 91-6498	816 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part II	
Also complete this part for any additional information (See instructions).	
SECTION D, LINE 3	
THE DENVER FOUNDATION ("TDF") HAS A SIGNIFICANT VOICE IN THE REISHE	R
FAMILY FOUNDATION'S ("FOUNDATION") OPERATIONS AND INVESTMENT DECISION	ons.
THE RELATIONSHIP BETWEEN THE FOUNDATION AND TDF (I.E., THE SUPPORTED	D
ORGANIZATION) STRONGLY RESEMBLES THE RELATIONSHIP DESCRIBED IN EXAM	PLE
1 OF THE TREASURY REGULATIONS EXPLAINING THE RESPONSIVENESS TEST.	SEE
TREAS. REG. 1.509(A) - 4(I)(3)(IV), EXAMPLE 1.	
THE FOUNDATION HAS AN OFFICER OF TDF ON ITS BOARD OF TRUSTEES WHO	
SERVES AS TDF'S DIRECTOR OF SCHOLARSHIPS AND ADMINISTERS THE REISHER	R
SCHOLARS PROGRAM. THIS TRUSTEE REGULARLY MEETS WITH FOUNDATION	
TRUSTEES, DISCUSSES THE FINANCIAL NEEDS OF THE REISHER SCHOLARS	
PROGRAM, REVIEWS PROJECTED CASH NEEDS AND DISCUSSES THE WAY TDF WOUL	ĽD
LIKE THE FOUNDATION TO EXPEND ITS INCOME. ALL TRUSTEES PERIODICALLY	Y
DISCUSS THE ASSETS HELD BY THE FOUNDATION AND REVIEW QUARTERLY	
INFORMATION REPORTS ON THE FOUNDATION'S INVESTMENTS.	
	_

#### SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

REISHER FAMILY FOUNDATION

Employer identification number 91-6498816

Pa	rt I Organizations Maintaining Donor Advise	<u> </u>	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nde
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	
•	for charitable purposes and not for the benefit of the donor		•
	impermissible private benefit?	or defici advisor, or for any other purpose confe	Yes No
Pa	t II Conservation Easements. Complete if the or	nanization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organizat		,
	Preservation of land for public use (e.g., recreation or e		ly important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space	Treservation of a certified t	iistoric structure
2	Complete lines 2a through 2d if the organization held a quali	find appearation contribution in the form of a	
~	day of the tax year.	ned conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
_	Total number of conservation easements		<del></del>
h	Total acreage restricted by conservation easements		2a
b		suctives included us (a)	2b
	Number of conservation easements on a certified historic still Number of conservation easements included in (c) acquired	• •	2c
u		after 6/17/06, and not on a historic structure	
3	listed in the National Register	looped autoriumbed or terminated by the auron	2d
3	Number of conservation easements modified, transferred, revear	reased, extinguished, or terminated by the orga	inization during the tax
4	Number of states where property subject to conservation ea	nament is lessted	
5		· ————————————————————————————————————	
•	Does the organization have a written policy regarding the pe- violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	•	
·	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(f)(4)(	Yes No
9		an accompate in the several and success states	
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organizal conservation easements	tion's infancial statements that describes the of	rganization's accounting for
Pai	t III   Organizations Maintaining Collections of	f Art. Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form		J
1a	If the organization elected, as permitted under SFAS 116 (AS	<del></del>	and halance sheet works of art
	historical treasures, or other similar assets held for public ex	· ·	•
	the text of the footnote to its financial statements that descr		public service, provide, in Fait XIII,
h	If the organization elected, as permitted under SFAS 116 (AS		halanaa ahaat wada of art historiaal
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in furtherance of public se	ervice, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		<b>►</b> ¢
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	anuran or other amiles and to force of	<b>D</b>
~	the following amounts required to be reported under SFAS 1		, provide
•		10 (AGO 300) relating to these items:	<b>~</b> ¢
a	Revenue included in Form 990, Part VIII, line 1		<b>-</b>
U	Assets included in Form 990, Part X		<b>~</b> \$

