

Richard Prudom Secretary

July 28, 2020

The Honorable Ron DeSantis Governor State of Florida The Capitol 400 South Monroe Street Tallahassee, FL 32399-1300

Dear Governor DeSantis:

Pursuant to subsection 20.058 (3), Florida Statutes, the Department of Elder Affairs (DOEA) is providing the attached information related to the Foundation for Indigent Guardianship, Inc., (FIG).

According to section 744.2105, F.S., the Foundation serves as the direct support organization for the DOEA's Office of Public and Professional Guardians (OPPG). As of July 1, 2018, Chapter No. 2018-20 became effective and reauthorized the Foundation. Furthermore, Chapter No. 2018-20 removed future scheduled repeal dates for the Foundation.

As Secretary, I recommend that the Department of Elder Affairs continue our association with the Foundation. The Foundation's activities have included the creation of the FIG Special Needs Pooled Trust, which provides funding for public guardian programs across the state. The Foundation's activities are consistent with the best interest of the state and are in accordance with the adopted goals and mission of the Department of Elder Affairs and the Office of Public and Professional Guardians.

Sincerely,

RRI

Richard Prudom Secretary

4040 Esplanade Way, Tallahassee, FL 32399-7000 Phone: (850) 414-2000 | Fax: (850) 414-2004 | TDD: (850) 414-2001 visit us at: elderaffairs.org



Ron DeSantis Governor

Richard Prudom Secretary

July 28, 2020

The Honorable Bill Galvano President of the Florida Senate 409 The Capitol 404 South Monroe Street Tallahassee, FL 32399

Dear President Galvano:

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Richard Prudom Secretary



July 28, 2020

The Honorable Jose Oliva Speaker, Florida House of Representatives 420 The Capitol 402 South Monroe Street Tallahassee, FL 32399

Dear Speaker Oliva:

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Ron DeSantis Governor

Richard Prudom Secretary



July 28, 2020

R. Philip Twogood, Coordinator
Florida Office of Program Policy Analysis and
Government Accountability
111 West Madison, Room 312
Tallahassee, FL 32399-1475

Dear Mr. Twogood:

Pursuant to subsection 20.058 (3), Florida Statutes, the Department of Elder Affairs (DOEA) is providing the attached information related to the Foundation for Indigent Guardianship, Inc., (FIG).

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Charles Alkire, President Edward O'Sheehan, Vice President Foundation for Indigent Guardianship, Inc. 4040 Esplanade Way, Suite 280F Tallahassee, FL 32399-7000

Melinda Coulter, Treasurer Alex Cuello, Board Member

HAND DELIVERED

July 23, 2020

Richard Prudom, Secretary Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399

RE: Annual DSO Report

Dear Secretary Prudom:

As required by Section 20.058, Florida Statutes, enclosed is the 2019 – 2020 annual report for the Foundation for Indigent Guardianship, Inc., the Direct Support Organization for the Office of Public and Professional Guardianship.

Should you have any questions or need additional information, please call or email:

Charles Alkire, President Melinda Coulter, Treasurer 941-922-2852 850-445-3271

charles.alkire@verizon.net coultermom@aol.com

Respectfully submitted,

Melinda Coulter Treasurer

cc: Chante Jones

Foundation for Indigent Guardianship, Inc.

4040 Esplanade Way, Tallahassee, FL 32399-7000

Code of Ethics

We are committed to act honestly, truthfully and with integrity in all of our transaction and dealings.

We are committed to avoid conflicts of interest and the appropriate handling of actual or apparent conflicts of interest in our relationships.

We are committed to treat every individual with dignity and respect.

We are committed to treat our employees with respect, fairness, and good faith and to provide conditions of employment that safeguard their rights and welfare.

We are committed to be a good corporate citizen and to comply with both the spirit and the letter of the law.

We are committed to act responsibly toward the communities in which we work and for the benefit of the communities that we serve.

We are committed to be responsible, transparent, and accountable for all of our actions.

We are committed to improve the accountability, transparency, ethical conduct and effectiveness of the nonprofit field.

ANNUAL CERTIFICATION OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY Pursuant to F.S. 496.4055(2), the Foundation for Indigent Guardianship, Inc. has adopted the above policy regarding conflict of interest transactions. All directors, officers, and trustees of the charitable organization hereby certify compliance with the adopted policy.

	NAME	SIGNATURE	DATE
1.	Charles Alkire, President	Ab	7-20-2020
2.	Edward O'Sheehan, Vice President		-
3.	Melinda Coulter, Treasurer		
4.	Alex Cuello, Board Member		

A not-for-profit 501(c)(3) charitable corporation Providing for Florida's most Vulnerable Citizens Foundation for Indigent Guardianship, Inc.

