

Return of Organization Exempt From Income Tax

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

2025

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **January 01**, 2025, and ending **December 31**, 2025

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization **Douglas County Community Foundation**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
11479 Pine Drive,
 City or town, state or province, country, and ZIP or foreign postal code
Parker, CO 80134

D Employer identification number
20-3577455

E Telephone number
(720) 733-2656

G Gross receipts \$ **1,524,921**

F Name and address of principal officer: **Kirsten Swanson**
11479 Pine Drive, Parker, CO 80134

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **dccf.org**

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: **2000**

M State of legal domicile: **CO**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Douglas County Community Foundation assists local nonprofit organizations with financial grants, organizational and operational guidance, philanthropic promotion, and other services.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	2
	6	Total number of volunteers (estimate if necessary)	6	24
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 412,066	Current Year 690,279
	9	Program service revenue (Part VIII, line 2g)	626,208	297,347
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,428	28,347
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		294,469
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,052,702	1,310,442
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		278,411
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,572	203,414
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25)	43,867	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	517,365	101,263
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	641,937	583,088
19	Revenue less expenses. Subtract line 18 from line 12	410,765	727,354	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,028,218	End of Year 2,020,004
	21	Total liabilities (Part X, line 26)	1,000	205,544
	22	Net assets or fund balances. Subtract line 21 from line 20	1,027,218	1,814,460

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Dan Cooper, Treasurer Date **04/30/2026**

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN

Firm's name Firm's EIN

Firm's address Phone no.

May the IRS discuss this return with the preparer shown above? See instructions Yes No