		FAMILY FO						<u>91-64</u>			ıge <b>2</b>
Pại	rt III   Organizations Maintaining C										
3	Using the organization's acquisition, accession	on, and other record	ds, checl	k any of the	following that a	re a si	gnıfıcant	use of its	collection	tems	S
	(check all that apply)										
а	Public exhibition	c	╸┝═╵	Loan or excl	hange programs	S					
b	Scholarly research	€	الا	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit or	receive donations	of art, hi	stoncal trea	sures, or other s	simılar	assets		٦		,
	to be sold to raise funds rather than to be ma						-		Yes		No_
Pai	rt IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "Ye	es" to I	Form 990	), Part IV, I	ine 9, or		
_	reported an amount on Form 990, Par		-l <b>f</b>			44					
та	Is the organization an agent, trustee, custodia	an or other intermed	alary for	contribution	is or other asser	ts not	inciuaea	·	] v	Γ	١.,.
	on Form 990, Part X?		. 0 4	-1-1-				∟	J Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	nowing 1	able					A		
_	Decrease balance						145	<b>-</b>	Amount		
C	Beginning balance						1c 1d	<del> </del>			—
a	Additions during the year						1e	<u> </u>			—
•	Distributions during the year Ending balance						1f	<b>-</b>			
2a	Did the organization include an amount on Fo	orm 990 Part Y line	21 for 6	ectow of ci	istodial accoun	t kabili		<u> </u>	Yes	$\top$	No
	If "Yes," explain the arrangement in Part XIII						ıty.	. —	. 103	F	]
	rt V Endowment Funds. Complete if						0.				
ш.		(a) Current year		rior year	(c) Two years b	-		years back	(e) Four	vears I	back
1a	Beginning of year balance	(2) 22	\-/-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(5)		/				
ь	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships								<u></u>		
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses	_									
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment	%									
С	Temporanly restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c shou	id equal 100%									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administered	d for th	ne organi	zation	_		
	by:									Yes	No
	(i) unrelated organizations					-			3a(i)	ightharpoonup	
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	listed as required of	on Sched	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds							
Pai	rt VI Land, Buildings, and Equipm				<b>.</b>						
	Complete if the organization answered	<del></del>						<del> </del>			
	Description of property	(a) Cost or o			or other		ccumulat		(d) Book	. value	3
	<del> </del>	basis (investi	ment)	Dasis	(other)	aep	reciation	<del>'</del>			
	Land				<del> </del>						
	Buildings										
	Leasehold improvements				<del></del>						
d	_ ' '		-								
	Other .  I. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X colur	nn (R) line 1	10c)			ightharpoonup			0.
	are all the state of the state	4-20 Con Octo, 1 Urt	. , 50.01	1-/, /	,						

REISHER	FAMILY	FOUNDATION
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	Investments - Other Securities.			
	Complete if the organization answered "Yes"			
(a) Descrip	otion of Security or Category (including name of security)	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1) Financia	al derivatives			
	-held equity interests			<u></u> .
(3) Other				
(A) FI	RSTBANK HOLDING COMPANY	32,601,67	5. COST	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
<u>(H)</u>				
	b) must equal Form 990, Part X, col. (B) line 12.)	32,601,67	5.	
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	' to Form 990, Part IV, I	ine 11c See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	<del></del>			
	b) must equal Form 990, Part X, col. (B) line 13.)			·
Part IX	Other Assets.	•	•	
	Complete if the organization answered "Yes"	to Form 990, Part IV, I	ine 11d See Form 990, Part X, lin	ne 15.
		Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				<del> </del>
	ımn (b) must equal Form 990, Part X, col (B) lıı	ne 15 )		<b>▶</b>
Part X	Other Liabilities.			
	Complete if the organization answered "Yes"	" to Form 990. Part IV. I	ine 11e or 11f. See Form 990. Pa	rt X. line 25.
1.	(a) Description of liability	10 / 0/11/000, / 2/11/0,	(b) Book value	
	deral income taxes			
(2)	Jerai income taxes		·	
		····		
(2)	<del></del> .			
(3)				
(4)		1		
(4) (5)		<del></del>	· · · · · · · · · · · · · · · · · · ·	
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)				
(4) (5) (6) (7) (8) (9)		25)		
(4) (5) (6) (7) (8) (9) Total. (Colu	umn (b) must equal Form 990, Part X, col (B) lii y for uncertain tax positions. In Part XIII, provid			

