# Form **990**

## **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Α	For the	2022 cal	lendar year, or tax year beginning		, and e	nding		=		
В	Check if a	applicable:	C Name of organization DOUGLAS CO	DUNTY LIBRARY FOUND	ATION	D	Employer i	dentifica	ation number	
$\square$ A	Address	change	Doing business as							
П,	Name cha	ango	Number and street (or P.O. box if mail is not	delivered to street address)	Room/suite	84-	1207775			
片'	varrie cri	ange	100 S WILCOX STREET			E	Telephone	number		
ЩI	nitial retu	ırn	City or town	State	ZIP code					
F	inal return	/terminated	CASTLE ROCK	CO	80104	2042				
$\Box$	Amended	Iroturn	Foreign country name Foreign	province/state/county	Foreign postal		Gross recei	inte ¢	50	9,875
닖'	Amended	return				-	GIOSS TECCI	pto v		
$\sqcup$ $'$	Applicatio	on pending	F Name and address of principal officer:			H(a) Is this a	group return for	r subordina	ates? Yes	X No
			AMBER DEBERRY 100 SOUTH WIL	COX, CASTLE ROCK,	CO 80104	H(b) Are all	subordinates	included	d? Yes	No
1	Tax-exer	mpt status:	X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	If "No,"	attach a list	. See ins	tructions	
J	Website	: DCI	L.ORG	<u> </u>		H(c) Group	exemption nu	umber		
		organization		tion Other	I Vos	ar of formation			ite of legal domicile:	
				liion Unei	L rea	ii oi ioimation	1991	IVI Sta	ite of legal dofflicile.	CO
Р	art I		mmary				15.11=5.7.4.11		1500 4115	
Ф	1		lescribe the organization's mission or						IESS AND	
Suc.			CIATION OF THE DOUGLAS COUNT							5
Governance			VILL ENHANCE THE LIBRARY'S COI							
Š.	2	Check th	<u> </u>	continued its operations	or disposed	of more th	an 25% o	f its ne	t assets.	
Ğ	3		of voting members of the governing b					3		7
တ္	4		of independent voting members of the					4		6
Activities &	5		ımber of individuals employed in caler		ine 2a) .   .			5		0
흦	6		imber of volunteers (estimate if neces				<u> </u>	6		1,342
ĕ	7a	Total un	related business revenue from Part V	III, column (C), line 12.				7a		0
	b	Net unre	elated business taxable income from F	orm 990-T, Part I, line 1	<u> 11 </u>			7b		
						Pri	or Year		Current Year	
æ	8		utions and grants (Part VIII, line 1h) .				135,	,892	36	31,994
Revenue	9		n service revenue (Part VIII, line 2g)				94,	,877	8	39,119
ě	10		ent income (Part VIII, column (A), line				65,	,139	4	19,986
Œ	11		evenue (Part VIII, column (A), lines 5,					,770	3	36,200
	12		venue—add lines 8 through 11 (must equ				316,	,678	53	37,299
	13		and similar amounts paid (Part IX, colu				79,	,643	5	51,611
	14		s paid to or for members (Part IX, colu					0		0
es	15		, other compensation, employee benefits		,			0		0
Expenses	16a		ional fundraising fees (Part IX, column					0		0
xpe	b		ndraising expenses (Part IX, column (		0					
Ш	17		xpenses (Part IX, column (A), lines 11					,402		88,473
	18		penses. Add lines 13–17 (must equal		25)		122,	,045	9	0,084
	19	Revenue	e less expenses. Subtract line 18 from	line 12			194,			7,215
Net Assets or Fund Balances					,	Beginning	of Current \		End of Year	
sset	20		ssets (Part X, line 16)				1,550,			0,549
et A	21		bilities (Part X, line 26)				121,			28,825
			ets or fund balances. Subtract line 21	from line 20			1,428,	,840	1,62	21,724
	rt II		nature Block							
			y, I declare that I have examined this return, incluent, and complete. Declaration of preparer (other							
and	Jones, it i	3 1140, 00110	ot, and complete. Bediaration of preparer (other	and officer ) is based on all line	milation of writer	i proparor nac	arry knowic	ugo.		
Sig	ın	Signatu	ure of officer				Date			
He	re	_	ER DEBERRY		EYE	CUTIVE DI		•		
		AIVIDE	Type or print name and title		LXL	COTIVE D	INLOTON	`		
		Print	t/Type preparer's name	Preparer's signature		Date	İ		PTIN	
Pai	Н	[		para a arginatara		2410	Ch	eck	if if	
	u eparer						se	lf-employ	/ed	
	e Only		n's name			Firr	n's EIN			_
J31	J J 1113	,	n's address				one no.	_		
May	the IF	•	ss this return with the preparer shown	above? See instructions	· · · · · ·				Yes	X No

Form 9	990 (2022) DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Pa	art III............	
1	Briefly describe the organization's mission: THE DOUGLAS COUNTY LIBRARIES FOUNDATION'S SOLE PURPOSE IS TO SUPPO LIBRARIES (THE LIBRARY) BY FUNDING OPPORTUNITIES AND PROVIDING SERVICE THE LIBRARY'S NORMAL OPERATING BUDGET.		
2	Did the organization undertake any significant program services during the year which we the prior Form 990 or 990-EZ?	re not listed on	X No
4	Did the organization cease conducting, or make significant changes in how it conducts, ar services?	Yes program services, as measured by	
4a	(Code: ) (Expenses \$ 51,611 including grants of \$ FUNDED THE LIBRARY DISTRICT'S PROGRAMS FOR ADULT SERVICES, EDUCATION SERVICES, AND ONLINE HIGH SCHOOL. ADDITIONAL FUNDS WERE PROVIDED FOR EXPENDITURES AND LIBRARY CAMP SCHOLARSHIPS.		
4b	(Code: ) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)

Other program services (Describe on Schedule O.)

(Expenses \$ 0 including grants of \$ 0)(Revenue \$

51,611 Total program service expenses

0)

Part IV Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11b		Χ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X.</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Χ	
'	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? <i>If "Yes," complete</i>			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	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	140		^
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Χ
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Χ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II.	21	Х	

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Par	Checklist of Required Schedules (continued)		l	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-10		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
<b>~</b>	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	-	Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	<u> </u>		
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
<b>0</b> -	III, or IV, and Part V, line 1	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	00.5		
	organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Χ
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Χ	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		va-	L No.
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1	Yes	No
b		<u>'</u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<b>C</b> -		
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	44-		~
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b	<b> </b>	
10		15		Х
	excess parachute payment(s) during the year?	15		_
4.5	If "Yes," see the instructions and file Form 4720, Schedule N.			V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

84-1207775

1 01111 000 (2022)	DOUGLAG COUNTY EIDIVARY FOUNDATION
Part VI	Governance, Management, and Disclosure For each

Sect	ion 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 7								
	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 on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6								
_	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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		Х					
·	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
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	Ŭ							
<i>1</i> a	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,	/ a							
b	stockholders, or persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7.5							
0	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	X						
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 on Schedule O	9		Х					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		)						
		7 0 0 0 7	Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Χ					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Χ					
b	Describe on 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	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"								
	describe on Schedule O how this was done	12c	Χ						
13	Did the organization have a written whistleblower policy?	13		Χ					
14	Did the organization have a written document retention and destruction policy?	14	Χ						
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?								
а	The organization's CEO, Executive Director, or top management official.	15a		Χ					
b	Other officers or key employees of the organization	15b		Χ					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		Χ					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard								
	the organization's exempt status with respect to such arrangements?	16b							
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed CO								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	501(c)							
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,							
00	and financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	DOUGLAS COUNTY LIBRARIES 303-688-7621 100 S WILCOX STREET, CASTLE ROCK, CO 80104								
	100 0 WILCOX OTNELT, CASTLE NOCK, CO 00104								

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Form	990	(202)	22)
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(13)

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er and	s pe	ition more rson irecto	than or is both is both thighest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) DAVE ANDERSON	1.00									
TREASURER	40.00		*	Х					133,203	
(2) AMBER DEBERRY	1.00			\ \ \					447.004	
EXECUTIVE DIRECTOR	40.00			Х					117,321	
(3) PATTI OWEN-DELAY	1.00			V					70.000	
SECRETARY  (4) SHELLY HUMBUREYS	40.00 1.00			Х					73,908	
(4) SHELLY HUMPHREYS DIRECTOR	0.00	Х								
(5) LAUREEN BOLL	1.00	^								
DIRECTOR	0.00	Х								
(6) LINDA BOYLE	1.00									
VICE CHAIR	0.00	Х								
(7) KRYSTIE BAKER	1.00									
DIRECTOR	0.00	Х								
(8) ROCHELLE LOGAN	1.00									
DIRECTOR	0.00	Х								
(9) ELAINE MCCAIN	1.00									
CHAIR	0.00	Χ								
(10) DAWN VAUGHN	1.00									
DIRECTOR	0.00	Χ								
(11)										
(12)										

	DOUGLAS COUNTY LIBRARY									84-120		Page <b>8</b>
Pa	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,			ghes	t Co	ompensated Em	ployees (contin	ued)	
	<b>(A)</b> Name and title	<b>(B)</b> Average hours	box,	unles	Pos neck ss pe	rson	than o	an	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation		<b>(F)</b> ated amount f other
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	fr organ	pensation om the ization and organizations
(15)										7		
(16)												
(17)												
(18)												
(19)												
(20)									0			
(21)				7								
(22)			<b>*</b>									
(23)				Ì								
(24)												
(25)		*.C										
			1						_			
	Subtotal						 		0	324,432 0		0
<u>d</u> 2	Total (add lines 1b and 1c)	mitad to those lis		hov				vod	0 more than \$100	•		0
_	reportable compensation from the organization		sieu a	IDUV	e) v	VIIO	recer	veu	more man proc	7,000 OI		2
•	Did the constitution to the first of			. 1		1-	i ada a a					Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>										3	Х
4	For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd c	other	con	npensation from			
	the organization and related organizations greatindividual						•		hedule J for suc		4	Х
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Yo	•			-			_			5	X
Sec	tion B. Independent Contractors	<u> </u>					p.c.					1 /
1	Complete this table for your five highest compecompensation from the organization. Report co										ax yea	ar.
	(A) Name and business add	ress							(B) Description of ser	vices (	(C) Compens	sation
												0
												0
												0
												0
2	Total number of independent contractors (inclu	ding but not limit	ted to	tho	دو ا	ister	d aho	ve)	who received			

0

more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line in	this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	0 0 c 0 d 0				
Contributio and Other S	g h	similar amounts not included above 11 Noncash contributions included in	<b>9</b> \$ 0	361,994			
Program Service Revenue	2a b c d e f	BOOK SALES  All other program service revenue	Business Code 453310	89,119 0 0 0 0	89,119		
	g	Total. Add lines 2a–2f		89,119			
	3 4 5	Investment income (including dividends, intered other similar amounts)	roceeds	49,986 0	49,986		
	6a b c	Gross rents	(ii) Personal				
o.	d 7a	1	(ii) Other	0			
Revenue	b c	Less: cost or other basis and sales expenses	0 0				
Other I	d 8a	Net gain or (loss)	a 98,776	0			
	b c 9a	Less: direct expenses	- ,	36,200			
	b	See Part IV, line 19	0	0			
		Gross sales of inventory, less returns and allowances	<b>a</b> 0	U			
		Net income or (loss) from sales of inventory .		0			
<u>s</u>			Business Code				
Miscellaneous Revenue	11a			0			
scellaneo Revenue	b			0			
Rev	С С	All other revenue		0			
Mis	a	All other revenue		0			
	12	Total revenue See instructions		537 299	139 105	0	(

#### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (	4).

Check if Schedule O contains a response or note to any line in this Part IX					
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	51,611	51,611		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0			
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	U			
5	trustees, and key employees	0		0	
6	Compensation not included above to disqualified	U		U	
U	persons (as defined under section 4958(f)(1)) and			•	
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	.0			
11	Fees for services (nonemployees):	•			
а	Management	16,920		16,920	
b	Legal	0	•		
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	7,151		7,151	
g	Other. (If line 11g amount exceeds 10% of line 25, column			0	
40	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12 13	Advertising and promotion	14,402		14,402	
14	Information technology	14,402		14,402	
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Interest	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
_	(A), amount, list line 24e expenses on Schedule O.)	0			
a b		0			
C		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	90,084	51,611	38,473	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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	184,474	1	335,548
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		<u> </u>	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ţ	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	
Ą	9	Prepaid expenses and deferred charges	3,100	9	7,700
	10a	Land, buildings, and equipment: cost or	3,700	<u> </u>	7,700
	IUa	other basis. Complete Part VI of Schedule D 10a 0			
	h	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	1,362,797	11	1,407,301
				12	
	12	Investments—other securities. See Part IV, line 11	0		0
	13	Investments—program-related. See Part IV, line 11		13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,550,371	16	1,750,549
	17	Accounts payable and accided expenses	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0	22	
_	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	121,531		128,825
	26	Total liabilities. Add lines 17 through 25	121,531	26	128,825
S		Organizations that follow FASB ASC 958, check here X			
ğ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,428,840	27	1,621,724
ä	28	Net assets with donor restrictions	0	28	.,
В		Organizations that do not follow FASB ASC 958, check here	,		
교		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
əts	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
<b>SS</b> (	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,428,840	32	1,621,724
Š	33	Total liabilities and net assets/fund balances	1,550,371		1,750,549
	- 55	Total habilities and not assets/fund buildiness	1,000,071	-	1,700,048

Form **990** (2022)

### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number

Inspection

DOUGLAS COUNTY LIBRARY FOUNDATION						84-12	07775
Par							_
	organization is not a private foundat	,	•	,		,	
1	A church, convention of church				170(b)(1)	(A)(i).	
2	A school described in <b>section</b>	<b>170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)		•	
3	A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(l	b)(1)(A)(ii	i).	
4	A medical research organization hospital's name, city, and state	•	nction with a hospital d	escribed i	in <b>section</b>	<b>170(b)(1)(A)(iii).</b> En	ter the
5	An organization operated for th		e or university owned	or operate	ed by a go	vernmental unit desc	cribed in
	section 170(b)(1)(A)(iv). (Com	plete Part II.)	•	·			
6	A federal, state, or local govern	•					1 12
7	An organization that normally r described in section 170(b)(1)	(A)(vi). (Complete F	Part II.)	J	rnmentai t	unit or from the gene	rai public
8	A community trust described in	section 170(b)(1)(/	A)(vi). (Complete Part	II.)			
9	An agricultural research organi or university or a non-land-grar university:						
10	An organization that normally receipts from activities related support from gross investment acquired by the organization af	to its exempt function income and unrelated	ns, subject to certain e ed business taxable in	exceptions come (les	; and (2) r s section (	no more than 33 1/39 511 tax) from busine	% of its
11	An organization organized and	operated exclusive	ly to test for public safe	ty. See <b>se</b>	ection 509	9(a)(4).	
12	An organization organized and of one or more publicly support Check the box on lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or s	section 50	09(a)(2). See section	n 509(a)(3).
а		zation operated, sup s) the power to regu	pervised, or controlled believed appoint or elect a	y its supp	orted orga	anization(s), typically	by giving
b	Type II. A supporting organi control or management of the organization(s). You must o	ne supporting organi	ization vested in the sa				
С							rated with,
	its supported organization(s	· · /	-				
d	that is not functionally integr	ated. The organizat	ion generally must sati	sfy a distr	ibution red	quirement and an att	
е	requirement (see instruction Check this box if the organization		·				الا م
e	functionally integrated, or T					r type i, type ii, typ	e III
f	Enter the number of supported						1
g		•	ed organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amount of
			(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
			,		ī	,	,
				Yes	No		
(A)						_, _, .	
	IGLAS COUNTY LIBRARIES	84-1157718	6	Х		51,611	
(B)							
(C)							
(D)							
(E)							
Tota	 I					51.611	0

Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sec	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you check						der
<u>C</u>	Part III. If the organization fa	ils to qualify un	der the tests lis	sted below, plea	ase complete F	Part III.)	
	ction A. Public Support	(=) 2040	(h) 2040	(=) 2020	(4) 2024	(-) 2022	(f) Tatal
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")						0
2	Tax revenues levied for the						0
-	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities				4		
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
•	shown on line 11, column (f)						
<u>6</u>	Public support. Subtract line 5 from line 4						0
_	ction B. Total Support ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	0	(b) 2019	0	0	0	(i) Total 0
8	Gross income from interest, dividends,	0	0	0	0	0	0
·	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on	<b>♦</b>					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		_				0
11	Total support. Add lines 7 through 10.					40	0
12	Gross receipts from related activities, etc. (s					12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop here			or ππn tax year as a 	. , , ,		
800	ction C. Computation of Public Su						
14	Public support percentage for 2022 (line 6, c			(f))		14	0.00%
15	Public support percentage from 2021 Sched					15	0.00%
	33 1/3% support test—2022. If the organiz						0.007
	and <b>stop here.</b> The organization qualifies as				•		
b	33 1/3% support test—2021. If the organiz	ation did not check	a box on line 13 c	or 16a, and line 15 i	is 33 1/3% or more	e, check this	<u>.                                      </u>
	box and stop here. The organization qualifie	es as a publicly sup	ported organization	n		·	
17a	10%-facts-and-circumstances test—2022	2. If the organizatio	n did not check a b	oox on line 13, 16a,	, or 16b, and line 1	4	<del> </del>
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in							
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported						ı—
	organization						
b	<b>10%-facts-and-circumstances test—202</b> 115 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fa				•		
	organization		•	•	. ,		
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						_
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	<b>Total.</b> Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						•
	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000			- 4 >			
	or 1% of the amount on line 13 for the year		•				0
_	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	0		0	0	O .	0
Ü	line 6.)						0
Sec	tion B. Total Support		X				<u>.</u>
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	•					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		*				0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						_
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		_	_			•
4.4	and 12.)	0	0		0	0	0
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	=		•	a section 501(c)(3)		
800	tion C. Computation of Public Su			· · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	· · · · · <u>L</u>
	Public support percentage for 2022 (line 8, o			(f))		15	0.00%
15 16	Public support percentage for 2022 (line 6, 6)  Public support percentage from 2021 Sched					16	0.00%
	ction D. Computation of Investmen			· · · · · · · ·		10	0.0070
17	Investment income percentage for 2022 (line			column (f))		17	0.00%
18	Investment income percentage for 2022 (inv					18	0.00%
	33 1/3% support tests—2022. If the organ						2.2.3.0
	not more than 33 1/3%, check this box and						
b	33 1/3% support tests—2021. If the organ	-			-		<del>-</del>
	line 18 is not more than 33 1/3%, check this	box and stop here	. The organization	n qualifies as a pub	licly supported orga	anization	
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	<b>3</b>	

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Χ	
2		Χ
3a		Χ
3b		
3с		
4a		Х
4b		
4c		
5a		Χ
5b		
5с		
6		Χ
7		Χ
8		Χ
9a		Χ
9b		Х
9с		Х
10a		Х
10b		

Part I	V 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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Χ
	A family member of a person described on line 11a above?	11b		Х
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Χ
Section	on B. Type I Supporting Organizations		l	
_			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occin	on o. Type if oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations		<u> </u>	L
	Ji a a granda di a		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Χ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Χ
3	By reason of the relationship described on line 2, above, 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			\ \
Cooti	supported organizations played in this regard.	3		Х
	on E. Type III Functionally Integrated Supporting Organizations	4.		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ction	<b>S</b> ).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	$\overline{\mathrm{X}}$ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	ions).	_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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	<u> </u>		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
h	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves" describe in <b>Part VI</b> the role played by the organization in this regard	3h		

1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	ng trus	st on Nov. 20, 1970 (explain i	•
Section A - Adjusted Net Income	arnizati.	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	<b>A</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	<i></i>	
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		-	
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functional	ally inte	egrated Type III supporting	
instructions).	•		•

Schedule A (Form 990) 2022

Dowf V	True III New Franchis wells, lede exected 500(a)/0	\	4: (+i	· · · · · · · · · · · · · · · · · · ·
Part '	Type III Non-Functionally Integrated 509(a)(3)	) Supporting Organi	zations (continuea)	1
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	I	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations 3	
4	Amounts paid to acquire exempt-use assets	4		
5	Qualified set-aside amounts (prior IRS approval required—p	provide details in <b>Part V</b> i		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6_	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which the	ne organization is respor		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount	T	10	0.000
8	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017 0			
b	From 2018 0			
С	From 2019 0			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2022 distributable amount			0
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2022 from Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
b	Applied to 2022 distributable amount			0
С	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.		0	
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in <b>Part VI.</b> See instructions.			0
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2018 0			
b	Excess from 2019 0			
С	Excess from 2020 0			
d	Excess from 2021 0			
e	Excess from 2022 0			

III, line 12; Part B, lines 1 and 2; 3a, and 3b; Part	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, t V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
lines 2, 5, and 6	6. Also complete this part for any additional information. (See instructions.)
	•
	20
(/	

## Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

2022

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific. literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ALOHA FUND  806 HAYSTACK ROAD  CASTLE ROCK  CO  80104  Foreign State or Province:  Foreign Country:	\$200,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SHARON SJOSTROM  8910 PURDUE RD SUITE 555  INDIANAPOLIS IN 46268  Foreign State or Province:  Foreign Country:	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ROWLAND AND JOHANNA HARDEN  9202 E PIONEER DR  PARKER CO 80134  Foreign State or Province: Foreign Country:	\$ 18,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
DOUGLAS COUNTY LIBRARY FOUNDATION

Employer identification number 84-1207775

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spa	ce is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of org	anization COUNTY LIBRARY FOUNDATION			Employer identification number 84-1207775					
Part III	Exclusively religious, charitable, etc., co (10) that total more than \$1,000 for the year.	ear from any	one contributor. Complete	d in section 501(c)(7), (8), or e columns (a) through (e) and					
	the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	. (Enter this in	formation once. See instru						
(a) No.		•							
from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held					
	<u> </u>	(e) T	ransfer of gift						
	Transferee's name, address, and 2	ZIP + 4	Relationshi	p of transferor to transferee					
	For. Prov. Country								
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	Transferee 5 fiame, address, and Zir + 4 Relationship of transferee								
	For Draw								
(a) No.	For. Prov. Country								
from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held					
		(e) 1	ransfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	For. Prov. Country								
(a) No. from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held					
Part I	(b) i dipose oi giit		, Osc or girt	(a) Description of now gire is not					
		(e) 1	ransfer of gift						
	Transferee's name, address, and 2	<u>ZIP + 4</u>	Relationshi	p of transferor to transferee					
	, and								
	For. Prov. Country								
	Country								

## SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

### **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DOUGLAS COUNTY LIBRARY FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year . . . . . . . 2 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . 3 Aggregate value at end of year . . . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . . . c Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining College	ections of Art, Hist	orical Tre	asures, or (	Other S	Similar Assets	(contii	าued)	
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other records	s, check any	of the followi	ng that n	nake significant	use of it	s	
а	Public exhibition	d [	Loan or	exchange pro	ogram				
b	Scholarly research	е	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's	collections and explain	how they fu	urther the orga	anization	's exempt purpo	se in Pa	art	
	XIII.	·	,	J					
5	During the year, did the organization solicit	or receive donations of	of art, histori	cal treasures,	or other	similar			
	assets to be sold to raise funds rather than	to be maintained as p	art of the or	ganization's c	ollection	?	Ye	es	No
Part	Complete if the organization answ 990, Part X, line 21.		n 990, Part	: IV, line 9, o	r report	ed an amount	on For	m	
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?		-		her asse	ts not	Ye	es 🔲	No
b	If "Yes," explain the arrangement in Part XI	II and complete the fol	lowing table	:					•
						Α	mount		
C	Beginning balance				1c				0
d	Additions during the year				1d				
e f	Distributions during the year			. ()	1e 1f				0
_	· ·				, <del></del>				i
2a	Did the organization include an amount on			, ,				es X	No
b	If "Yes," explain the arrangement in Part XI	II. Check here if the ex	cpianation na	as been provi	aea on F	'aπ XIII			
Part	V Endowment Funds. Complete if the organization answ	ored "Ves" on Form	000 Part	IV line 10					
			Prior year	(c) Two years	hack (	d) Three years back	(a) Fo	ur years	hack
1a	Beginning of year balance	0	0	(c) Two years	0	(		ur years	0
b	Contributions		·						
С	Net investment earnings, gains, and losses	. ( )							
d	Grants or scholarships	***							
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	0	0		0	C	)		0
2	Provide the estimated percentage of the cu		e (line 1g, co	olumn (a)) held	d as:				
a b	Board designated or quasi-endowment Permanent endowment	<u>%</u>							
C	Term endowment %								
·	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the poss		tion that are	held and adn	ninistere	d for the			
	organization by:	Ū						Yes	No
	(i) Unrelated organizations						3a(i)		
	,						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organi	•					3b		
4	Describe in Part XIII the intended uses of the		wment fund	S.					
Part	, , ,		- 000 David	. IV / line 44e	C [	000 Dowt	V line	10	
	Complete if the organization answ								
	Description of property	(a) Cost or other basis (investment)		or other basis other)	٠,	ccumulated preciation	( <b>a</b> ) Bo	ook value	E
1a	Land	, ,	0	0					0
b	Buildings		0	0		0			0
С	Leasehold improvements		0	0		0			0
d	Equipment		0	0		0			0
е	Other		0	0		0			0
Total	. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, column (l	B), line 10c.).					0

Investments—Other Securities.  Complete if the organization answered '	"Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	(b) book value	Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		<u> </u>
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .	0	
Part VIII Investments—Program Related.  Complete if the organization answered '	"Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 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)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).	0	
Part IX Other Assets.		
· · · · · · · · · · · · · · · · · · ·		Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	iption	(b) Book value
(1)		
(2)		
(3)	-	
(4)		
(5)		
(6)		
(7)		
(8)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ine 15 )	
Part X Other Liabilities.	•	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		,
1. (a) Descript	tion of liability	(b) Book value
(1) Federal income taxes		(
(2) INTERCOMPANY PAYABLE		128,825
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	· · · · · · · · · · · · · · · · · · ·	
2. Liability for uncertain tax positions. In Part XIII, provide the te		
organization's liability for uncertain tax positions under FASB AS	SC 740. Check here if the	text of the footnote has been provided in Part XIII

Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 4 1	
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	_	
b	<del>                                     </del>	_	
С	Recoveries of prior year grants	_	
d			
е	5 5	2e	0
3	Subtract line 2e from line 1	3	0
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			
С		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	0
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Part	t XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa	art V, line 4; Pai	t X, line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	······································		
	·····		
	······		
	(7)		

Schedule D (F		84-1207775	Page <b>5</b>
Part XIII	Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		
	• • •		
	. (/)		

### SCHEDULE G (Form 990)

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of contributions? (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 n 0 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 n 0 0 10 0 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2022 DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Page **2** Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events **GALA** NONE (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts . . . . 98,776 98,776 Less: Contributions . . . 0 Gross income (line 1 minus line 2) . . . . <u>. . . . . . .</u> 98,776 98,776 Cash prizes . . . . . . Noncash prizes . . . . . 0 Direct Expenses Rent/facility costs . . . . 3,500 3,500 Food and beverages . . . 31,547 31,547 Entertainment . . . . . 5,218 5,218 Other direct expenses . . 22,311 22,311 Direct expense summary. Add lines 4 through 9 in column (d). 62,576) Net income summary. Subtract line 10 from line 3, column (d) 36,200 Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue. 0 Direct Expenses Cash prizes . . . . . 2 0 Noncash prizes . . . . 0 Rent/facility costs . . . 0 Other direct expenses . Yes Yes Volunteer labor . . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . .

If "Yes," explain:

Sched	ule G (Form 990) 2022 DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Yes No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	13a %
b	An outside facility	13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	nd
	Name	
	Address	<b></b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization \$	
	amount of gaming revenue retained by the third party \$0	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$0	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$	0
Part		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	
	See instructions.	
	<del>V</del>	

### SCHEDULE I (Form 990)

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

OUGLAS COUNTY LIBRARY FOUNDATION							84-1207775	
Part I General Information	on on Grants	and Assistance				. 1		
<ol> <li>Does the organization maint the selection criteria used to</li> <li>Describe in Part IV the organization</li> </ol>	award the grant	s or assistance? .			• •	or assistance, and	. X Yes No	
<b>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) DOUGLAS COUNTY LIBRARIES 100 S WILCOX ST CASTLE ROCK, C	84-1157718		51,611		$\cup$		GENERAL OPERATIONS,	
(2)								
(3)								
(5)								
(6)								
(7)		111	) *					
(8)								
(9)	10	V						
(10)								
(11)								
(12)								
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>	. , . ,						 1	

Schedule I (Form 990) 2022

Grants and Other Assistance Part III can be duplicated if add	itional space is needed	•	_		
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
					1
					)
				<b>7</b>	
V Supplemental Information. P	rovide the information re	equired in Part I, li	ne 2; Part III, columr	n (b); and any other additi	ional information.
		X			
		•			
	-				
	<del></del>				

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Name of the organization

DOUGLAS COUNTY LIBRARY FOUNDATION

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

84-1207775

Par	Questions Regarding Compensation			Yes	N.
1a	Check the appropriate box(es) if the organization provide 990, Part VII, Section A, line 1a. Complete Part III to prov			res	No
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organi or reimbursement or provision of all of the expenses desc				
	explain		1b		
2	Did the organization require substantiation prior to reimbudirectors, trustees, and officers, including the CEO/Execu 1a?	tive Director, regarding the items checked on line	2		
3	Indicate which, if any, of the following the organization us organization's CEO/Executive Director. Check all that apprelated organization to establish compensation of the CE	ply. Do not check any boxes for methods used by a			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part organization or a related organization:	VII, Section A, line 1a, with respect to the filing			
а	Receive a severance payment or change-of-control payment		4a		
b	Participate in or receive payment from a supplemental no		4b		
С	Participate in or receive payment from an equity-based or If "Yes" to any of lines 4a–c, list the persons and provide		4c		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organ For persons listed on Form 990, Part VII, Section A, line compensation contingent on the revenues of:	1a, did the organization pay or accrue any			
a	The organization?		5a		X
b	Any related organization?		5b		X
6	For persons listed on Form 990, Part VII, Section A, line compensation contingent on the net earnings of:	1a, did the organization pay or accrue any			
а	The organization?		6a		Х
b	Any related organization?		6b		X
7	For persons listed on Form 990, Part VII, Section A, line	1a, did the organization provide any penfixed			
	payments not described on lines 5 and 6? If "Yes," descri	ibe in Part III	7		Χ
8	Were any amounts reported on Form 990, Part VII, paid of				
	to the initial contract exception described in Regulations in Part III		8		Х
9	If "Yes" on line 8, did the organization also follow the rebundant section 53.4958-6(c)?		9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation					<b></b>	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
(i)							
2 (i) (ii)	}						
(1)							
3 (ii)							
4 (i) (ii)							
(i)							
5 (ii)							
(i)							
6 (ii) (i)			-				
7 (ii)							
8 (i) (ii)			<b>)</b>				
(1)							
9 (ii)							
10 (i) (ii)							
(i)							
11 (ii) (i)							
12 (ii)	50						
13 (i)	<u> </u>						
(i) (ii)							
(i)							
15 (ii)							