4040 Esplanade Way, Tallahassee, FL 32399-7000

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NAME

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SIGNATURE

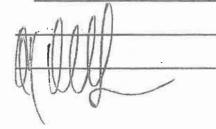
DATE

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4. Alex Cuello, Board Member



A not-for-profit 501(c)(3) charitable corporation Providing for Florida's most Vulnerable Citizens



Charles Alkire, President Edward O'Sheehan, Vice President Foundation for Indigent Guardianship, Inc. 4040 Esplanade Way, Suite 280F Tallahassee, FL 32399-7000

Melinda Coulter, Treasurer Alex Cuello, Board Member

Annual Report FY 19-20

History and Statutory Authority

Section 744.7082, Florida Statutes gave the Statewide Public Guardianship Office (SPGO) within the Department of Elder Affairs (DOEA) the authority to create a direct-support organization. In 2005 SPGO contracted with the Foundation for Indigent Guardianship (FIG) to become its first direct-support organization and act in this capacity. As such in 2005 FIG incorporated under Chapter 617, F.S., was approved by the Florida Department of State, as well as approved by the Internal Revenue Service as a 501(c) (3) organization.

Since that time FIG has continued in that capacity, SPGO's name has been changed to the Office of Public and Professional Guardians (OPPG) and the direct-support organization authority was moved to Section 744.2105., F.S.

FIG's address continues to be 4040 Esplanade Way, Suite 280F, Tallahassee, FL 32399-7000. Our telephone number is 850.907.1299. We do not currently have a website.

Mission and Description of Results Obtained

The mission of FIG continues to be to support the OPPG. To do so, in March 2006 FIG created the Florida Public Guardianship Pooled Special Needs Trust (FPGPSNT). Acting as the founding trustee and with the encouragement and support of DOEA, FIG established this pooled special needs trust to supplement funding for Florida's public guardian programs. Anyone in need of a pooled special needs trust is encouraged to use the FPGPSNT since the residual funds, upon the death of a beneficiary, go directly to support public guardianship in Florida. Information regarding FIG's FPGPSNT can be found at http://trustaged.org/the-florida-public-guardianship-pooled-special-needs-trust/. Residue from subaccounts in this trust were used to establish public guardianship services statewide and resulted in continuation funding by the Legislature

During fiscal year 2019-2020 FIG distributed \$49,325.35 to public guardianship programs from the residue of subaccounts in the FPGPSNT. The following programs were recipients of these funds: Barry University School of Social Work...... \$48,913.35 Lutheran Services of Florida Guardianship Services. Inc. \$ 412.00

> A Not-For-Profit 501(c)(3) Charitable Corporation A Direct Support Organization Providing for Florida's Most Vulnerable Citizens Florida Department of Elder Affairs, Office of Public and Professional Guardianship

During this same period seven new trusts were established and five were close (four due to the death of the beneficiary and one due to spenddown). As of June 30, 2020, FPGPSNT contains sixty subaccounts totaling \$ 1,527,954.

Over the period FIG continued to sponsor educational programs around the state with the assistance of the staff of Advocates and Guardians for the Elderly and Disabled (AGED). These programs were designed to educate the public about pooled special needs trust, as well as promote FPGPSNT.

At the request of OPPG in FY 17-18, FIG agreed to pay 100% of the cost for Virginia Tech University to complete a study examining actual costs of all state public guardian programs in Florida. The study used provider models, characteristics, needs, and outcomes of individuals served, and cost savings realized, to determine an appropriate allocation of funds for these programs. Due to several problems, the study was not able to be completed until the end of this fiscal year. However, preliminary information was provided to the Legislature and, as a result, increased funding for public guardians was approved. FIG is pleased to have been a contributing factor to bringing Florida's state funding for public guardianship more in line with the true costs allowing programs to better serve this deserving population (indigent persons in need of guardianship services).

During the 2019 – 2020 fiscal year, FIG was pleased to again host a reception for the staff of public guardianship offices at the Florida State Guardianship Association's annual conference. Outstanding employees from each of the 17 offices were awarded Certificates of Appreciation. In addition, pro bono awards were given to private practice attorneys for the work they contributed to public guardianship programs.

Plans of the Organization for the Next Three Years

FIG looks forward to continuing to collaborate with the Office of the Public and Professional Guardians by supporting the goals of that office, and in accordance with the adopted goals and mission of the Department of Elder Affairs. FIG continues encouraging attorneys specializing in guardianship throughout the state to seek out their respective public guardians and offer pro bono services.