Sche	dule D (Form 990) 2014 REISHER FAMILY FOUNDATION		91-6498816	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements	-	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Par	t XII Reconciliation of Expenses per Audited Financial Staten	=	oenses per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII)	4b		
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  † XIII Supplemental Information.		5	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Par 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad			
·				

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

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

**Employer identification number** 91-6498816

Schedule I (Form 990) (2014) <u>2</u> CONTINUATION AND GROWTH (h) Purpose of grant SCHOLARSHIP PROGRAM TO PROVIDE FOR THE or assistance X Yes OF THE REISHER Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) 0.N/A (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 1,865,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. REISHER FAMILY FOUNDATION 501(C)(3) Enter total number of other organizations listed in the line 1 table 86-6048381 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government 55 MADISON, 8TH FLOOR THE DENVER FOUNDATION Name of the organization DENVER, CO 80206 Part

Page 2

91-6498816

REISHER FAMILY FOUNDATION

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Schedule I (Form 990) (2014)

(f) Description of non-cash assistance . . (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information THE REISHER SCHOLARSHIP SIX SCHOLARSHIP PROGRAM. GRADE POINT AVERAGES MARY REISHER AND NANCY REISHER SELECTS SCHOLARSHIP RECIPIENTS FROM A LIST OF CANDIDATES SUBMITTED BY THE AS WELL AS OTHER PROGRAM REQUIREMENTS ARE MONITORED EACH SEMESTER THE (d) Amount of non-cash assistance INSURE THAT ALL RECIPIENTS REMAIN WITHIN THE GUIDLEINES OF THIS COMMITEE (c) Amount of cash grant OF. EACH YEAR, SERVE AS TWO OF THE EIGHT COMMITTEE MEMBERS (b) Number of recipients REISHER FAMILY FOUNDATION TRUSTEES, SCHEDULE I, PART 1, LINE THE DENVER FOUNDATION. THE REISHER (a) Type of grant or assistance SCHOLARSHIP PROGRAM Z UNIVERSITIES PROGRAM AT FORM 990, Part IV

Schedule I (Form 990)  REISHER FAMILY FOUNDATION  91-6498816 Page 2  Part IV   Supplemental Information
Part IV Supplemental Information
DEDUTATION TATOON DELAMBD DO MAI MONTACOTAS OF COLUMN AND TO
PERTINENT INFORMATION RELATED TO THE MONITORING OF GRANTS MADE TO
SCHOLARSHIP RECIPIENTS IS KEPT AT THE OFFICES OF THE REISHER FAMILY
FOUNDATION. THE ADMINISTRATION AND THE FINANCE DEPARTMENT OF THE DENVER
FOUNDATION FURNISH QUARTERLY FINANCIAL STATEMENTS FOR THE REISHER
SCHOLARS FUND TO THE FAMILY FOUNDATION. THESE STATEMENTS INCLUDE
DETAILED INFORMATION ON THE DOLLAR AMOUNTS OF GRANTS MADE TO
SCHOLARSHIP RECIPIENTS. SUBSTANTIATING INFORMATION IS SENT FROM THE
PHILANTHROPIC SERVICES DEPARTMENT AT THE DENVER FOUNDATION WHICH IS
THEN REVIEWED AGAINST THE QUARTERLY STATEMENT INFORMATION TO VERIFY
THAT ALL RECIPIENT NAMES AND GRANT AMOUNTS MATCH.
<del></del>

#### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions** 

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No 1545-0047

2014

Open To Public Inspection

Name of the organization

REISHER FAMILY FOUNDATION

Employer identification number 91-6498816

Par	t Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of deter	minuna	
		applicable	contributions or	amounts reported on	noncash contributio	_	s
			items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures	ļ .		<del></del>			
3	Art - Fractional interests						
4	Books and publications	<b>-</b>					<del></del>
5	Clothing and household goods  Cars and other vehicles						
6 7	Boats and planes	<del>                                     </del>					
8	Intellectual property	<u> </u>					
9	Securities - Publicly traded	<del></del>					
10	Securities · Closely held stock	Х	3	1,708,200.	COST		
11	Securities · Partnership, LLC, or						
• •	trust interests						
12	Securities · Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate · Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	<u> </u>					
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts	·····					
23	Scientific specimens						
24	Archeological artifacts		<u> </u>				<del></del>
25	Other ()						
26	Other ()		<u>                                     </u>				
27	Other ()						
28 29	Other ( )  Number of Forms 8283 received by the organi	zation dum	a the tay year for a	ontributions			
25	for which the organization completed Form 82		<del>-</del> -				
	To who the organization completed from oz	, , , , ,	Donee / totalowica;	<u> 20  </u>		Yes	No
30a	During the year, did the organization receive b	v contributio	on any property rei	oorted in Part I. lines 1 throu	gh 28. that it	1.00	<del></del>
	must hold for at least three years from the dat	-			•		
	exempt purposes for the entire holding period		•	•		0a	Х
b	If "Yes," describe the arrangement in Part II						
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	n	Х
32a	Does the organization hire or use third parties	or related or	rganizations to soli	crt, process, or sell noncash			
	contributions?					2a	X
b	If "Yes," describe in Part II				Γ		
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which column (a) is ch	ecked,		1
	describe in Part II						

Part II	A'(Form 990) (2014) REISHER FAMILY FOUNDATION		Page 2
	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, ar is reporting in Part I, column (b), the number of contributions, the number of items received, or a this part for any additional information	nd 33, and whether the organiza a combination of both. Also com	ation iplete
			<del></del>
<u>.</u>			
			<u></u>
		-	
-			
			·
		•	
_			
		* , ,,	
<u> </u>			

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

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

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

REISHER FAMILY FOUNDATION	91-6498816
FORM 990, PART VI, SECTION A, LINE 2:	
MARY S. REISHER AND NANCY A. REISHER ARE SISTERS. BOTH A	RE DIRECTORS OF
FIRSTBANK HOLDING COMPANY AND ITS SUBSIDIARY BANK. MARY	IS ALSO EXECUTIVE
VICE PRESIDENT OF FIRSTBANK.	
JOHN A. IKARD IS THE PRESIDENT AND A DIRECTOR OF FIRSTBAN	NK HOLDING COMPANY
AND A DIRECTOR OF ITS SUBSIDIARY BANK. HE ALSO HOLDS THE	TITLE OF VICE
PRESIDENT AT THE SUBSIDIARY BANK.	
FORM 990, PART VI, SECTION A, LINE 7A:	
THE FIVE INDEPENDENT TRUSTEES ARE REAPPOINTED ANNUALLY BY	Y MARY S. REISHER
AND NANCY A. REISHER AS FAMILY INTEREST TRUSTEES IN ACCOU	RDANCE WITH THE
REISHER FAMILY FOUNDATION STATEMENT OF POLICIES. THIS AG	CTION IS RATIFIED
AT THE ANNUAL MEETING BY MARY REISHER AND NANCY REISHER	AND THE
FOUNDATION'S CORPORATE INTERESTED TRUSTEE, JOHN IKARD. TI	HE REISHER FAMILY
FOUNDATION BELIEVES THAT TRUSTEE SHARON HARPER, DIRECTOR	OF THE SCHOLARSHIE
PROGRAMS AT THE DENVER FOUNDATION, IS INDEPENDENT OF THE	REISHER FAMILY
FOUNDATION AND FIRSTBANK HOLDING COMPANY.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE FOUNDATION HAS NO COMMITTEES.	
FORM 990, PART VI, SECTION B, LINE 11:	
FORM 990 IS PRESENTED IN DRAFT FORM TO THE GOVERNING BODY	Y AT ITS ANNUAL

MEETING AFTER PREPARATION BY THE ASSISTANT SECRETARY. AFTER FINAL

PREPARATION BY TAX EXPERTS, IT IS AGAIN REVIEWED BY THE ASSISTANT SECRETARY LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization REISHER FAMILY FOUNDATION	Employer identification number 91-6498816
AS WELL AS THE PRESIDENT OF THE ORGANIZATION BEFORE BEING	FILED. COPIES OF
THE FILED DOCUMENT ARE THEN DISTRIBUTED TO THE GOVERNING	BODY AND THE
DENVER FOUNDATION, ITS SUPPORTED ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	IAL STATEMENTS
AVAILABLE TO THE PUBLIC BY MAIL.	
	<del>.</del>