#### SCHEDULE O (Form 990)

### 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 Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775
Form 990, Part I, Line 1: BRING COMMUNITY AWARENESS AND APPRECIATION OF THE DOI	JGLAS COUNTY
LIBRARIES, AND TO SPONSOR PROGRAMS AND CONDUCT OTHER ACTIVITIES THAT WILL	ENHANCE THE
LIBRARIES CONTRIBUTIONS TO EDUCATION AND CULTURE WITHIN THE COMMUNITY	134
Form 990, Part IV, Section B, Line 11b: THE ORGANIZATION'S PROCESS TO REVIEW FORM 9	90: THE
DIRECTOR OF FINANCE FOR THE DOUGLAS COUNTY LIBRARY PERFORMS THE DETAILED	REVIEW OF THE RETURN.
THE EXECUTIVE DIRECTOR DOES A SUMMARY REVIEW PRIOR TO SIGNING THE RETURN	<b>)</b>
Form 990, Part VI, Section B, Line 12c: THE BOARD OF DIRECTORS SIGN A CONFLICT OF IN	TEREST
STATEMENT AT APPOINTMENT. ANNUALLY THEY ARE ASKED TO VERIFY THAT THERE AF	RE NO CHANGES, IF
THERE ARE, THEY COMPLETE A NEW CONFLICT OF INTEREST STATEMENT. BOARD MEM	BERS ARE ASKED AT EACH
BOARD MEETING IF THEY HAVE ANY CONFLICTS OF INTEREST REGARDING THE AGENDA	A MATTERS, IF SO, THEY
ARE ASKED TO RECUSE THEMSELVES AND RETURN TO THE MEETING AFTER THE DISCU	JSSION HAS ENDED.
Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS ARE AVAILABLE TO THE PL	IBLIC UPON
REQUEST.	
. 71	

Schedule O (Form 990) 2022	Pa	ge <b>2</b>
Name of the organization	Employer identification number	
DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	
	<b>A</b>	

#### SCHEDULE R (Form 990)

Name of the organization

# **Related Organizations and Unrelated Partnerships**

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

DOUGLAS COUNTY LIBRARY FOUNDATION

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

Employer identification number 84-1207775

Part I	Identification of Disregarded Entities. Compl	ete if the o	rganization	answered "	Yes" (	on Form 990, I	Part IV, line 3	3.			
	(a) Name, address, and EIN (if applicable) of disregarded entity			<b>(b)</b> ry activity		(c) domicile (state reign country)	(d) Total income	End-	(e) of-year assets	(f) Direct con entit	ntrolling
<u>(1)</u>											
(2)						4					
(3)				•							
(4)											
(5)			<								
(6)											
Part II	Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations d			he organizat	tion ar	nswered "Yes"	on Form 990	), Part l	IV, line 34, be	cause it	had
	(a) Name, address, and EIN of related organization	Primar	y activity	(c) Legal domicile or foreign cou		(d) Exempt Code secti	on Public charit (if section 50		(f) Direct controllir entity	cc	(g) on 512(b)(13 ontrolled entity?
										Yes	s No
	AS COUNTY LIBRARIES 84-1157718  OX STREET CASTLE ROCK, CO 80104	PROVIDES SERVICES		со					N/A		X
(2)		-									
(3)		-									
(4)		-									
(5)	*										
(6)		-									

Schedule R (F	orm 990) 2022	DOUGLAS COUNTY	<u>LIBRARY F</u>	FOUNDATION					84-120	7775	P
Part III		Related Organizations ne or more related orga					tion answere	d "Yes" or	n Form 990, Pa	rt IV, line	34,
Name,	(a) address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	(e) Predominant	(f) Share of total	(g) Share of end-of-	(h) Disproportionate	(i) Code V—UBI	(j) General or	(k Percei

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Dispropo allocai	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
				00000110 012 011)			Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)						<b>\</b>						
(5)						9						
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	olled
(1)	XO						Yes	No
(2)								
(3)								
(4)								
(5)								
(7)	-							

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

84-1207775

1	During the tax year, did the organization engage in any of the following transactions with one or mor	e related organi:	zations listed in Parts I	II–IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
b	Gift, grant, or capital contribution to related organization(s)				1b	Χ	
С	Gift, grant, or capital contribution from related organization(s)			1	1c		Χ
d	Loans or loan guarantees to or for related organization(s)				1d		Χ
е	Loans or loan guarantees by related organization(s)				1e		Χ
			_ (())				
f	Dividends from related organization(s)				1f		Χ
g	Sale of assets to related organization(s)				1g		Χ
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Χ
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		Χ
m	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Χ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	·			1n		Χ
0	Sharing of paid employees with related organization(s)				10		Χ
р	Reimbursement paid to related organization(s) for expenses				1p	Χ	
q	Reimbursement paid by related organization(s) for expenses				1q		Χ
r	Other transfer of cash or property to related organization(s)				1r		Χ
s	Other transfer of cash or property from related organization(s)				1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, includ	ing covered relationsh	ips and transaction	thresh	olds.	
	(a)	(b)	(c)	(0	,		
		Гransaction type (a—s)	Amount involved	Method of determin	ng amou	nt invoiv	ea
				cash			
4) D(	DUGLAS COUNTY LIBRARIES	b	51,611	Casii			
1) D	JUGLAS COUNTY LIBRARIES	b		cash			
<b>2)</b> D(	DUGLAS COUNTY LIBRARIES	р	16,920	Casii			
<b>2)</b> D(	SOCIAC COCIVIT EIDIVALIES	Р	10,320				
3)							
<del>-,</del>							
4)							
		İ					
5)							
6)							
		<del></del>		Schedule	R (For	m 990)	2022

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.

or gross revenue) that was not a related				ion for	certair		inersnips.					
(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	e) partners ction (c)(3) zations?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or aging	(k) Percentage ownership
			sections 512-514)	Yes	No			Van No	M	Yes	No	1
<u>(1)</u>				res	NO			Yes No	7	res	NO	
(2)												
(3)							1					
(4)							5)					
(5)												
(6)												
_(7)			· C									
(8)												
<u>(9)</u>												
(10)												
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												

chedule R (Fo		DOUGLAS COUNTY L	LIBRARY FOUNDATIO	DN		34-1207775	Page <b>5</b>
Part VII	Suppleme	ntal Information					
art vii	Provide ad	ditional information f	for responses to que	estions on Schedule F	R. See instruction	IS.	
					)		
					<b>/</b>		
				· · · · · · · · · · · · · · · · · · ·			
				<b>X</b>			
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		. (/)					
		<del></del>					
		<b></b>					

# Form **990**

## **Return of Organization Exempt From Income Tax**

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

2021

OMB No. 1545-0047

Open to Public Inspection

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.

 Yeyear, or tax year beginning
 , and ending

 me of organization
 DOUGLAS COUNTY LIBRARY FOUNDATION
 D Employing business as

_			2 Name of accompanies	OUNTY I DE ABY FOUR	ATION		r identification	n number
		applicable:		COUNTY LIBRARY FOUND	ATION	- Employe	, identification	
Ш	Address	change	Doing business as  Number and street (or P.O. box if mail is no	nt delivered to street address)	Room/suite	84-120777	5	
	Name cha	ange	100 S WILCOX STREET	of delivered to street address)	TKOOTI/JUILO	E Telephon		
$\overline{}$	1-111-11		City or town	State	ZIP code			
므	Initial retu	ırn	CASTLE ROCK	CO	80104	303-688-76	321	
	Final return	/terminated		n province/state/county	Foreign postal	code		
$\Box$	Amandad	l entiren	Foreign country hame Foreig	in province/state/county	i oreign postar	G Gross red	reints S	381,704
ᆜ	Amended	return				0 0100010	ic.pts 4	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon
	Application	on pending	F Name and address of principal officer:			H(a) Is this a group return	for subordinates'	? Yes X No
			ROBERT PASICZNYUK 100 SOUT	H WILCOX, CASTLE RO	OCK, CO 80	H(b) Are all subordina	es included?	Yes No
_	Tay-aver	mpt status:	X 501(c)(3) 501(c) ( )		) or 527	If "No," attach a I	ist. See instruc	ctions
<u>-</u>	Income Court	California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de California de Ca		(Insert tio.) 4547(a)(1	76. 62.			
J	Website	: ► DC	LORG			H(c) Group exemption	number -	
K	Form of	organization	: X Corporation Trust Assoc	ciation Other >	L Yea	ar of formation: 1991	M State of	of legal domicile: CO
F	art I	Su	mmary					
	1		lescribe the organization's mission o	r most significant activitie	s: BRIN	NG COMMUNITY	WARENE	SS AND
9		APPRE	CIATION OF THE DOUGLAS COUN	ITY LIBRARIES: SPONS				
Activities & Governance		THATM	VILL ENHANCE THE LIBRARY'S CO	NTDIBLITIONS TO EDI	ICATION AN	ID CHI THE WIT	HIN THE C	OMMINITY
Ē					The second second			
Š	2		his box ▶ ☐ if the organization di			of more than 25%	of its net a	ssets.
ŏ	3	Number	of voting members of the governing	body (Part VI, line 1a) .			3	7
∞5	4	Number	of independent voting members of t	he governing body (Part	VI, line 1b).		4	6
<u>e</u>	5		imber of individuals employed in cale				5	0
₹	6		imber of volunteers (estimate if nece				6	963
5		Total	related business revenue from Part	VIII column (C) line 12			7a	0
4	7a							U
_	b	Net unr	elated business taxable income from	Form 990-1, Part I, line	11		7b	0
		9	A	_		Prior Year		Current Year
9	8		utions and grants (Part VIII, line 1h) .				14,614	135,892
il e	9		n service revenue (Part VIII, line 2g)				57,992	94,877
Revenue	10	Investm	ent income (Part VIII, column (A), lir	nes 3, 4, and 7d)	e w w o oes		11,330	65,139
02	11		evenue (Part VIII, column (A), lines 5				0	20,770
	12		venue-add lines 8 through 11 (must ex			2'	13,936	316,678
-	13		and similar amounts paid (Part IX, co				38,647	79,643
	14		s paid to or for members (Part IX, co				0	0
	4-		, other compensation, employee benefit				0	0
Ses	15						0	0
Expenses	16a		ional fundraising fees (Part IX, colun				U	U
2	- b		ndraising expenses (Part IX, column		0			
ш	1.0		xpenses (Part IX, column (A), lines 1				30,745	42,402
	18		openses. Add lines 13-17 (must equ				59,392	122,045
	19	Revenu	le less expenses. Subtract line 18 fro	om line 12		14	44,544	194,633
Assets or	Ses					Beginning of Curre	nt Year	End of Year
sets	[ 20	Total as	ssets (Part X, line 16)			1,23	39,168	1,550,371
As	21		abilities (Part X, line 26)				87,987	121,531
Net A	E 22		ets or fund balances. Subtract line 2	1 from line 20			51,181	1,428,840
	art II		gnature Block	THOM MIG LO		1 1,10	21,101	1,120,010
			ry, I declare that I have examined this return, in	aludina accompanying schodulo	a and statement	a and to the heat of my	knowledge	
			ect, and complete. Declaration of preparer (other					
			Robert Pasicznyuk				ay 17, 202	))
Si	ign		Reduct Pasicingui et lay 17, 2027 12:55 MOT)				19 11, 202	
H	ere		Signature of officer			Date		
			ROBERT PASICZNYUK		EXE	CUTIVE DIRECT	JR	
			Type or print name and title					
		Pri	nt/Type preparer's name	Preparer's signature		Date	Observation Company	PTIN
P	aid					1 1		if
P	repare	r					self-employed	
	se Onl		m's name			Firm's EIN	<b>&gt;</b>	
		-	m's address ▶			Phone no.		
1.4	av tha l		ss this return with the preparer show	n aboug See instruction				Yes X No
IVI	ay trie I	NO UISCU	ss this return with the preparer show	II above ? See instruction	15			I I Yes IX No

Form 9	990 (2021)	DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Par	t III	
1	Briefly d	describe the organization's mission:		
		DUGLAS COUNTY LIBRARIES FOUNDATION'S SOLE PURPOSE IS TO SUPPOR	T DOUGLAS COUNTY	
		RIES ("THE LIBRARY") BY FUNDING OPPORTUNITIES AND PROVIDING SERVIC		
		BRARY'S NORMAL OPERATING BUDGET.		
2	Did the	organization undertake any significant program services during the year which were	not listed on	
_		r Form 990 or 990-EZ?		X No
	•	describe these new services on Schedule O.		<u> </u>
3		organization cease conducting, or make significant changes in how it conducts, any	program	
3		s?		X No
			Yes	A INO
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest p		
		es. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount	of grants and allocations to others	,
	the total	I expenses, and revenue, if any, for each program service reported.		
4a	(Code:		,643 ) (Revenue \$	)
		D THE LIBRARY DISTRICT'S PROGRAMS FOR ADULT SERVICES, EDUCATION		
		CES, AND ONLINE HIGH SCHOOL. ADDITIONAL FUNDS WERE PROVIDED FOR	BRANCH OPERATIONS CAPITA	AL
	EXPEN	DITURES AND LIBRARY CAMP SCHOLARSHIPS.		
			)	
4b	(Code:	) (Expenses \$including grants of \$	) (Revenue \$	)
		••••••••••••••••••••••••••••••••••••••		
4c	(Code:	) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	Other pr	rogram services (Describe on Schedule O.)		
	Pi	J (=		

0 including grants of \$

82,500

0)(Revenue \$

(Expenses \$

4e

Total program service expenses

0)

Part IV Checklist of Required Schedules Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If</i> "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
4	candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		Х
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		^
	or in 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, VII, VIII, IX, or X, as applicable.			
а				
	Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		Х
d		11c		^
<u>.</u>	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	40-		V
h	Schedule D, Parts XI and XII	12a		Х
b	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	3	14a		Χ
b	3 30 37			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i>	14h		~
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		Х
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-	V	
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.,		
	If "Yes," complete Schedule G, Part III	19		Χ
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	- , 5	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