Additionally, for the coming fiscal years, FIG plans to focus on the following activities:

- 1. Continue to support OPPG and Florida's public guardianship programs;
- Increase the accountability for FIG funding granted to public guardianship offices in collaboration with OPPG;
- 3. Establish a website; and
- 4. Continue to recognize staff of the public guardianship offices for the work they do.

Code of Ethics

Attached is FIG's code of ethics that has been signed by each board member.

The most recent federal Internal Revenue Service Return of Organization Exempt from Income Tax form (Form 990) is attached as well as FIG's most recent audit.

			EXTE	NDED TO MAY 15,	2020		
	00	0	Return of Orga	nization Exempt	From I	ncome Tax	OMB No. 1545-0047
Form	33	U	Under section 501(c), 527, or 494	7(a)(1) of the Internal Reven	ue Code (ex	cept private foundations	2018
Denart	ment of t	he Treasury		security numbers on this form			Open to Public
		e Service	► Go to www.irs.go	v/Form990 for instructions a	nd the latest	t information.	Inspection
A Fo	or the 2	2018 calend	ar year, or tax year beginning			UN 30, 2019	
B Ch	eck if	C Name of	organization			D Employer identificat	tion number
	olicable:	FOUN	DATION FOR INDIGEN	VT GUARDIANSHIP,	,		
	Address change	INC.					
	Name change	Doing be	usiness as			****	*3591
	Initial return		and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone number	
	Final return/ termin-		ESPLANADE WAY		315M		14-2129
	termin- ated Amende		own, state or province, country, and			G Gross receipts \$	17,794.
السبيا	return Applica-	TWIN		9-7000		H(a) is this a group retu	
	tion panding		nd address of principal officer:MEI		12	for subordinates?	
1 7			ARKER DRIVE, TALLA			H(b) Are all subordinates inclu-	
			UARDIANSHIPFOUND	(insert no.) 4947(a)(1)) or 527		
				ssociation Other	+ Vear	H(c) Group exemption n of formation: 2005 M S	
Par	_	Summary			L Todi	01 10111au011, 2000 101 0	ate of legar dominile. 1 1
<u> </u>			e the organization's mission or mos	t significant activities. PROV	TDES F	UNDING TO THE	FLORIDA
Governance	S	TATEWI	DE PUBLIC GUARDIAN	SHIP DEPARTMENT	OF EL	DER AFFAIRS W	THICH
lai			x 🕨 🛄 if the organization disco				
Svel			ing members of the governing body			3	4
			ependent voting members of the go				4
Activities &			of individuals employed in calendar		0		
viti			of volunteers (estimate if necessary)		0		
Acti			d business revenue from Part VIII, c			7a	0.
_	b N	et unrelated	business taxable income from Form	990-T, line 38		7b	0.
						Prior Year	Current Year
e l						37,275.	17,759.
e		•				0.	0.
			come (Part VIII, column (A), lines 3, 4			02.	0.
			(Part VIII, column (A), lines 5, 6d, 8d			37,337.	17,794.
			- add lines 8 through 11 (must equa			122,916.	19,548.
			nilar amounts paid (Part IX, column to or for members (Part IX, column (A) P A)		0.	0.
		•	compensation, employee benefits			0.	0.
Sel .			undraising fees (Part IX, column (A),			0.	0.
Expen			ng expenses (Part IX, column (D), lir		0.		
ũ .			es (Part IX, column (A), lines 11a-11c			66,404.	28,296.
			s. Add lines 13-17 (must equal Part			189,320.	47,844.
-	19 Re	evenue less (expenses. Subtract line 18 from line	12		-151,983.	-30,050.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
Set	20 To	otal assets (F	Part X, line 16)			113,812.	83,762.
atA			(Part X, line 26)			0.	0.
초만 :		et assets or t	113,812.	83,762.			
		Signature	declare that I have examined this return	including cocomponying ophedul	and statem	and to the best of my kn	owladas and balief it is
			Declaration of preparer (other than offic				owieuge and belief, it is
une, o	bireci, i	and complete.	Decialation of preparer (other than once	er) is based on an information of w	men proparer	nas any knowledge.	
Sign	- 11	Signature	of officer			Date	
Here		MELI	NDA COULTER, TREAS	URER			
			rint name and title				
	P	rint/Type prep	arer's name	Preparer's signature John Keillon	0	ate Check	PTIN
Paid	J	OHN KE				5/28/20 self-employed	P01315239
Prepa		irm's name	LANIGAN & ASSOCI			Firm's EIN 🕨 *	*-***4721
Use O	nly F	irm's address	> 2630 CENTENNIAL				000 0440
			TALLAHASSEE, FL			Phone no. 8 5 0 -	893-8418
May t	he IRS	discuss this	return with the preparer shown abo	ove? (see instructions)			X Yes No