SCHEDULE R (Form 990)

Open to Public Inspection 2014

OMB No 1545-0047

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2014 Employer identification number 91-6498816 entlty? Direct controlling Yes Identification of Related Tax-Exempt Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year ε Direct controlling End-of-year assets N/A status (if section 501(c)(3)) <u>@</u> Public charity Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 980, Part IV, line 33, 34, 35b, 36, or 37. Information about Schedule R (Form 990) and its instructions is at www.ics.gov/form990. Total income Exempt Code ਉ section 501(C)(3) Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or foreign country) foreign country) ► Attach to Form 990. COLORADO Primary activity COMMUNITY FOUNDATION Primary activity REISHER FAMILY FOUNDATION For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) THE DENVER FOUNDATION - 86-6048381 Name, address, and EIN of related organization of disregarded entity 55 MADISON, 8TH FLOOR Name of the organization 80206 Department of the Treasury Internal Revenue Service ខ DENVER, Part II Part

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91-6498816

Page 2

Schedule R (Form 990) 2014 REISHER FAMILY FOUNDATION

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

sections 512-514)  Sections 512-514  Sections 51

						•		•		
	olled ity?	No								
	512(1 Confi	Yes								
ε	Percentage 512(b)(13) ownership controlled entity?				 					
	Share of end-of-year									
Ð	ਛੁ.⊨									
(e)	Type of entity (C corp, S corp,	hen in								
<b>©</b>	Direct controlling Type of entity Step.									
(၁)	Legal domicile (state or foreign	country)								
 (Q)	Primary activity									
(a)	Name, address, and EIN of related organization									

Page 3

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

Make Carrelled than 4 of any ambition to be backed in Danie II II and IV at their ambients				7	1,4
Note: Complete line in any entity is listed in ratis in in, or it is schedule.  1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	in Parts II-IV?	<u> </u>	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	`				×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				₽ X	+
c Gift, grant, or capital contribution from related organization(s)				ဍ	×
d Loans or loan guarantees to or for related organization(s)				<b>P</b>	×
e Loans or loan guarantees by related organization(s)				<del>1</del>	×
					-
f Dividends from related organization(s)				<b>=</b>	4
g Sale of assets to related organization(s)				19	×
h Purchase of assets from related organization(s)				4	×
i Exchange of assets with related organization(s)				i=	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				*	×
1 Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			£	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uor			±	×
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				9	×
					<b>.</b>
				4	4
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				10	×
r Other transfer of cash or property to related organization(s)				<b>+</b>	×
				- 4	×
۰l	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			2	
Z if the answer to any of the above is. Yes, see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	is tine, including covered	relationships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	polved	
(1) THE DENVER FOUNDATION	В	1,865,000, FMV	FMV		
(2)					
10,			:		
(4)					
(5)					
432163 08.14-14			Schedule	Schedule B (Form 990) 2014	0) 2014

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Schedule R (Form 990) 2014 REISHER FAMILY FOUNDATION

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

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

<b>8</b> 6 €		1		I	i		ı	4
(k) rrcenta wnersh								90) 20
2 5 5 5								
(j) General or managing partner? Yes NO	-						<del>-</del>	
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 pariner? ownership (Form 1065)							***	Schedule R (Form 990) 2014
No ate								
Onsproportionate allocations?							_	
(g) Share of end-of-year assets								
(f) Share of total income								
Are all Partners sec 501(c)(3) orgs Yes No		<del></del>						
de e	: 	<u> </u>						
Predominant income pate (related, unrelated, excluded from tax under sections 512-514)	1							
elign Bign								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
	<del>                                     </del>	<del></del>		 	<del>                                     </del>			
(a) Name, address, and EIN of entity								

Schedule R	(Form 990) 2014	REISHER	FAMILY	FOUNDATION		91-6 <b>4</b> 98816 Page <b>5</b>
Part VII	(Form 990) 2014  Supplemental Info	rmation	-			<u> </u>
<del></del>	Droude eddtered ofer	matian for rannana	o to augstion	s on Schedule R (see instru	untinno)	
<del></del>	Provide additional infon	nation for response	es to question	s on Schedule H (see Instit	ictions)	
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