	90 (2021) DOUGLAS COUNTY LIBRARY FOUNDATION 84-120	7775	Р	age <b>4</b>
Part	Checklist of Required Schedules (continued)			T
22	Did the executation report more than \$5,000 of groute or other equiptenes to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Χ	
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? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Χ
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			\ \ \
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		
24	conservation contributions? <i>If "Yes," complete Schedule M</i>	30 31		X
31 32	Did the organization required by dissolve and cease operations? If "Yes," Complete scriedule N, Part 1	31		^
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	- 00		
•	III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	Χ	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-00		<del>                                     </del>
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

84-1207775

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 6			
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		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
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		Х
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	Χ	
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 on Schedule O	9		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.	)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a		Х
b	Describe on 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	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13		Χ
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Χ
b	Other officers or key employees of the organization	15b		Χ
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CO			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5	601(c)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest pol	icy,		
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	DOUGLAS COUNTY LIBRARIES 303-688-7621			
	100 S WILCOX STREET, CASTLE ROCK, CO 80104			

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Part VII	

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos neck ss pe	rson	than o is both pr/trusted employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ROBERT PASICZYNUK	1.00									
EXECUTIVE DIRECTOR	40.00		_	Х					167,015	
(2) DAVE ANDERSON TREASURER	1.00			Х					132,257	
(3) PATTI OWEN-DELAY	1.00			^					132,231	
SECRETARY	40.00			Х					67,221	
(4) SHELLY HUMPHREYS	1.00									
VICE CHAIR	1.00	Х								
(5) LAUREN BOLL	1.00									
CHAIR	1.00	Х								
(6) LINDA BOYLE	1.00									
DIRECTOR	1.00	Х								
(7) KRYSTIE KANIA	1.00									
DIRECTOR	1.00	Χ								
(8) ROCHELLE LOGAN	1.00									
DIRECTOR	1.00	Χ								
(9) DAWN VAUGHN	1.00									
DIRECTOR	1.00	Χ								
(10)										
(11)										
(12)										
(13)										
(14)										

	990 (2021) DOUGLAS COUNTY LIBRAR										4-1207		P	age <b>8</b>
P	Section A. Officers, Directors, Tru	ustees, Key Em	ploye	es,			ghes	t C	ompensated Em	ployees (d	continu	ıed)		
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles er an	Pos eck s pe	rson	than of its both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensa from relat organizations 1099-MIS 1099-NE	tion ted s (W-2/ SC/	con f orga	(F) ated am of other npensati rom the nization organiz	on and
(15)										1				
(16)														
(17)			-											
(18)														
(19)							ć							
(20)									D					
(21)				1										
(22)			/											
(23)			V											
(24)														
(25)		1												
1b	Subtotal		٠			٠.		<b>•</b>	0	366	5,493			С
С	Total from continuation sheets to Part VII, S							•	0		0			C
<u>d</u> 2	Total (add lines 1b and 1c)	mited to those lis						ved	0 I more than \$100		5,493			C
	reportable compensation from the organization	<b>&gt;</b>												2
3	Did the organization list any <b>former</b> officer, dire												Yes	No
4	employee on line 1a? If "Yes," complete Sched For any individual listed on line 1a, is the sum of	of reportable con	npens	satio	n a	nd d	other	con	npensation from			3		X
	the organization and related organizations greating individual						-			h	ŀ	4	Х	
5	Did any person listed on line 1a receive or acci	rue compensatio								· · · · · ·		4	^	
	for services rendered to the organization? If "Y											5	Χ	
	tion B. Independent Contractors		ما مدما				414 -		.;	\$400.000 a				
1	Complete this table for your five highest compecompensation from the organization. Report of											ax ye	ar.	
	(A) Name and business add	ress							( <b>B</b> ) Description of ser	vices	С	( <b>C</b> ) ompen		
														C
														C
														C
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the			tho	se l	iste	d abo	ve) 0						

Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any line in	this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	0 10,090 0 0				
Cona	h	lines 1a–1f		135,892			
Program Service Revenue	2a b c	BOOK SALES	Business Code 453310	94,877 0 0	94,877		
Progra Re	e f	All other program service revenue		0			
	3 4	Total. Add lines 2a–2f	st, and	94,877 65,139 0			65,139
	5 6a b c	` '	(ii) Personal	0			
e	d 7a b	Net rental income or (loss)	(ii) Other	0			
Revenue	С	and sales expenses	0 0 0				
Other	d 8a	Net gain or (loss)	85,796	0			
	С	Less: direct expenses	65,026	20,770			
	c 10a	Less: direct expenses	a 0	0			
sne	С	Less: cost of goods sold		0			
Miscellaneous Revenue	11a b c d	All other revenue		0 0 0			
2	12	Total Add lines 11a–11d	<u> </u>	316 678	94 877	0	65 139

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response or note to	to any line in this Pa	aiti∧		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
-	domestic governments. See Part IV, line 21	79,643	79,643		
2	Grants and other assistance to domestic	-,	-,		
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0		0	
6	Compensation not included above to disqualified	<u> </u>			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):	<b>*</b> *			
а	Management	22,928		22,928	
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	6,177		6,177	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0			
13	Office expenses	10,448	8	10,440	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0			
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
_	PROGRAM AND OUTREACH	2.040	2.040		
a b		2,849 0	2,849		
D		0			
d		0			
u e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	122,045	82,500	39,545	0
26	Joint costs. Complete this line only if the	122,043	02,000	09,040	0
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

84-1207775

Part X **Balance Sheet** 

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	92,748	1	184,474
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		<b>A</b>	
		controlled entity or family member of any of these persons	.0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0'	8	
⋖	9	Prepaid expenses and deferred charges	0	9	3,100
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	1,146,420	11	1,362,797
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,239,168	16	1,550,371
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	18		
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ab		controlled entity or family member of any of these persons	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	87,987	25	121,531
	26	Total liabilities. Add lines 17 through 25	87,987	26	121,531
es		Organizations that follow FASB ASC 958, check here ▶ X			
Š		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,120,569	27	1,428,840
B	28	Net assets with donor restrictions	30,612	28	
Ĕ		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
Ō	29	Capital stock or trust principal, or current funds	0	29	
šets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,151,181	32	1,428,840
Ž	33	Total liabilities and net assets/fund balances	1,239,168	33	1,550,371

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

Form **990** (2021)

#### **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

Employer identification number

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

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

DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions

C.		Rodoon for Labile Gilar	ity Otataoi (/ iii oi	garnzanono maoi oc	,,,,p,oto t	, 110 pai t. <i>j</i>	CCC IIICII GCIICIIC.	
The	org	anization is not a private foundat	,	•	,		,	
1		A church, convention of church	es, or association o	of churches described in	n <b>section</b>	170(b)(1)(	(A)(i).	
2		A school described in <b>section</b> 1	1 <b>70(b)(1)(A)(ii)</b> . (Att	ach Schedule E (Form	990).)			
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(I	o)(1)(A)(iii	i).	
4		A medical research organizatio hospital's name, city, and state		nction with a hospital d	lescribed i	n <b>section</b>	<b>170(b)(1)(A)(iii)</b> . En	ter the
5		An organization operated for th section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	d by a go	vernmental unit desc	ribed in
6		A federal, state, or local govern	ment or governmer	ntal unit described in <b>se</b>	ection 170	(b)(1)(A)(	v).	
7		An organization that normally redescribed in <b>section 170(b)(1)</b>			m a gove	nmental u	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(	A)(vi). (Complete Part	II.)			
9		An agricultural research organizer university or a non-land-granuniversity:	nt college of agricult	ture (see instructions).	Enter the	name, city	, and state of the col	lege or
10		An organization that normally re receipts from activities related t support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons, subject to certain e led business taxable in	exceptions come (les	; and (2) r s section (	no more than 33 1/39 511 tax) from busine:	% of its
11		An organization organized and	operated exclusive	ly to test for public safe	ety. See <b>s</b> e	ection 509	0(a)(4).	
12	X	An organization organized and of one or more publicly support Check the box on lines 12a thro	ed organizations de	escribed in section 509	(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).
a b		Type I. A supporting organization (sorganization. You must con Type II. A supporting organization or management of the	s) the power to regunite to regunite the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the sec	larly appoint or elect a tions A and B. r controlled in connecti ization vested in the sa	majority of	of the direct	ctors or trustees of the	e supporting having
c	:	organization(s). You must c  X Type III functionally integra	ated. A supporting	organization operated i				rated with,
c	l	its supported organization(s)  Type III non-functionally in that is not functionally integr	ntegrated. A suppor rated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nection with	rith its supported orga quirement and an att	
e	!	requirement (see instruction Check this box if the organize functionally integrated, or Ty	zation received a wr	ritten determination fror	m the IRS	that it is a		e III
f		Enter the number of supported			ig organiz			1
Q	l	Provide the following information	about the support	ed organization(s).				· · <u> </u>
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
	JGL	AS COUNTY LIBRARIES	84-1157718	6	Х		79,643	
(B)								
(C)								
(D)								
(E)								
Tota	ıl						79,643	0

Sch	edule A (Form 990) 2021 DOUGL	AS C	COUNTY LIBRA	ARY FOUNDATI	ON		84-120777	5 Page <b>2</b>
Pa	Support Schedule for Or (Complete only if you ched Part III. If the organization	ked	the box on li	ne 5, 7, or 8 of	Part I or if the	organization fa	iled to qualify un	der
Se	ction A. Public Support					•	,	
Cal	endar year (or fiscal year beginning in)	▶	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							0
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
<b>4 5</b>	Total. Add lines 1 through 3		0	0	0	0	0	0
6	Public support. Subtract line 5 from line 4					7		0
	ction B. Total Support					7		
	endar year (or fiscal year beginning in)	<b>&gt;</b>	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4		0	0		0		0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			4				0
9	Net income from unrelated business activities, whether or not the business is regularly carried on		<b>*</b>					0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		<b>(</b>					0
11	Total support. Add lines 7 through 10.							0
12	Gross receipts from related activities, etc.		instructions).				12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop her	-			or fifth tax year as	. , , ,		 ▶□

Section C. Computation of Public Support Percen	tag	(
-------------------------------------------------	-----	---

4	Public support percentage for 2021 (line 6, column (1), divided by line 11, column (1))	14	0.00%
5	Public support percentage from 2020 Schedule A, Part II, line 14	15	0.00%

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

#### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose					<b>A</b>	0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						0
b	Amounts included on lines 2 and 3				רע		
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)						0
	ction B. Total Support				T	<del> </del>	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,	<b>♦</b>					
	payments received on securities loans, rents,						
	royalties, and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business						
	activities not included on line 10b, whether						•
40	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						0
42	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,		0	0	0	0	0
14	and 12.)	U U		•			0
14	organization, check this box and <b>stop here</b> .			•	( , ( ,		▶ □
904	ction C. Computation of Public Sup						· · · · · · <u> </u>
	Public support percentage for 2021 (line 8, c			<b>(f</b> \)		15	0.00%
15	Public support percentage for 2021 (line 6, 6)  Public support percentage from 2020 Schedu	. ,	•			16	0.00%
<u>16</u> Sec	ction D. Computation of Investmen			<u> </u>		10	0.0070
<u> </u>	Investment income percentage for 2021 (line			column (f))		17	0.00%
18	Investment income percentage from 2020 So					18	0.00%
	33 1/3% support tests—2021. If the organic						0.0070
. Ju	not more than 33 1/3%, check this box and <b>s</b>						▶ 🗀
b	33 1/3% support tests—2020. If the organization	-			-		
	line 18 is not more than 33 1/3%, check this						▶

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1	Х	
2		Χ
3a		Χ
3b		
3с		
4a		Χ
4b		
4c		
5a		Χ
5b		
5c		
6		Х
7		Χ
8		Х
9a		Х
9b		Χ
9с		Х
10a		Χ
10b		

Schedule	A (Form 990) 2021 DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Р	age <b>5</b>
Part I	Supporting Organizations (continued)		ı	1
		_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b a			V
	11c below, the governing body of a supported organization?	11a		X
	A 35% controlled entity of a person described on line 11a above?	11b		_
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, public detail in Part VI.	11c		Х
	on B. Type I Supporting Organizations		I .	_ ^
<del>- OOOLIN</del>	71 21 Type I capperang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of			
	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 s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount	ong the		
	supported 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 Post	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		1,,	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the director			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or management.			
	or management of the supporting organization was vested in the same persons that controlled or manage the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			<u> </u>
Occur	DI All Type in cupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	e 🗔	100	1.10
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies			
	organization's governing documents in effect on the date of notification, to the extent not previously provide	ded? <b>1</b>	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the support	ed .		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part V	<b>VI</b> how		
	the organization maintained a close and continuous working relationship with the supported organization(	•		Х
	By reason of the relationship described on line 2, above, did the organization's supported organizations has	ave		
	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			
Cooti	supported organizations played in this regard.	3	ļ	Х
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the ye	ar ( <b>see instruction</b>	<b>(S</b> ).	
а				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	$\overline{\mathrm{X}}$ The organization supported a governmental entity. Describe in Part VI how you supported a governme	ntal entity (see instruc	tions).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes	s of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purpos			
	how the organization was responsive to those supported organizations, and how the organization determi	ned		
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, 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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3-		
	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI</i> .  Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	of each		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this rega			
	in g, arrainar ni i arraina projecto ej are erganización ni uno rege			

Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	_		•
instructions. All other Type III non-functionally integrated supporting organ	nizati	ons must complete Sections	s A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(71) The Tour	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	0
5 Depreciation and depletion	5	<u> </u>	
6 Portion of operating expenses paid or incurred for production or collection of			
gross income or for management, conservation, or maintenance of property			
held for production of income (see instructions)	6		1
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			· · · · · · · · · · · · · · · · · · ·
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1à		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other factors	Id		
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	-	0	0
	١,		0
see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		0
7 Check here if the current year is the organization's first as a non-functionall	y inte	egrated Type III supporting	organization (see
instructions).	-	0	- `

Part \	Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	ugo :
Section	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	ot purposes of supported	1	
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpos	ations 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.		6_	
7	<b>Total annual distributions.</b> Add lines 1 through 6.		7	0
8	Distributions to attentive supported organizations to which t	he organization is respor		
	(provide details in <b>Part VI</b> ). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	0
10	Line 8 amount divided by line 9 amount		10	0.000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	<b>Total</b> of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2021 distributable amount			0
i	Carryover from 2016 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2021 from			
	Section D, line 7: \$ 0		0	
	Applied to underdistributions of prior years		0	
<u>b</u>	Applied to 2021 distributable amount  Remainder. Subtract lines 4a and 4b from line 4.	0		0
<u>C</u>	Remaining underdistributions for years prior to 2021, if	0		
ð	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6	Remaining underdistributions for 2021. Subtract lines 3h		0	
Ū	and 4b from line 1. For result greater than zero, <i>explain</i>			
	in <b>Part VI</b> . See instructions.			0
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
	Evenes from 2021			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	•.6