 B32001
 12-31-18
 LHA
 For Paperwork Reduction Act Notice, see the separate instructions.
 For

 SEE
 SCHEDULE
 O
 FOR
 ORGANIZATION
 MISSION
 STATEMENT
 CONTINUATION

	FOUNDATION FOR INDIGENT GUARDIANSHIP, n 990 (2018) INC. **-***3 art III Statement of Program Service Accomplishments	591 Page 2
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: PROVIDES FUNDING TO THE FLORIDA STATEWIDE PUBLIC GUARDIANSHIP DEPARTMENT OF ELDER AFFAIRS WHICH SERVES DISABLED INDIVIDUALS DI INCAPACITATED AND PLACED UNDER THE PROTECTION OF A COURT-APPOINT PUBLIC GUARDIAN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
3	If "Yes," describe these new services on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
4 a	revenue, if any, for each program service reported. (Code:) (Expenses \$26,448. including grants of \$19,548.) (Revenue \$ THE FOUNDATION AWARDED ALLOCATIONS TO THE PUBLIC GUARDIANS IN THE FLORIDA COUNTIES (AS DIRECTED BY THE STATEWIDE PUBLIC GUARDIANS) ORGANIZATION) TO PROVIDE FUNDING FOR THE PUBLIC GUARDIANSHIP PRO THE PUBLIC GUARDIANS ARE RESPONSIBLE FOR THE LIFE, HEALTH, AND (THE WARDS ASSIGNED TO THE PUBLIC GUARDIAN BY THE FLORIDA JUDICIA THAT COUNTY.	HIP OGRAM. CARE OF
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$) (Revenue \$))
4d	(Expenses \$ including grants of \$) (Revenue \$)	
40		Form 990 (2018)

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Forn	n 990 (2018) INC. **_***	3591	P	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		1	
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		1.1	
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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.	1		
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		X
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		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f			x	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Δ	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	x	
	Schedule D, Parts XI and XII	12a	Δ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13 14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	TTU		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

832003 12-31-18

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Form 990 (2018)

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	1990 (2018) INC. **-***3	591	F	age 4		
Pa	rt IV Checklist of Required Schedules (continued)					
		_	Yes	No		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on					
00	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	00		x		
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		-		
2-70	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
	Schedule K. If "No," go to line 25a	24a		x		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b				
	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		X		
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		X		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or					
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v		
07	complete Schedule L, Part II	26		X		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial					
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x		
28	Vas the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
20	instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x		
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X		
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,					
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation					
	contributions? If "Yes," complete Schedule M	30		X		
31	Did the organization liquidate, terminate, or dissolve and cease operations?					
	If "Yes," complete Schedule N, Part I	31		X		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete			v		
22	Schedule N, Part II	32		X		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33				
	Part V, line 1	34		x		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X		
	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?		11			
	If "Yes," complete Schedule R, Part V, line 2	36		X		
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	1	X		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v			
Par	Note. All Form 990 filers are required to complete Schedule 0	38	X			
- ai	Check if Schedule O contains a response or note to any line in this Part V					
		1	Vea			
19	Enter the number reported in Box 3 of Form 1096. Enter -0· if not applicable 1a 1	-	Yes	IND		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
-	(gambling) winnings to prize winners?	1c	x			
832004	4 12-31-18		_	(2018)		

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1		-	×	×	×	3	5	y	Ŧ	Page	5

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Form	1990 (2018) INC.	**_***3	591	. P	age 5				
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
2 a	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		Yes	No				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	the second	2b						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction								
3a	Did the experimentation have a second that have a second to a second the cooperation of t	-,	3a		x				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X				
b	If "Yes," enter the name of the foreign country:	,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		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 th								
	any contributions that were not tax deductible as charitable contributions?		6 a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut								
	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 set	vices provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required							
	to file Form 8282?		7c		X				
d	d If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
a			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:								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
0 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	11a							
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	110							
5	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Tanta	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1400							
	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	13b							
с	Enter the amount of reserves on hand	130							
14a			1 4 a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ſ							
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N.			T					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X				
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2018)

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Form 990 (2		INC.				-***3591	
Part VI	Governance,	Managemen	t, anc	Disclosure For each "Yes" response to lines 2 through	7b below,	and for a "No" I	response
	to line 8a, 8b, or	10b below, descri	be the	circumstances, processes, or changes in Schedule O. See	instructions	s.	