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization			Employer identification number		
DOUGLAS COUNTY LIBRARY FOUNDATION			84-1207775		
Part		Advised Funds or Other Similar Fun			
	Complete if the organization answere				
		(a) Donor advised funds	(b) Funds and o	other accounts	
1	Total number at end of year		<u> </u>		
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)		1		
4	Aggregate value at end of year				
5	Did the organization inform all donors and dono				
	funds are the organization's property, subject to			Yes No	
6	Did the organization inform all grantees, donors				
	only for charitable purposes and not for the ber		y other purpose		
	conferring impermissible private benefit?			Yes No	
Part	Conservation Easements.	LIN			
	Complete if the organization answere				
1	Purpose(s) of conservation easements held by				
	Preservation of land for public use (for example		n of a historically impo		
	Protection of natural habitat	Preservatio	n of a certified historic	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization	n held a qualified conservation contribution	in the form of a conse	rvation	
	easement on the last day of the tax year.		Held at	the End of the Tax Year	
а	Total number of conservation easements		<b>2a</b>		
b	Total acreage restricted by conservation easen				
C	Number of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements on a certification of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservation easements of conservat		2c		
d	Number of conservation easements included in		24		
3	historic structure listed in the National Register Number of conservation easements modified, to			tion during	
3	the tax year	ransierred, released, extinguished, or term	inated by the organizat	uon duning	
4	Number of states where property subject to cor	servation easement is located			
5	Does the organization have a written policy reg		handling of		
-	violations, and enforcement of the conservation			Yes No	
6	Staff and volunteer hours devoted to monitoring, ins			luring the year	
	<b>&gt;</b>			•	
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing conse	rvation easements during	g the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on	line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i	)	
				Yes No	
9	In Part XIII, describe how the organization repo				
	balance sheet, and include, if applicable, the te		ncial statements that de	escribes the	
	organization's accounting for conservation ease		04101114	-4-	
Part			Other Similar Ass	ets.	
1a	Complete if the organization answere		statement and halans	o shoot	
ıa	works of art, historical treasures, or other similar				
	public service, provide in Part XIII the text of the	•		cialice of	
b	If the organization elected, as permitted under			neet	
	works of art, historical treasures, or other similar				
	public service, provide the following amounts re	•	, 5. 100001011111111111	5.5	
	(i) Revenue included on Form 990, Part VIII, lir	ne 1	<b>&gt;</b> \$		
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$		
2	If the organization received or held works of art				
	following amounts required to be reported under		3 / [		
а	Revenue included on Form 990, Part VIII, line				
b	Assets included in Form 990, Part X				

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

0

Investments—Other Securities.  Complete if the organization answered "	Yes" on Form 990	Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category	(b) Book value	(c) Method of valuation:
(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		<b>A</b>
(D)		
(E)		
(F)		
(G)		
(H) Tatal (Oakses (h) mart a mal 5 am 000 Bat V and (B) line 10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0	
Part VIII Investments—Program Related.  Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)	•	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0	
Part IX Other Assets.		
		Part IV, line 11d. See Form 990, Part X, line 15.
(a) Descri	ption	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15 )	•
Part X Other Liabilities.	•	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.		,
	ion of liability	(b) Book value
(1) Federal income taxes		
(2) INTERCOMPANY PAYABLE		121,53
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) list	ne 25.)	▶ 121,53
2. Liability for uncertain tax positions. In Part XIII, provide the tex	xt of the footnote to the o	organization's financial statements that reports the
organization's liability for uncertain tax positions under FASB AS	C 740. Check here if the	e text of the footnote has been provided in Part XIII .

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.
	Complete if the organization answered "Yes" on 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	_
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	<b>2e</b> 0
3	Subtract line <b>2e</b> from line <b>1</b>	3 0
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.)	
С	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b> 0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	<b>5</b> 0
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
d	Other (Describe in Part XIII.)	
e	Add lines 2a through 2d	<b>2e</b> 0
2	Other losses	3 0
3	Amounts included an Form 000 Part IV line 25 but not an line 1.	3 0
a	Investment expenses not included on Form 990, Part VIII, line 7b	_
b	Other (Describe in Part XIII.)	- 4-
_	Add lines <b>4a</b> and <b>4b</b>	4c 0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 0
	XIII Supplemental Information.	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	

Schedule D (Forn	n 990) 2021	DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Page <b>5</b>
Part XIII	Suppleme	DOUGLAS COUNTY LIBRARY FOUNDATION  ntal Information (continued)		
			<b></b>	
		*. •		
		,/\		
	X	<b>7</b>		
		▼		

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public

Employer identification number

DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (or retained by) (ii) Activity or entity (fundraiser) fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 3 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			events with gross recei	ots greater than \$5,00	0.							
				(a) Event #1 GALA		(b) Event #2		(c) Other even	ts	(d) Total events (add col. (a) through		
				(event type)	-	(event type)		(total number)		col. <b>(c)</b> )		
ηı												
Revenue		1	Gross receipts	95,886					0	95,886		
Ľ	:	2	Less: Contributions	10,090					. 0	10,090		
	;	3	Gross income (line 1 minus	,						.,		
			line 2)	85,796					0	85,796		
		4	Cash prizes						0	0		
		5	Noncash prizes						0	0		
Se		_	D 4/5 1111	200						200		
Sus	(	6	Rent/facility costs	639				0	639			
xpe		-	Food and haverages	22 502	,				0	22 502		
Ä		7	Food and beverages	33,593					U	33,593		
Direct Expenses	:	8	Entertainment	7,320					0	7,320		
ֿ		•		1,020					Ū	1,020		
	,	9	Other direct expenses	23,474					0	23,474		
							•					
	1	0	Direct expense summary. Add						. ▶	( 65,026)		
	1		Net income summary. Subtract						. ▶	20,770		
Pa	ırt	Ш	Gaming. Complete if the	-	red "`	Yes" on Form 99	0, Pa	rt IV, line 1	9, or re	eported more than		
			\$15,000 on Form 990-E	Z, line 6a.								
ne				(a) Bingo	(b) Pull tabs/instant (c) Other gaming		ng	(d) Total gaming (add				
Revenue				( ) 0	DIN	go/progressive bingo				col. (a) through col. (c))		
Ze,			Cross revenue							0		
_	1		Gross revenue							0		
S	2	,	Cash prizes							0		
Direct Expenses	_	-	Cush phizes									
g	3	3	Noncash prizes							0		
û	4		'									
ec			Rent/facility costs							0		
₫												
	5	5	Other direct expenses							0		
				Yes %		Yes%		Yes	%			
	6	6	Volunteer labor	No		No		No				
	7	7	Direct expense summary. Add	lines 2 through 5 in colu	mn (d	)			. ▶	( 0)		
	8	3	Net gaming income summary. Subtract line 7 from line 1, column (d)									
_		г	4 - 1 4 - 1 4 - 1 4 - 1 4 - 1 4 - 1			41141						
9			ter the state(s) in which the org	<del>-</del>	-							
			the organization licensed to co									
	b		'No," explain:									
	-											
40		\//-	ere any of the organization's ga	ming licenses revoked a				a the tax ve		. Yes No		
10				•								
		"	'Yes," explain:									
	-											

Sched	ule G (Form 990) 2021 DOUGLAS COUNTY LIBRARY FOUNDATION	84	-120	)7775		Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility	13a				%
b	An outside facility	13b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events books an records:	d				
	Name ▶					
	Address ▶	<b>3</b> .				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes		No
b	If "Yes," enter the amount of gaming revenue received by the organization amount of gaming revenue retained by the third party \$\infty\$ \$					
С	If "Yes," enter name and address of the third party:					
	Name ▶					
	Address ▶					
16	Gaming manager information:					
	Name ▶					
	Gaming manager compensation ▶ \$0					
	Description of services provided					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
				Yes		No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or					•
Dovi	spent in the organization's own exempt activities during the tax year   \$\bigs\\$ \$\text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns		and	(\strace):	and	0
Part	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.				anu	
	<b>v</b>					

### **SCHEDULE I** (Form 990)

Department of the Treasury

### **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990. ► Go to www.irs.gov/Form990 for the latest information.

Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775
Part I General Information on Grants and Assistance	
<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	sistance, and
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organizations and Pomestic Governments.	
Thook FMV appraisal I	(g) Description of oncash assistance (h) Purpose of grant or assistance
(1) DOUGLAS COUNTY LIBRARIES           100 S WILCOX STREET CASTLE RO         84-1157718         79,643	GENERAL OPERATIONS,
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
<ul> <li>Enter total number of section 501(c)(3) and government organizations listed in the line 1 table</li></ul>	<b>&gt;</b>

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipionic	odon grant	Tierreadir addictaried	1 mv, appraisal, suisi)	
Supplemental Information. P	rovide the information r	eguired in Part I. li	ne 2: Part III. columi	n (b): and any other addit	ional information.
2.64				<i>'</i> , ', ', ', ', ', ', ', ', ', ', ', ', ',	
		`()			
		<b>*</b> 			
	X				

## SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
DOUGLAS COUNTY LIBRARY FOUNDATION

Employer identification number

84-1207775 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef) Discretionary spending account If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Participate in or receive payment from an equity-based compensation arrangement? . . . . . . . . . . 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any 5 compensation contingent on the revenues of: The organization? . . . . . 5a Χ Any related organization? . . . Χ 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: The organization?. 6a Any related organization?. 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?.

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2	and/or 1099-MISC and/or 10	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990	
ROBERT PASICZYNUK	(i)	167,015					167,015		
1 EXECUTIVE DIRECTOR	(ii)						0		
	(i)								
2	(ii)								
-	(i)								
3	(ii)								
	(i)								
4	(ii)								
-	(i)			•					
5	(ii)								
	(i)				•				
6	(ii)								
	(i)			<b>V</b>					
7	(ii)								
	(i)		<b>*</b>	4					
8	(ii)			)					
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)	X / /							
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
_16	(ii)								

Schedule J (Form 990) 2021

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
for any additional information.
(0)
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▼

### SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization Employer identification number DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Form 990, Part I, Line 1: BRING COMMUNITY AWARENESS AND APPRECITION OF THE DOUGLAS COUNTY LIBRARIES; AND TO SPONSOR PROGRAMS AND CONDUCT OTHER ACTIVITIES THAT WILL ENHANCE THE LIBRARIES CONTRIBUTIONS TO EDUCATION AND CULTURE WITHIN THE COMMUNITY Form 990, Part IV, Section B, Line 11b: THE ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE DIRECTOR OF FINANCE FOR THE DOUGLAS COUNTY LIBRARY PERFORMS A DETAILED REVIEW OF THE RETURN THE EXECUTIVE DIRECTOR DOES A SUMMARY REVIEW PRIOR TO SIGNING THE RETURN Form 990, Part VI, Section B, Line 12C: THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST STATEMENT AT APPOINTMENT. ANNUALLY THEY ARE ASKED TO VERIFY THAT THERE ARE NO CHANGES, IF THERE ARE THEY COMPLETE A NEW CONFLICT OF INTEREST STATEMENT. BOARD MEMBERS ARE ASKED AT EACH BOARD MEETING IF THEY HAVE ANY CONFLICTS OF INTEREST REGARDING THE AGENDA MATTERS, IF SO, THEY ARE ASKED TO RECUSE THEMSELVES AND RETURN TO THE MEETING AFTER THE DISCUSSION HAS ENDED. Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization	Employer identification number
DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775
	<b>A</b>
<u>_</u>	
	<del>/</del>
<b>▼</b>	

### SCHEDULE R (Form 990)

Part I

Department of the Treasury

## **Related Organizations and Unrelated Partnerships**

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

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Attach to Form 990.

(b)

Primary activity

(c)

Legal domicile (state

(d)

Total income

Internal Revenue Service

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

Name of the organization

OMB No. 1545-0047
2021

(f)

Direct controlling

Open to Public Inspection

DOUGLAS COUNTY LIBRARY FOUNDATION

(a)

Name, address, and EIN (if applicable) of disregarded entity

Employer identification number 84-1207775

(e)

End-of-year assets

				or fo	reign country)					entity	
(1)											
(2)											
(3)			_								
(4)											
(5)											
(6)											
Part II	Identification of Related Tax-Exempt Organizone or more related tax-exempt organizations d	zations. Complete if turing the tax year.	the organiza	tion ar	nswered "Yes	on Form 9	990, Part	IV, line 34, b	ecaus	e it ha	ad
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile or foreign co		(d) Exempt Code sec	tion Public c	(e) harity status on 501(c)(3))	(f) Direct control entity	ling S	(g Section 51 contro entit	12(b)(13) olled
(4) DOLIGI	AC COUNTY LIDDADIES OF 1457740	PROVIDES LIBRARY								Yes	No
	AS COUNTY LIBRARIES 84-1157718  DX STREET CASTLE ROCK, CO 80104	SERVICES TO	со					N/A			Х
(2)											
(3)											
(4)											
(5)	¥										
(6)											
(7)											
		L			I.			I .			

Decause it riad of	e or more related orga	IIIZaliUIIS	irealeu as a pa	irtilership during	the tax year.				•			
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Dispropo alloca	n) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
							Yes	No		Yes	No	
(1)									3			
(2)												
(3)												
(4)						<b>\</b>						
(5)						9						
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Section 5 contr enti	olled
<u>(1)</u>	XO						Yes	No
(2)								
(3)								
(4)								
	-							
(6)								
(7)	-							

84-1207775

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

Note	: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Χ
b	Gift, grant, or capital contribution to related organization(s)	1b	Χ	
С	Gift, grant, or capital contribution from related organization(s)	1c		Χ
d	Loans or loan guarantees to or for related organization(s)	1d		Χ
е	Loans or loan guarantees by related organization(s)	1e		Χ
f	Dividends from related organization(s)	1f		Χ
g	Sale of assets to related organization(s)	1g		Х
h	Purchase of assets from related organization(s)	1h		Χ
i	Exchange of assets with related organization(s)	1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Χ
_				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Χ
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Χ
m	Performance of services or membership or fundraising solicitations for related organization(s)	1m		Χ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
o	Sharing of paid employees with related organization(s)	10		Χ
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
a a	Reimbursement paid by related organization(s) for expenses	1q		Χ
•				
r	Other transfer of cash or property to related organization(s)	1r		Χ
s	Other transfer of cash or property from related organization(s)	1s		Χ
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	thresh	olds.	
		(d)		
	Name of related organization Transaction Amount involved Method of determine	ning amou	ınt involv	ed
	type (a—s)			
	cash			
(1) DO	DUGLAS COUNTY LIBRARIES b 79,643			
	cash			
( <b>2</b> ) DO	DUGLAS COUNTY LIBRARIES p 22,928			
(3)				
(4)				
(5)				
(6)				
	Schedul	e R (Fo	rm 990	2021

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.

or gross revenue) that was not a related								/b\	(1)		1	(14)
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all sec 501(	partners etion (c)(3) eations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion allocations		Gene mana parti	ral or aging	(k) Percentage ownership
			,	Yes	No			Yes N	0	Yes	No	
(1)											-110	
(2)												
(3)							1					
(4)						• •	<b>9</b>					
(5)												
(6)												
(8)				)								
(9)												
(10)		71										
(11)												
(12)												
(13)												
(14)												
(15)												
(16)												
			1				1					

chedule R (Fo	orm 990) 2021 DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Page <b>5</b>
Part VII	Supplemental Information		
art vii	Provide additional information for responses to questions on Schedule	R. See instructions.	
		.))	
	······································		

Form 8879-TE

Department of the Treasury

# IRS e-file Signature Authorization for a Tax Exempt Entity

entity	
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For calendar year 2021, or fiscal year beginning , 2021, and ending

Do not send to the IRS. Keep for your records.

2021

OMB No. 1545-0047

Internal Revenue Service Go to www.irs.gov/Form8879TE for the latest information. Name of filer EIN or SSN DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Name and title of officer or person subject to tax ROBERT PASICZNYUK EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **1a Form 990** check here . . . . ▶ X **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12). . . 2a Form 990-EZ check here . . . > **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . . . . . . . . . . 3a Form 1120-POL check here . . ▶ **b Total tax** (Form 1120-POL, line 22). . . . . . . . . . . . . . . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5). 4a Form 990-PF check here . . . ▶ 5a Form 8868 check here . . . . ▶ 6a Form 990-T check here . . . ▶ 7a Form 4720 check here . . . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . . 8a Form 5227 check here . . . . > 8b 9a Form 5330 check here . . . . 9b **b** Amount of credit payment requested (Form 8038]CP, Part III, line 22) . . . . . 10a Form 8038-CP check here . . > 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) DOUGLAS COUNTY LIBRARY FOUNDATION, (EIN) 84-1207775 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only I authorize THOMAS M KAPAUN to enter my PIN 07775 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84824522561 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form—See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Date >

ERO's signature ► THOMAS M KAPAUN

## Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

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Department of the Treasury Internal Revenue Service

For calendar year 2021, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Name and title of officer or person subject to tax ROBERT PASICZNYUK EXECUTIVE DIRECTOR Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here . . . . **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) . . . 2a Form 990-EZ check here . . . > **b Total revenue,** if any (Form 990-EZ, line 9) . . . . . . . . . . . . . . . . . Form 1120-POL check here . . > 4a Form 990-PF check here . . . ▶ **b** Tax based on investment income (Form 990-PF, Part V, line 5). 5a Form 8868 check here . . . . ▶ Х 6a Form 990-T check here . . . . . 7a Form 4720 check here . . . . ▶ **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . . 8a Form 5227 check here . . . . ▶ 8b 9a Form 5330 check here . . . . . . 9b **b** Amount of credit payment requested (Form 8038]CP, Part III, line 22) . . . . . 10a Form 8038-CP check here . . > 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) DOUGLAS COUNTY LIBRARY FOUNDATION, (EIN) 84-1207775 and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission. (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only THOMAS M KAPAUN to enter my PIN 07775 as my signature ERO firm name Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 84824522561 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ► THOMAS M KAPAUN Date > **ERO Must Retain This Form—See Instructions** 

## Form **990**

Department of the Treasury

Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

<u>A</u>	10 M AVECTOR	No. 100-241 T	lendar year, or tax year beginnin	STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	, and e		2 70 702	
В		applicable:		AS COUNTY LIBRARY FOUND	DATION	D Er	nployer identific	cation number
	Address	change	Doing business as		T		30000000000000000000000000000000000000	
П	Name ch	ange	Number and street (or P.O. box if ma	il is not delivered to street address)	Room/suite		207775	
님			100 S WILCOX STREET	State	ZIP code	E Te	elephone number	
Ш	Initial retu	urn	City or town	88-7621				
$\Box$	Final return	n/terminated	CASTLE ROCK	CO	80104		00.00	
H		see-andissing-entry.	Foreign country name	Foreign province/state/county	Foreign postal			
Ш	Amended	d return				<b>G</b> Gr	oss receipts \$	213,936
$\Box$	Application	on pending	F Name and address of principal officer	TC .		H(a) Is this a grou	p return for subordin	rates? Yes X No
_		,	ROBERT PASICZNYUK 100 S	OUTH WILCOX CASTLE RO	OCK CO 80			
-	S26	2 2 5				100000		
		mpt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.) 4947(a)(1	) or 527	ii ivo, au	ach a list, See in	structions
J	Website	: ► DCl	ORG			H(c) Group exe	mption number	<b>-</b>
K	Form of	organization	: X Corporation Trust	Association  Other ▶	L Yea	ar of formation:	1991 M St	ate of legal domicile: CO
	Part I	Sur	mmary					NO. 10 Secretary with Englands
	1		escribe the organization's mission	on or most significant activitie	es: BRIN	IG COMMUN	IITY AWARE	NESS AND
e			CIATION OF THE DOUGLAS C					
an			/ILL ENHANCE THE LIBRARY'S					
F	20							
š	2		nis box ▶ if the organization				Security and March William Colors	et assets.
Ö	3		of voting members of the gover					7
oo v	4		of independent voting members					6
ij	5	Total nu	mber of individuals employed in	calendar year 2020 (Part V,	line 2a)		. 5	0
Activities & Governance	6	Total nu	mber of volunteers (estimate if r	necessary)			. 6	957
A	7a	Total un	related business revenue from F	Part VIII, column (C), line 12			. 7a	0
	b		elated business taxable income t					0
						Prior '		Current Year
a)	8	Contribu	itions and grants (Part VIII, line		113,852	114,614		
Revenue	9	Program	service revenue (Part VIII, line	100,754	57,992			
Ve	10	Investme	ent income (Part VIII, column (A	) lines 3 (1 and 7d)			31,125	41,330
Se	11		venue (Part VIII, column (A), line				19,672	41,550
	100000000000000000000000000000000000000							
_	12		enue—add lines 8 through 11 (mu				265,403	213,936
	13		and similar amounts paid (Part I)				114,144	38,647
	14		paid to or for members (Part IX				0	0
es	15		other compensation, employee be				0	0
Expenses	16a		onal fundraising fees (Part IX, co		55 5 X X		0	0
g	b	Total fur	ndraising expenses (Part IX, colu	ımn (D), line 25) ▶	1,888			
ш	17	Other ex	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)	10. 1 1 1		38,046	30,745
	18		penses. Add lines 13–17 (must				152,190	69,392
	19		e less expenses. Subtract line 1				113,213	144,544
5						Beginning of (		End of Year
ets	20	Total ass	sets (Part X, line 16)				966,550	1,239,168
Ass	21		bilities (Part X, line 26)				78,822	87,987
Net Assets or	22		ets or fund balances. Subtract lir	ne 21 from line 20			887,728	1,151,181
and the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the latest the lat	art II		nature Block	27 110111 11110 20			007,720	1,101,101
			y, I declare that I have examined this return	n including accompanying schedules	s and statements	and to the heet	of my knowledge	
and	belief, it i	s true, corre	ct, and complete, Declaration of preparer	(other than officer) is based on all inf	ormation of which	h preparer has an	or my knowledge iv knowledge.	
1577			KIN Ton				a	178 1720
Si	gn		Signature of officer	$\sim$			Date	00/00
He	ere		Value 1	1) // 2:			Date ,	/
			Time as a wint some and title	W Pasiczi	1400			
-		Dei-4	Type or print name and title	Drangerada -iti		I Dete	low-	DTIN
_		Print	t/Type preparer's name	Preparer's signature		Date	Check	T if PTIN
Pa						4	self-emplo	
	eparer		la name . N			1 <u>220</u> 32 0	CO. 254/2009 \$2000.	
Us	e Only	,	's name			Firm's	EIN P	
_			's address ►			Phone		
Ma	y the IF	RS discus:	s this return with the preparer sh	nown above? See instruction	s			. Yes No

Form 9	990 (2020)	DOUGLAS COUNTY LIBRARY F	FOUNDATION	84-1207775 Page <b>2</b>
Pa	rt III	Statement of Program Service Check if Schedule O contains a		n this Part III.........
1	THE DO	escribe the organization's mission: DUGLAS COUNTY LIBRARIES FOUND IES ("THE LIBRARY") BY FUNDING C BRARY'S NORMAL OPERATING BUD	PPORTUNITIES AND PROVIDIN	
2	the prior	organization undertake any significant   Form 990 or 990-EZ? describe these new services on Scheo		vhich were not listed on Yes X No
3	services If "Yes,"	organization cease conducting, or make? describe these changes on Schedule		Yes X No
4	expense		anizations are required to report th	e largest program services, as measured by e amount of grants and allocations to others,
4a	SERVIC EXPEN	D THE LIBRARY DISTRICT'S PROGR CES, AND ONLINE HIGH SCHOOL. AE DITURES AND LIBRARY CAMP SCHO	DDITIONAL FUNDS WERE PROV DLARSHIPS.	38,647 ) (Revenue \$) DUCATION, LOCAL HISTORY, VOLUNTEER IDED FOR BRANCH OPERATIONS CAPITAL
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)
			)	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$)

0)(Revenue \$

0 including grants of \$

(Expenses \$

Other program services (Describe on Schedule O.)

0)

Part		-120///5		Pa	age 3
Part	IV Checklist of Required Schedules		- 1	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A	1		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	🔼	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I	3	3		Χ
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	١		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	<u> </u>	•		Χ
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				Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	· · ⊢	<u>'</u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	,		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	· · ·   —			
	complete Schedule D, Part III	8	3		Χ
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		)		Χ
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V	1	0		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
	VII, 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	1	а		Χ
D	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	11	<b>L</b>		~
•	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	· · 💾	D		Х
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	1			Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	· · ·   <del>-</del>			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11	d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			Х	
	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.	1	1f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	,			
	Schedule D, Parts XI and XII	12	2a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,				
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14	a		Х
b	fundraising, business, investment, and program service activities outside the United States, or aggregate				
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14	h		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	1	5		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other				
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	1	6		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	1	7	Χ	
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	1	8		Χ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
00	If "Yes," complete Schedule G, Part III	1			X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>				Х
) 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20	מי		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	, I	х	
	domosto government en i art ix, column (x), inte i: ii ree, complete conedule i, i arte i and ii			/\	

Par	Checklist of Required Schedules (continued)		ı	1
22			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
ч	to defease any tax-exempt bonds?	24c 24d		<del>                                     </del>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
_0	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Χ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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,			Ĥ
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	If"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	If"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	<u> </u>		
	If "Yes," complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34	Χ	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	350		<del>                                     </del>
00	organization? 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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			Щ
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	+		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
	gaming (gambing) withings to prize withers!	1c	1	1

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	required to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
-	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which								
~	the organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		<u> </u>					
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 70							
15		<i>,</i> -		_					
	excess parachute payment(s) during the year	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

Part VI

Sect	ion A. Governing Body and Management				
			Yes	No	
1a		4			
l.	·	,			
b		2			
2				V	
•				Х	
3				_	
				X	
4				X	
5				X	
6		ь		^	
7a		7.		~	
<b>L</b>		/a		Х	
b	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 on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization become aware during the year of a significant diversion of the organizations assets?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  To blid the organization on the more of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Each committee with authority to act on behalf of the governing body?  Base or persons of the process of the governing body?  The governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons of the governing body?  Base or persons or persons or persons or persons or persons or persons or persons or persons or persons or persons or persons or persons or persons or pe				
•	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officers, directors, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organizations assets?  5 Did the organization have members or stockholders?  Did the organization have members or stockholders?  Did the organization have members or stockholders?  To bit the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  8a Bab 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 on Schedule O.  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?  10a the organization have a written conflict of interest paicy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees equired to disclose annually interests that could				
8					
_		0-			
a			X		
ь 9		OD			
3		۵		Х	
Sect		-	<u> </u>	^	
Jecl	ion b. I oncies [This section b requests information about policies not required by the internal Revenue	Joue.	/ Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?	10a	- 50	Х	
b	· · · · · · · · · · · · · · · · · · ·				
-		10b			
11a		11a		Х	
b		- 15			
12a		12a	Х		
b		12b	X		
C					
		12c	Х		
13				Х	
14			Х		
15					
а		15a		Х	
b	Other officers or key employees of the organization	15b		Х	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16a		Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	the organization's exempt status with respect to such arrangements?	16b			
Sect					
17	***************************************				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	501(c	)		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website  Another's website  X Upon request  Other (explain on Schedule O				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy,			
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•			
	DOUGLAS COUNTY LIBRARIES 303-688-7621				
	100 S WILCOX STREET, CASTLE ROCK, CO 80104				

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	Da	rt \	/11	

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box if heither the organization nor any related organization compensated any current officer, director, or trustee.													
				((	C)					_			
					ition								
(A) Name and title	<b>(B)</b> Average	(do not check more than one box, unless person is both an						( <b>D</b> ) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated amount			
Name and the	hours	office	er and		irecti	ar/truete	ee)	compensation	compensation	of other			
	per week (list any	Inc or	Ins	٥.	Ke	Hig	οj	from the organization	from related organizations	compensation from the			
	hours for	livid	titut	Officer	y er	hes iplo	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and			
	related	Individual trustee or director	long		Key employee	t co	,			related organizations			
	organizations below	trus	1		yee	mpe							
	dotted line)	ee	Institutional trustee			insa							
			Ф			Highest compensated employee							
(1) ROBERT PASICZYNUK	1.00	1											
EXECUTIVE DIRECTOR	40.00			Х					156,044				
(2) DAVE ANDERSON	1.00								,				
TREASURER	40.00			Х					131,305				
(3) SHELLY HUMPHREYS	1.00									,			
VICE CHAIR	0.00	1							0				
(4) LAUREN BOLL	1.00									,			
CHAIR	0.00	Х							0				
(5) LINDA BOYLE	1.00												
DIRECTOR	0.00	Х							0				
(6) KRYSTIE KANIA	1.00												
DIRECTOR	0.00	Х							0				
(7) PATTI OWEN-DELAY	1.00												
SECRETARY	40.00			Χ					0				
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)		]											

Pa	Section A. Officers, Directors, Tru	istees, Key Em	ploye	ees,	and	d Hi	ghes	t Co	ompensated Em	iployees (c	ontini	ıed)		
	<b>(A)</b> Name and title	(B) Average hours	box,	unles er an	Pos neck ss pe d a d	rson	than o	an ee)	(D) Reportable compensation	(E) Reportabl	ion	(	(F) ated am	
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-M	ns	f orgar	npensation the nization organization	and
(15)										1				
(16)										,				
(17)														
(18)														
(19)														
(20)														
(21)				1										
(22)			*											
(23)														
(24)														
(25)		• C												
1b	Subtotal		1		<u> </u>			<b>&gt;</b>	0	287	,349			0
c d	Total from continuation sheets to Part VII, So Total (add lines 1b and 1c).							<b>&gt;</b>	0	287	,349			0
2	Total number of individuals (including but not line reportable compensation from the organization	mited to those lis	sted a	abov	/e) v	vho	recei	ved	l more than \$100	,000 of				2
											Т		Yes	
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? <i>If</i> "Yes," <i>complete Sched</i>											3		Х
4	For any individual listed on line 1a, is the sum of		-						•					
	the organization and related organizations greatindividual	iter than \$150,00					-			1 	. [	4	Х	
5	Did any person listed on line 1a receive or accr	•			-			_			Ī			
Sec	for services rendered to the organization? If "Yotion B. Independent Contractors	es," complete So	cneau	ile J	tor	suc	n per	rson	<u>1</u>			5		Х
1	Complete this table for your five highest compe compensation from the organization. Report co											ax ve	ar	
	(A)  Name and business addi	•				<i>j</i>			(B) Description of serv			(C)		
									<u>'</u>			·		0
														0
-														0
														0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se l	iste	d abo	ve) 0	who received					