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	Check if Schedule O contains a response or note to any line in this Part VI			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
Ь	Enter the number of voting members included in line 1a, above, who are independent						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
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		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8 b	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 in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes				
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_			
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	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official	15a		X			
b	Other officers or key employees of the organization	15b		X			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16 a	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		<u>X</u>			
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?						
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed $\mathbb{P}\mathrm{FL}$						
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) availa	ble			
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website I Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial				
	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 >						

*	*	-	*	*	*	3	5	9	1	Page 7

Part VII 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. Penert componention for the colondar year ording with an within the organized	ation's tax your

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ete 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."

Form 990 (2018)

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. . List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations. . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week	offi	not c , unle cer ar	ss pe	more rson	than Is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organizations (W-2/1099-MISC) (W-2/1099-MISC)		compensation from the organization and related organizations
(1) MELINDA COULTER TREASURER	1.00	x		x				0.	0.	0.
(2) CHARLES ALKIRE	1.00				-					
PRESIDENT		x		X				0.	0.	Ο.
(3) EDWARD O'SHEEHAN ESQUIRE	1.00									
VICE-PRESIDENT	1 1 1	X		X				0.	0.	0.
(4) ALEX CUELLO ESQUIRE	1.00	x						0.	0.	0.
BOARD MEMBER (5) VICKI SIMMONS	40.00	A	-	_	_		_	U.		<u> </u>
EXECUTIVE DIRECTOR	40.00			x				30,600.	0.	0.

Form 990 (2018)

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	1990 (2018) INC.		_	_	_					**_**	*35	91	Page 8
Pa	t VII Section A. Officers, Directors, Trus		ploy	lees			ighe	st C		es (continued)		_	
	(A) Name and title	(B) Average hours per week	box offi	not c	Pos heck	rson	than is bot or/trus	han	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	ted t of er
-		(list any hours for related organizations below line)	Individual trustee or director	Institutional truslee	Officer	Key employee	average of the organization (W-2/1099 (W-2/1099-MISC) average of the organization (W-2/1099 (W-2/1099-MISC)				2)	compens from t organiza and rela organiza	he ation ated
											1		
						_							
_								-			-		
											+		
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A		•••••					30,600. 0. 30,600.		0.		0.
2	Total number of individuals (including but r compensation from the organization												0
3	Did the organization list any former officer,	director, or tru	uste	ə. ke	ev er	nolo	vee.	ort	highest compensated er	mployee on	Г	Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	such individual									-	3	x
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	0,000? If "Yes, accrue comper	" co nsat	mple ion f	ete S irom	Sche any	edule v unr	e J fo elate	or such individual ed organization or indivi	dual for services		4	x
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors											5	
1	Complete this table for your five highest co the organization. Report compensation for	-									ensat	tion from	
	(A) Name and business	address	N	ONF	3				(B) Description of s	ervices	Co	(C) mpensati	on
								-					
2	Total number of independent contractors (ot li	mite	d to	tho	se li:	sted	above) who received m	ore than			
-	\$100,000 of compensation from the organ	Zation P	_		_			-				000	

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Form	990	(2018) INC.						**_***	3591 Page 9
	rt VI		nue						
		Check if Schedule O cont	tains a res	ponse	or note to any lin	e 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
nts	1 a	Federated campaigns		1a					
Gra	b	Membership dues		1b	- and a state of the				
Am S	c	Fundraising events		10					
la E		Related organizations		1d					
s'il	е	Government grants (contribut	tions)	1e					
r ior	f	All other contributions, gifts, gran	ts, and						
<u>ē</u> Ē		similar amounts not included abo	ve L	1f	17,759.				
Contributions, Gifts, Grants and Other Similar Amounts	g								
ŭ ĝ	h	Total. Add lines 1a-1f			▶	17,759.			
					Business Code				
<u>e</u>	2 a	-							
Per c	b								
N S N	C								
Rev	d								
Program Service Revenue	e	1 <u></u>							
<u>م</u>		All other program service reve							
		Total. Add lines 2a-2f							
	3	Investment income (including				35.	35.		
- 1		other similar amounts)				55.			
- 1	4	Income from investment of tax		,					
	5	Royalties							
			(i) Re	eal	(ii) Personal				
		Gross rents							
		Less: rental expenses							10
		Rental income or (loss)							
		Net rental income or (loss)	Dar		6.5%				
	<i>i</i> a	Gross amount from sales of assets other than inventory	(i) Secu	nues	(ii) Other				
	L.	Less: cost or other basis							
	D	and sales expenses			1 1				1
	~	Gain or (loss)							
		Net gain or (loss)			h				
		Gross income from fundraising							
nu	0 8	including \$			1 1				
eve		contributions reported on line			1				
Ψ.		Part IV, line 18	,	а					
Other Revenu	b	Less: direct expenses							
0		Net income or (loss) from func			▶				
		Gross income from gaming ac							
		Part IV, line 19		а					
	b	Less: direct expenses		b					
	с	Net income or (loss) from gam	ing activit	ies	▶				
	10 a	Gross sales of inventory, less	returns						
		and allowances		а					
		Less: cost of goods sold							
	С	Net income or (loss) from sale		tory					
		Miscellaneous Revenu	е		Business Code				
	11 a								
	b								
	c	provide the second s							
		All other revenue							
		Total. Add lines 11a-11d				17 704	25	0	0.
	12	Total revenue. See instructions				17,794.	35.	0.	Eorm 000 (2018)