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in	ı this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
	10	Federated campaigns 1a	0				sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b	Membership dues	0				
		Fundraising events	9,000				
	C	Related organizations	9,000				
	d	Government grants (contributions) 1e	0				
ıs, ( imi	e	All other contributions, gifts, grants, and	U				
ontribution Id Other S		similar amounts not included above <b>1f</b>	105 614		A 4		
	_	Noncash contributions included in	105,614				
	g						
Co and	h			111 611			
	h	Total. Add lines 1a–1f	Business Code	114,614			
e e	2a	BOOK SALES	453310	57,992	57,992		
vic	b	:======================================	400010	0	37,932		
Program Service Revenue	C			0			
m (	d			0			
gra Re	e			0			
roc	f	All other program service revenue		0			
Ф.	q	<b>Total.</b> Add lines 2a–2f	<b>•</b>	57,992			
	3	Investment income (including dividends, interes		07,002			
		other similar amounts)		41,330			41,330
	4	Income from investment of tax-exempt bond pro		0			,
	5	•		0			
		Royalties	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses . 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	<b>→</b>	0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>	0				
Revenue	b	Less: cost or other basis					
/en		and sales expenses 7b					
Re	С	Gain or (loss) 0	0				
er	d			0			
Oth	8a	Gross income from fundraising					
)		events (not including \$ 9,000					
		of contributions reported on line 1c).	0				
	L .	See Part IV, line 18 8a Less: direct expenses 8b	0				
	b	Less: direct expenses	-	0			
	c 9a	Gross income from gaming activities.		0			
	Эа	See Part IV, line 19 9a	0				
	b	Less: direct expenses 9b	0				
	C	Net income or (loss) from gaming activities	-	0			
	_	Gross sales of inventory, less		J			
		returns and allowances	0				
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory		0			
<u>s</u>		, , , , , , , , , , , , , , , , , , , ,	Business Code				
e le	11a			0			
Miscellaneous Revenue	b			0			
e (e	С			0			
lisc R	d	All other revenue		0			
≥	е	Total. Add lines 11a–11d	<u> </u>	0			
	12	Total revenue See instructions	_	212 026	E7 002	<u> </u>	44 220

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	
Check if Schedule O contains a response or note to any line in this Part IX	

	Check if Schedule O contains a response or note to	to any line in this Pa	art IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			g	
	domestic governments. See Part IV, line 21	38,647	38,647		
2	Grants and other assistance to domestic	, -	, -		
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
·	trustees, and key employees	0		0	
6	Compensation not included above to disqualified			0	
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0		,	
8	Pension plan accruals and contributions (include				
·	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (nonemployees):	* *			
a	Management	16,426		16,426	
b	Legal	0,420		10,420	
	Accounting	0	*		
d	Lobbying	0			
Δ	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	4,317		4,317	
g	Other. (If line 11g amount exceeds 10% of line 25, column	4,017		4,017	
9	(A) amount, list line 11g expenses on Schedule O.)	0		0	
12	Advertising and promotion	0		0	
13	Office expenses	6,146		4,258	1,888
14	Information technology	0,140		1,200	1,000
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	0	-		
24	Other expenses. Itemize expenses not covered	,			
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PROGRAM AND OUTREACH	3,856	3,856		
b		0	-,-30		
С		0			
d		0			
e	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	69,392	42,503	25,001	1,888
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)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	181,052	1	92,748
	2	Savings and temporary cash investments	0	2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%		4	
		controlled entity or family member of any of these persons	0	5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	
Assets	7	Notes and loans receivable, net	0	7	0
SS	8	Inventories for sale or use	0	8	
⋖	9	Prepaid expenses and deferred charges	0	9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	785,498	11	1,146,420
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	966,550	16	1,239,168
	17	Accounts payable and accrued expenses	0	17	
	18	Grants payable	0	18	
	19	Deferred revenue	0	19	
	20	Tax-exempt bond liabilities	0	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	0	22	
⊐	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	78,822	25	87,987
	26	Total liabilities. Add lines 17 through 25	78,822	26	87,987
S		Organizations that follow FASB ASC 958, check here ► X			
ğ		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	887,728	27	1,120,569
ñ	28	Net assets with donor restrictions	0	28	30,612
Ę		Organizations that do not follow FASB ASC 958, check here ▶			
Ē		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds	0	29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds	0	31	
Net Assets or Fund Balances	32	Total net assets or fund balances	887,728	32	1,151,181
ž	33	Total liabilities and net assets/fund balances	966,550	33	1,239,168

Form **990** (2020)

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

## **Public Charity Status and Public Support**

2020

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

 $\label{lem:complete} Complete \ if the \ organization \ is \ a \ section \ 501(c)(3) \ organization \ or \ a \ section \ 4947(a)(1) \ nonexempt \ charitable \ trust.$ 

▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

טסנ	JGL,	AS COUNTY LIBRARY FOUND	ATION				84-120	07775				
	rt I											
	orga	anization is not a private foundat	•				•					
1		A church, convention of church	ies, or association o	of churches described in	n <b>section</b>	170(b)(1)	(A)(i).					
2		A school described in section '	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990 or 99	90-EZ).)						
3		A hospital or a cooperative hos	pital service organiz	zation described in <b>sec</b>	tion 170(	b)(1)(A)(iii	i).					
4		A medical research organization hospital's name, city, and state		nction with a hospital c	lescribed	in <b>section</b>	170(b)(1)(A)(iii). En	ter the				
5		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.)										
6		A federal, state, or local govern	nment or governmer	ntal unit described in <b>s</b> e	ection 170	)(b)(1)(A)(	v).					
7		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.)										
8		A community trust described in		•	II.)							
9		An agricultural research organi or university or a non-land-grar	zation described in	section 170(b)(1)(A)(ix	) operate							
10		university: An organization that normally receipts from activities related to support from gross investment acquired by the organization af	to its exempt function income and unrelated	ons—subject to certain ed business taxable in	exception come (les	s, and (2) s section (	no more than 33 1/3 511 tax) from busines	% of its				
11		An organization organized and			•	•						
12	Х	An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	<b>9(a)(1)</b> or s	section 50	9(a)(2). See section	1 509(a)(3).				
a b	i	Type I. A supporting organization (supported organization) organization. You must con Type II. A supporting organization.	s) the power to regunder in the power to regunder in the power in the	ılarly appoint or elect a tions A and B. r controlled in connecti	majority of	of the directs	ctors or trustees of the	e supporting having				
	ĺ	control or management of the organization(s). <b>You must o</b>	complete Part IV, S	ections A and C.	·		•					
С		X Type III functionally integr its supported organization(s						rated with,				
d		Type III non-functionally ir that is not functionally integr requirement (see instruction	ntegrated. A suppor rated. The organizat	ting organization operation generally must sati	ated in cor isfy a distr	nnection w	rith its supported orga quirement and an atte					
е		Check this box if the organize functionally integrated, or Ty	zation received a wr	itten determination from	m the IRS	that it is a		e III				
f		Enter the number of supported	•					1				
a a	I	Provide the following information										
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
					Yes	No						
(A)												
סטנ	JGL	AS COUNTY LIBRARIES	84-1157718	6	Х		38,647					
(B)												
(C)												
(D)												
(E)												
Γota	ıl						38.647	0				

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	1					0
2	Tax revenues levied for the						
	organization's benefit and either paid	1					
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	<b>Total.</b> Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,	1					
	rents, royalties, and income from	1					
	similar sources	1					0
9	Net income from unrelated business						
	activities, whether or not the business is	1					
	regularly carried on	1					0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First 5 years. If the Form 990 is for the orga	ınization's first, sec	ond, third, fourth, o	or fifth tax year as a	a section 501(c)(3)	•	
	organization, check this box and stop here						<b>.</b>
Sec	ction C. Computation of Public Su	pport Percenta	ige				
14	Public support percentage for 2020 (line 6, c	olumn (f), divided t	y line 11, column	(f))		14	0.00%
15	Public support percentage from 2019 Sched	ule A, Part II, line 1	4			15	0.00%
16a	33 1/3% support test—2020. If the organiz	ation did not check	the box on line 13	, and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as	s a publicly support	ed organization .				
b	33 1/3% support test—2019. If the organiz	ation did not check	a box on line 13 o	r 16a, and line 15 i	s 33 1/3% or more	, check this	
	box and <b>stop here</b> . The organization qualified						
17a	10%-facts-and-circumstances test—2020 10% or more, and if the organization meets to	the facts-and-circur	nstances test, che	ck this box and <b>sto</b>	<b>op here</b> . Explain in		-
	Part VI how the organization meets the facts organization		•				
h	10%-facts-and-circumstances test—2019						
IJ	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fac						<u>-</u>
	organization		-	•			
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b.	17a, or 17b, check	this box and see		
	instructions						▶□

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support			· •	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						_
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to						0
_	or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
	Amounts included on lines 1, 2, and 3	Ü	0			Ü	
<i>i</i> u	received from disqualified persons						0
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						_
	line 6.)						0
	ction B. Total Support				I		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	<b>(f)</b> Total
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						•
	royalties, and income from similar sources						0
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						0
_	acquired after June 30, 1975	0	0	0	0	0	0
11	Net income from unrelated business	0	U	0	0	0	0
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on .						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	0	0	0	0	0	0
14	First 5 years. If the Form 990 is for the orga			-			ı <del></del>
	organization, check this box and stop here.						
Sec	ction C. Computation of Public Sup	•				T T	
15	Public support percentage for 2020 (line 8, c	` '	•	. , ,		15	0.00%
16	Public support percentage from 2019 Schedu					16	0.00%
	ction D. Computation of Investmen			aluman (f\)		17	0.000/
17 19	Investment income percentage for 2020 (line		-			18	0.00%
18 19a	Investment income percentage from 2019 So 33 1/3% support tests—2020. If the organi						0.00%
130	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests—2019. If the organi	-			-		
	line 18 is not more than 33 1/3%, check this						🕨 🔲
20	Private foundation. If the organization did r	not check a box on	line 14, 19a, or 19	b, check this box a	and see instructions	3	🕨 🔲

### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	NO
1	Х	
2		X
0-		V
3a		X
3b		
3с		
4a		Х
4b		
4c		
5a		Х
5b		
5c		
6		Х
7		Х
8		Х
9a		Χ
9b		Х
9с		Х
10a		Χ
10b		
rm 990 or	990-F7	1 2020

Page **5** 

Part	V 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 lines 11b and 11c below, the governing body of a supported organization?	11a		~
b	A family member of a person described in line 11a above?	11b		X
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If</i> "Yes" to line 11a, 11b, or 11c, provide	112		
	detail in Part VI.	11c		Х
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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 <b>Part</b>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations		Т	T
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?  Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-	X	
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If</i> "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		Х
3	By reason of the relationship described in line 2, above, 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			
0 1	supported organizations played in this regard.	3	<u> </u>	Х
	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instrument of the organization satisfied the Activities Test. Complete line 2 below.	iction	S).	
a				
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruct	tions).	_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	22		
b	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	2a		
	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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting 0					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	•	, ,	•		
instructions. All other Type III non-functionally integrated supporting orga	anizations	s must complete Sections			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1 Net short-term capital gain	1				
2 Recoveries of prior-year distributions	2				
3 Other gross income (see instructions)	3				
4 Add lines 1 through 3.	4	0	0		
5 Depreciation and depletion	5				
<b>6</b> Portion of operating expenses paid or incurred for production or collection of					
gross income or for management, conservation, or maintenance of property					
held for production of income (see instructions)	6				
7 Other expenses (see instructions)	7				
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8	0	0		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
Aggregate fair market value of all non-exempt-use assets (see			· · · · ·		
instructions for short tax year or assets held for part of year):					
a Average monthly value of securities	1a				
<b>b</b> Average monthly cash balances	1b				
c Fair market value of other non-exempt-use assets	1c				
d Total (add lines 1a, 1b, and 1c)	1d	0	0		
e Discount claimed for blockage or other factors					
(explain in detail in <b>Part VI</b> ):					
Acquisition indebtedness applicable to non-exempt-use assets	2				
3 Subtract line 2 from line 1d.	3	0	0		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
see instructions).	4	0	0		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0		
<b>6</b> Multiply line 5 by 0.035.	6	0	0		
7 Recoveries of prior-year distributions	7	0	0		
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0		
Section C - Distributable Amount			Current Year		
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0		
2 Enter 0.85 of line 1.	2		0		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0		
4 Enter greater of line 2 or line 3.	4		0		
5 Income tax imposed in prior year	5				
6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
emergency temporary reduction (see instructions).	6		0		
7 Check here if the current year is the organization's first as a non-functional	Illy intear	ated Type III supporting of			
instructions).	, 3.	71 119	•		

Part	Type III Non-Functionally integrated 509(a)(3	) Supporting Organi	zations (continuea)	
Section	on D - Distributions			<b>Current Year</b>
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	ations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—	provide details in <b>Part VI</b>	)	
6	Other distributions (describe in Part VI). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			0
8	Distributions to attentive supported organizations to which t	he organization is respor	nsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			0
10	Line 8 amount divided by line 9 amount	1		0.000
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required—explain in <b>Part VI</b> ). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
b	From 2016			
С	From 2017			
<u>d</u>	From 2018			
e	From 2019			
	Total of lines 3a through 3e	0	0	
<u>g</u>	Applied to underdistributions of prior years		0	0
<u>''</u>	Applied to 2020 distributable amount  Carryover from 2015 not applied (see instructions)			0
<del></del>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2020 from	0		
7	Section D, line 7: \$ 0			
а	Applied to underdistributions of prior years		0	
	Applied to 2020 distributable amount			0
	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2020, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6	Remaining underdistributions for 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain			
	in Part VI. See instructions.			0
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.	0		
8	Breakdown of line 7:			
а	Excess from 2016 0			
b	Excess from 2017 0			
С	Excess from 2018 0			
d	Excess from 2019			
е	Excess from 2020 0			

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

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

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

OMB No. 1545-0047

2020
Open to Public

Inspection

Name of the organization Employer identification number DOUGLAS COUNTY LIBRARY FOUNDATION Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 Total number at end of year . . . . . . 2 Aggregate value of contributions to (during year) . . . 3 Aggregate value of grants from (during year) . . . Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . . . . 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: **b** Assets included in Form 990, Part X.