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Form **990** (2018)

Form 990 (2018)

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).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,548.	19,548.		ab second
~		10,040.	19,540.		
2	Grants and other assistance to domestic	_			
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
0		· · · · · · · · · · · · · · · · · · ·			
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):	12 000	C 000	6 000	
	Management	13,800.	6,900.	6,900.	
b	Legal				
С	Accounting	6,000.		6,000.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	205.		205.	
13	Office expenses	50.		50.	
14	Information technology				
15					
	Royalties				
16	Occupancy	700.		700.	
17	Travel	700.		700.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6 210		6 010	
	Conferences, conventions, and meetings	6,210.		6,210.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 0.04		1 201	
23	Insurance	1,331.		1,331.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а					
b					
c					
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	47,844.	26,448.	21,396.	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 Image if following SOP 98-2 (ASC 958-720)				

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FOUNDATION FOR INDIGENT GUARDIANSHIP, Torm 990 (2018) INC. Part X Balance Sheet

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	Check if Schedule O contains a response or note to any line in this		(A) Beginning of year		(B) End of year
			113,812.		83,762.
1	Cash - non-interest-bearing	····· -	113,014.	1	03,7020
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from current and former officers, dire				
	trustees, key employees, and highest compensated employees. C				
	Part II of Schedule L			5	
6	Loans and other receivables from other disqualified persons (as de				
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and	- 1			
	employers and sponsoring organizations of section 501(c)(9) volum	· .			
	employees' beneficiary organizations (see instr). Complete Part II o			6	
7	Notes and loans receivable, net			7	
°	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a				
b	Less: accumulated depreciation 10b			10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11		110 010	15	03 763
16	Total assets. Add lines 1 through 15 (must equal line 34)		113,812.	16	83,762,
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
22	Loans and other payables to current and former officers, directors,				
	key employees, highest compensated employees, and disqualified				
22	Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third parties			23	
24	Unsecured notes and loans payable to unrelated third parties			24	
25	Other liabilities (including federal income tax, payables to related th				
	parties, and other liabilities not included on lines 17-24). Complete	Part X of		05	
	Schedule D		0.	25	0.
26	Total liabilities. Add lines 17 through 25		0.	26	0.
	Organizations that follow SFAS 117 (ASC 958), check here	and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.		113,812.	07	83,762.
27	Unrestricted net assets		115,012.	27	05,7020
28	Temporarily restricted net assets			28 29	
29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check he	re p>			
	and complete lines 30 through 34.				
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	Retained earnings, endowment, accumulated income, or other fun-		113,812.	32	83,762.
33	Total net assets or fund balances		113,812.	33	83,762
34	Total liabilities and net assets/fund balances		110,014.	34	Form 990 (2018

Form 990 (2018)

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	1990 (2018) INC.	**_***	3591	Pa	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7,7	
2	Total expenses (must equal Part IX, column (A), line 25)	2			44.
3	Revenue less expenses. Subtract line 2 from line 1	3			50.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	3,8	12.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8	3,7	62.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lon a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	9901	2018)

Form 990 (2018)

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(Form 9 Department Internal Rev	DULE A 190 or 990-EZ) of the Treasury enue Service	C	omplete if the organ 49 ▶ Go to www.irs.go	n ity Status ar nization is a section 50 47(a)(1) nonexempt cha Attach to Form 990 or v/Form990 for instructi	1(c)(3) org aritable tr Form 990 ons and t	ganization ust. -EZ. he latest	i or a section		OMB No. 1545-0047
Name of	the organizati	on FOUN		INDIGENT GU	ARDIA	NSHIF	· ·		r identification number
Part	Reason			All organizations must c	omplete th	is part.) S	ee instruction		
				(For lines 1 through 12,					
1 🛄				on of churches describe					
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)			
3	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(i	iii).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated f	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descril	bed in
			Complete Part II.)						
6			5	nental unit described in					
7 X	0		-	Initial part of its support	from a gov	ernmenta	l unit or from I	the general	public described in
			omplete Part II.)						
8				(1)(A)(vi). (Complete Par					H
9 []	0			in section 170(b)(1)(A)	2 (2		-	•
	2	or a non-land-(grant college of agric	culture (see instructions)	Enter the	name, cit	y, and state o	r the colleg	le or
10	university:	an that name	lly reactives: (1) mars	e than 33 1/3% of its sup	not from	oontributi	ana mamban	hin foos	und aross receipts from
	-		*	ct to certain exceptions.					
			• •	(less section 511 tax) fr					
			mplete Part III.)	(1033 300 1011 0 1 1 tax) 1	onn buonne	.3969 doqe		gamzanon	
11				ively to test for public sa	fety See	section 5)9(a)(4)		
12	4	-		ively for the benefit of, to	-			arry out the	e purposes of one or
				ed in section 509(a)(1) o					
			•	of supporting organizatio					
a 🗋		•		upervised, or controlled		•			/ giving
				gularly appoint or elect a					
			complete Part IV, Se						
b	Type II. A s	upporting org	anization supervised	f or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving
	control or m	nanagement o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organization	n(s). You mus	t complete Part IV,	Sections A and C.					
c L	Type III fun	ctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
[_ ··	÷	1	b). You must complete i					
d				orting organization oper				-	
				zation generally must sa				d an attent	iveness
r		`	/	nplete Part IV, Sections				11. 25	
e L_				written determination fro			а туре ї, туре	п, туре ш	
4 C				nally integrated support					
			about the supporte	d amanization/aV		• • • • • • • • • • • • • • • • • • • •			
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organization			(described on lines 1-10 above (see instructions))	in your governi Yes	No No	support (see ir	structions)	support (see instructions)
				above (see instructions))					
Total									

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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Sch	edule A (Form 990 or 990 EZ) 2018 I	NC.				**_***	3591 Page 2
Pa	rt II Support Schedule for						
	(Complete only if you checke				n failed to qualify	under Part III. If the	e organization
0	fails to qualify under the tests	s listed below, plea	ise complete Part I	III.)			
-	ction A. Public Support					r	··
	ndar year (or fiscal year beginning in) 🍉	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	10 601	274 507	00 401	27 275	17 750	116 722
	include any "unusual grants.")	10,001.	274,597.	98,421.	37,275.	17,759.	446,733.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						C
2	The value of services or facilities						
3	furnished by a governmental unit to					Ĩ Î	
	the organization without charge						
4	Total. Add lines 1 through 3	18,681.	274,597.	98,421.	37,275.	17,759.	446,733.
5	The portion of total contributions		27270271	5072220	0112101		
Ŭ	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.						446,733.
See	tion B. Total Support	h					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	18,681.	274,597.	98,421.	37,275.	17,759.	446,733.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	42.	38.	99.	62.	35.	276.
9	Net income from unrelated business					•	
	activities, whether or not the				l.		
	business is regularly carried on						
10	Other income. Do not include gain				1		
	or loss from the sale of capital						
	assets (Explain in Part VI.)						447,009.
	Total support. Add lines 7 through 10]			10	447,009.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	-					
Sei	organization, check this box and sto ction C. Computation of Public	ic Support Pe	rcentage				
-	Public support percentage for 2018 (olumn (ft)		14	99.94 %
15	Public support percentage from 2017						99.95 %
	33 1/3% support test - 2018. If the						
	stop here. The organization qualifies						
t	33 1/3% support test - 2017. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
Ł	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t				-		
	organization meets the "facts-and-cir		-				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	ind see Instruction	s ▶ 🖵