Part	Organizations Maintaining 0	Collections of A	rt, Histoı	rical Tre	asures, or	Other	<u>Similar Asset</u>	<b>s</b> (conti	nued)	
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and other	records, o	check any	of the followi	ng that	make significant	use of it	:s	
а	Public exhibition		d	Loan or	exchange pro	ogram				
b	Scholarly research		е	Other						
С	Preservation for future generation	s		1						
4	Provide a description of the organization		explain h	ow thev fu	urther the ora	anizatio	n's exempt purp	ose in Pa	art	
	XIII.		'	,	3					
5	During the year, did the organization s	olicit or receive don	ations of a	art, histori	cal treasures,	or othe	er similar			
	assets to be sold to raise funds rather	than to be maintain	ed as part	of the org	ganization's c	ollection	n?	Y	es	No
Part	IV Escrow and Custodial Arrar Complete if the organization a 990, Part X, line 21.		n Form 9	990, Part	IV, line 9, c	or repo	rted an amoun	t on Fo	rm	
1a	Is the organization an agent, trustee, or included on Form 990, Part X?			-				☐ <b>Y</b> (	es	No
b	If "Yes," explain the arrangement in Pa									1
		·		Ü				Amount		
С	Beginning balance					1c	:			0
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				0
2a	Did the organization include an amoun								es X	No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the expl	anation ha	as been provi	ded on	Part XIII			
Part										
	Complete if the organization a									
4.	Danimaia wafanan kalana	(a) Current year		or year	(c) Two years		(d) Three years back		our years	
1a h	Beginning of year balance	0		0		0		0		0
b C	Net investment earnings, gains,									
Ü	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0	l .	0		0		0		0
2	Provide the estimated percentage of the	-		line 1g, co	olumn (a)) hel	d as:				
а	Board designated or quasi-endowmen		<u>%</u>							
b	Permanent endowment	%								
С	Term endowment ►  The percentages on lines 2a, 2b, and 2	%	10/-							
3a	Are there endowment funds not in the			n that are	held and adr	minister	ed for the			
ou	organization by:	possession of the o	nganizatio	ii tilat arc	ricia aria aar	IIIIIIStoi	cu for the		Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related of	rganizations listed a	as required	d on Sche	dule R?			3b		
4	Describe in Part XIII the intended uses	of the organization	's endowr	nent fund	S.					
Part										
	Complete if the organization a	answered "Yes" o	n Form 9	990, Part	IV, line 11a	a. See	Form 990, Par	t X, line	10.	
	Description of property	(a) Cost or ot		. ,	or other basis	. ,	Accumulated	<b>(d)</b> B	ook valu	е
45	Lond	(investm	•	((	other)	d	epreciation			
1a h	Land	-	0		0		0			0
b C	Buildings	<b>+</b>	0		0		0			0
d	Equipment	1	0		0		0			0
e	Other		0		0		0			0
Total	. Add lines 1a through 1e. (Column (d) i		00, Part X,	column (l	B), line 10c.)		•			0

Part VII	Investments—Other Securities.  Complete if the organization answered "	Yes" on Form 990.	Part IV. line 11b. See Form 9	990. Part X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of va	luation:
	(including name of security)	. ,	Cost or end-of-year n	narket value
	ll derivatives	0		
. ,	held equity interests	0		
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	0		
	Investments—Program Related.			
	Complete if the organization answered "	Yes" on Form 990.	Part IV. line 11c. See Form 9	90. Part X. line 13.
	(a) Description of investment	(b) Book value	(c) Method of va	luation:
			Cost or end-of-year n	narket value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(6) (7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	0		
Part IX	Other Assets.		L	
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11d. See Form 9	90, Part X, line 15.
	(a) Descrip			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lii	ne 15.)		(
Part X	Other Liabilities.	., =		
	Complete if the organization answered "	Yes" on Form 990,	Part IV, line 11e or 11f. See l	Form 990, Part X,
	line 25.	<b></b> 12 124	T	(In) Devil
1.		on of liability		(b) Book value
	COMPANY DAVABLE			97.093
	COMPANY PAYABLE			87,987
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lir	ne 25.) .   .   .   .   .		87,987
	r uncertain tax positions. In Part XIII, provide the tex	•		
	s liability for uncertain tax positions under FASB AS			

Par	Reconciliation of Revenue per Audited Financial Statements		Return.	
	Complete if the organization answered "Yes" on Form 990, Part		1.1	
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:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	· · · · · · · · · · · · · · · · · · ·			0
e	Add lines 2a through 2d		2e	0
3	Subtract line <b>2e</b> from line <b>1</b>		3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	40		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a   4b	_	
b	Add lines <b>4a</b> and <b>4b</b>		40	0
С 5	Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ).		4c 5	0
_				U
Fall	Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part		r Keturii.	
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	0
3	Subtract line <b>2e</b> from line <b>1</b>		3	0
4	Amounts included on Form 990, Part IX, line 25, 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		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	0
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro			

Schedule D (Fo		DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Page <b>5</b>
Part XIII	Suppleme	ental Information (continued)		

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection
Employer identification number

DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b f Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to b be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or control of contributions? (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col. (i) Yes No 1 0 0 0 0 0 0 3 0 0 0 0 0 0 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 10 0 0 0 0 0 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

DOUGLAS COUNTY LIBRARY FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue Gross receipts . . . . 0 2 Less: Contributions . . . 0 0 Gross income (line 1 minus line 2) . . . . . . . . . 0 0 Cash prizes . . . . . . 0 0 Noncash prizes . . . . . 0 0 Direct Expenses Rent/facility costs . . . . 0 0 Food and beverages . . . 0 0 Entertainment . . . . . Other direct expenses . . 0 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . . . . . . . . . . . . . 0) Net income summary. Subtract line 10 from line 3, column (d) . . . Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue . . 0 Direct Expenses Cash prizes . . . . . . 2 0 Noncash prizes . . . . . 0 Rent/facility costs . . . . 0 Other direct expenses . 5 Yes Yes Yes Volunteer labor . . . . 0) Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . . . . . . . . . . . . Enter the state(s) in which the organization conducts gaming activities: 

If "No," explain:

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . .

If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2	020

12 Is the orgonomed to formed to the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer	organization conduct gaming activities with nonmembers?	13a 13b	Yes	No No %
formed to a Indicate a The organic b An outside Enter the records:	administer charitable gaming?	13a 13b	Yes	<u></u> %
<ul><li>a The orga</li><li>b An outsi</li><li>4 Enter the records:</li><li>Name ▶</li></ul>	nization's facility	13b		
b An outside An outside Part of the records:	le facility	13b		
Enter the records:	name and address of the person who prepares the organization's gaming/special events books and			9
records: Name ▶		d		
Address				
	<b>&gt;</b>			
	organization have a contract with a third party from whom the organization receives gaming	Г	¬ <sub>V</sub>	□ Na
	enter the amount of gaming revenue received by the organization   \$\bigs\\$ 0 and the		Yes	No
	of gaming revenue retained by the third party   \$\begin{array}{c}  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\  \\			
	enter name and address of the third party:			
Name <b>▶</b>				
Address				
I <b>6</b> Gaming	manager information:			
J				
Name ▶				
Gaming	manager compensation > \$0			
Descript	on of services provided			
Восопри	on or services provided			
Direc	tor/officer Employee Independent contractor			
	ry distributions: panization required under state law to make charitable distributions from the gaming proceeds to			
	e state gaming license?	. [	Yes	No
	amount of distributions required under state law to be distributed to other exempt organizations or	• _		
spent in	he organization's own exempt activities during the tax year 🕨 \$			(
	<b>ipplemental Information.</b> Provide the explanations required by Part I, line 2b, columns			and
	art III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inform	ation.	
S	ee instructions.			

# **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 2020

Open to Public Inspection

Name of the organization						Employer ident	ification number
DOUGLAS COUNTY LIBRARY FO	UNDATION					8	4-1207775
Part I General Information	on on Grants	and Assistance					
	award the grants ization's proced Assistance to	s or assistance? . ures for monitoring Domestic Orga	the use of grant funds inizations and Dome	n the United States.  estic Government		nization answere	. X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DOUGLAS COUNTY LIBRARIES 100 S WILCOX ST CASTLE ROCK, C	84-1157718		38,647				GENERAL OPERATIONS,
(2)							CAN THE REPORT OF
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section	. , . ,	•		table			

Schedule I (Form 990) 2020

Page **2** 

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistan
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.
Supplemental Information	n. Provide the information r	equired in Part I, li	ne 2; Part III, columi	n (b); and any other additi	ional information.

### **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

OMB No. 1545-0047

2020

**Open to Public** Inspection

Name of the organization

Employer identification number DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 **Questions Regarding Compensation** 

				res	NO
1a	Check the appropriate box(es) if the organization provio 990, Part VII, Section A, line 1a. Complete Part III to pr	ded any of the following to or for a person listed on Form ovide any relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the orga or reimbursement or provision of all of the expenses de				
	explain		1b		
2	Did the organization require substantiation prior to reim				
	directors, trustees, and officers, including the CEO/Exe 1a?		2		
	id:		_		
3	Indicate which, if any, of the following the organization				
	organization's CEO/Executive Director. Check all that a				
	related organization to establish compensation of the C	· · ·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Pa	art VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
a		yment?	4a		
b	Participate in or receive payment from a supplemental	nonqualified retirement plan? compensation arrangement?	4b 4c		
С	If "Yes" to any of lines 4a–c, list the persons and provide		40		
		app			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) orga				
5	For persons listed on Form 990, Part VII, Section A, lin	e 1a, did the organization pay or accrue any			
а	compensation contingent on the revenues of:		5a		Y
b			5b		X
	If "Yes" on line 5a or 5b, describe in Part III.				
^	For manager Batad on Forms 2000 Post VIII Occili A. P.	and a did the amount—ation many street are a			
6	For persons listed on Form 990, Part VII, Section A, lin compensation contingent on the net earnings of:	e 1a, did the organization pay or accrue any			
а			6a		Х
b	Any related organization?		6b		Χ
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, lin	e 1a. did the organization provide any nonfixed			
-	payments not described on lines 5 and 6? If "Yes," des	cribe in Part III	7		Χ
8	Were any amounts reported on Form 990, Part VII, pair				
	to the initial contract exception described in Regulation				.,
	ın Part III		8		Х
9	If "Yes" on line 8, did the organization also follow the re	shuttable presumption procedure described in			
9			9		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		( <b>B</b> ) Breakdown of	W-2 and/or 1099-MI	SC compensation		, ,		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	( <b>D</b> ) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
ROBERT PASICZYNUK	(i)	156,044					156,044	
1 EXECUTIVE DIRECTOR	(ii)						0	
T EXECUTIVE BIRECTOR	(i)							
2	(ii)							
	(i)							
2	(ii)							
_ 3								
4	(i)							
4	(ii)							
_	(i)							
_ 5	(ii)							
	(i)				<del> </del>			
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
-	(i)							
14	(ii)				1			
	(i)							
15	(ii)				1			
	(i)							
_16	(ii)							

Schedule J (Form 990) 2020

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

Department of the Treasury

# 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.

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

OMB No. 1545-0047 2020 Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization DOUGLAS COUNTY LIBRARY FOUNDATION 84-1207775 Form 990, Part I, Line 1: BRING COMMUNITY AWARENESS AND APPRECITION OF THE DOUGLAS COUNTY LIBRARIES; AND TO SPONSOR PROGRAMS AND CONDUCT OTHER ACTIVITIES THAT WILL ENHANCE THE LIBRARIES CONTRIBUTIONS TO EDUCATION AND CULTURE WITHIN THE COMMUNITY Form 990, Part IV, Section B, Line 11b: THE ORGANIZATION'S PROCESS TO REVIEW FORM 990: THE DIRECTOR OF FINANCE FOR THE DOUGLAS COUNTY LIBRARY PERFORMS A DETAILED REVIEW OF THE RETURN. THE EXECUTIVE DIRECTOR DOES A SUMMARY REVIEW PRIOR TO SIGNING THE RETURN. Form 990, Part VI, Section B, Line 12C: THE BOARD OF DIRECTORS SIGN A CONFLICT OF INTEREST STATEMENT AT APPOINTMENT. ANNUALLY THEY ARE ASKED TO VERIFY THAT THERE ARE NO CHANGES, IF THERE ARE THEY COMPLETE A NEW CONFLICT OF INTEREST STATEMENT. BOARD MEMBERS ARE ASKED AT EACH BOARD MEETING IF THEY HAVE ANY CONFLICTS OF INTEREST REGARDING THE AGENDA MATTERS, IF SO, THEY ARE ASKED TO RECUSE THEMSELVES AND RETURN TO THE MEETING AFTER THE DISCUSSION HAS ENDED. Form 990, Part VI, Section C, Line 19: GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2020	Page	2
Name of the organization	Employer identification number	
DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	_
		-
		-

### **SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Name of the organization

(a)

Name, address, and EIN (if applicable) of disregarded entity

(c)

Legal domicile (state

(d)

Total income

(e)

End-of-year assets

Open to Public Inspection

(f)

Direct controlling

OMB No. 1545-0047

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

**Employer identification number** 84-1207775 DOUGLAS COUNTY LIBRARY FOUNDATION Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(b)

Primary activity

				or fo	reign country)						entity	Ū
(1)												
(2)												
(3)												
(4)												
(6)												
Part II  Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations of	zations. Co luring the ta	mplete if th	ne organizat	tion ar	nswered "Y	es" or	n Form 990,	Part	IV, line 3	34, beca	use it h	ad
(a) Name, address, and EIN of related organization	( <b>t</b> Primary		(c) Legal domicile or foreign co		(d) Exempt Code	section	(e) Public charity (if section 501		Direct of	(f) controlling ntity	Section 5 cont	g) 512(b)(13) rolled ity?
											Yes	No
(1) DOUGLAS COUNTY LIBRARIES 84-1157718 100 S WILCOX STREET CASTLE ROCK, CO 80104	PROVIDES SERVICES		СО						N/A			Х
(2)												
(3)												
<u>(4)</u>												
<u>(5)</u>												
<u>(6)</u>	-											

84-1207775

	Identification of	Related Organization	s Taxable	as a Partners	ship. Complete it	f the organiza	ition answere	d "Yes" o	n Form 990,	Part IV, line	34,
	because it had on	ne or more related orga	nizations	treated as a pa	rtnership during	the tax year.					
											_

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				,			Yes	No		Yes	No	
_(1)												
(2)												
(3)												
<u>(4)</u>												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr ent	rolled
								Yes	No
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

84-1207775

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

Note:	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	•					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Χ
b	Gift, grant, or capital contribution to related organization(s)				1b	Χ	
С	Gift, grant, or capital contribution from related organization(s)				1c		Χ
d	Loans or loan guarantees to or for related organization(s)				1d		Χ
е	Loans or loan guarantees by related organization(s)				1e		Χ
f	Dividends from related organization(s)				1f		Χ
g	Sale of assets to related organization(s)				1g		Χ
h	Purchase of assets from related organization(s)				1h		Χ
i	Exchange of assets with related organization(s)				1i		Χ
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Χ
-							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
ı	Performance of services or membership or fundraising solicitations for related organization(s				11		Χ
m	Performance of services or membership or fundraising solicitations by related organization(s	•			1m		Χ
n							
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p	Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х
٦					- 1		
r	Other transfer of cash or property to related organization(s)				1r		Х
s S	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must of					olds	
	(a)	(b)	(c)	•	d)		
	Name of related organization	Transaction	Amount involved	Method of determin		ınt involv	/ed
		type (a—s)					
				CASH			
1) DC	UGLAS COUNTY LIBRARIES	b	38,647				
				CASH			
<b>2)</b> DC	UGLAS COUNTY LIBRARIES	р	16,426				
3)							
•							
4)							
-							
5)							
6)							
		•					

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all p sec 501( organiz	oartners tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	n) ortionate itions?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
_(1)	-												
(2)	-												
(3)	-												
(4)	-												-
(5)	-												
(6)								1					
_(7)													
(8)	-												
(9)	-												
(10)	-												
(11)	-												
(12)	-												
(13)	-							1					
(14)	-												
(15)	-												
(16)	_							1					

Schedule R (Form	m 990) 2020	DOUGLAS COUNTY LIBRARY FOUNDATION	84-1207775	Page <b>5</b>
		ental Information		
Part VII	Drovide a	additional information for responses to questions on Schedule R. See instruct	tions	
	i lovide a	idulional information for responses to questions on schedule IV. See instruc	uoris.	