Schedule A (Form 990 or 990-EZ) 2018

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	FOUNDATION FOR INDIGENT GUARDIANSHIP,	معامياته والمعام		4	
Sche	t IV Supporting Organizations	**_***	359	1 Pi	age 4
Pa					
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A				
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete				
0	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)				
Sec	tion A. All Supporting Organizations				
		г		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing				
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by				
	class or purpose, describe the designation. If historic and continuing relationship, explain.	H	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	1			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported				
	organization was described in section 509(a)(1) or (2).	-	2		
3 a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				
h.	(b) and (c) below.	-	3a		
D	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		0		
	organization made the determination.	-	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)		20		
40	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	ŀ	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If		4a		
h	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-	40		
Ū.	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion				
	despite being controlled or supervised by or in connection with its supported organizations.		4b		
6	Did the organization support any foreign supported organization that does not have an IRS determination	F	40		
Ŭ	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		- 1		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				
	purposes.	1	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"				
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN				
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;				
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action				
	was accomplished (such as by amendment to the organizing document).		5a		
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?		5b		_
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?		5c		
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			- 1	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			- 1	
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in				
	Part VI.	-	6		
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			- 1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-	7		-
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		.		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	-	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described				
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	F	9a		
Q	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which		Oh		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	-	9b		
С	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? <i>If</i> "Yes," <i>provide detail in</i> Part VI.		9c		
10-2	Was the organization subject to the excess business holdings rules of section 4943 because of section		00		
108	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				
	supporting organizations)? If "Yes," answer 10b below.		10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	-	194		
U	determine whether the organization had excess business holdings.)		10b		
	10-11-18 Schedule			0.57)	2018

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Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990 EZ) 2018 INC.	**_**359	1 P	age 5
Pa	t IV Supporting Organizations (continued)			and Lower and the
	pominosą.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
ь	A family member of a person described in (a) above?	11b		-
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		
	tion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		100	
·	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	-		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•				
2	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	1	1	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
C	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1.1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yeatsee inst	ructions).		
a	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	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	y (see instructions	s).	
2	Activities Test. Answer (a) and (b) 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 Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
Ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
2	-			
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		0-		
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		

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.

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P	art V Type III Non-Functionally Integrated 509(a)(3) Supportin	n Orga	izations	**-***3591 Pag
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instruction
	other Type III non-functionally integrated supporting organizations must co			
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	1		
	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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):	1		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
з	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
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		

Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990 EZ) 2018 INC.			**-***3591 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	And the second sec		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
-	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			19
-	From 2013			
	From 2014			
	From 2015			
_	From 2016			:
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Carryover from 2013 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-1	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		1	
5	Remaining underdistributions for years prior to 2018, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	, , , , , , , , , , , , , , , , , , , ,			
6	than zero, explain in Part VI. See instructions. Remaining underdistributions for 2018. Subtract lines 3h			
0	•			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016		the second s	
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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				r.	OMB No.	1545-0047	
	HEDULE D Supplemental Financial Staten					-10	
(Fori	Form 990) P 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.						
-							
Nam	ne of the organization FOUNDATION FOR INDIGENT GUARDIANSH.	ις,	Em		-***3		
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar	Funds or A	ccoi	unts.Co	mplete if i	the	
	organization answered "Yes" on Form 990, Part IV, line 6.						
	(a) Donor advised funds	(1	b) Fur	nds and o	other acco	unts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year					_	
5	Did the organization inform all donors and donor advisors in writing that the assets held in dor			r			
_	are the organization's property, subject to the organization's exclusive legal control?			L	Yes	L] N	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds		-				
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	-	÷		7.	<u> </u>	
Do	impermissible private benefit? rt II Conservation Easements. Complete if the organization answered "Yes" on For				Yes		
		m 990, Part IV,	me /				
1	······································	of a bistovically	·				
		of a historically					
		of a certified his	STOLIC	structure			
~	L] Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a co	nserv		ement on he End of t		
	day of the tax year.	-	-	Held at t	he End of t	ne rax rea	
	Total number of conservation easements	(2a				
	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified historic structure included in (a)		2c				
d			~				
~	listed in the National Register		2d		h a 4 au		
3	Number of conservation easements modified, transferred, released, extinguished, or terminate vear	o by the organi	zatio	i during t	He Lax		
4	Number of states where property subject to conservation easement is located						
5	Does the organization have a written policy regarding the periodic monitoring, inspection, han	dling of					
Ŭ	violations, and enforcement of the conservation easements it holds?			Г	Yes		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	ing conservatio	n eas	ements c			
Ŭ	bit and volunteer nous devoted to monitoring, inspecting, nanoling of violations, and emote	ing conservatio	11 000	onione e	ioning the	your	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing of	onservation eas	emer	nts during	the vear		
•	Sanding of violations, and environing of violations, and environing of	onsolvation ca.	Jointei	no obing	j ino you		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	tion 170(h)(4)(B)	(i)				
	and section 170(h)(4)(B)(ii)?				Yes		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and				ce sheet,	and	
	include, if applicable, the text of the footnote to the organization's financial statements that de						
	conservation easements.	0			-		
Par	rt III Organizations Maintaining Collections of Art, Historical Treasures	, or Other S	Simil	ar Asse	ets.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.						
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue	e statement an	d bala	ance shee	et works c	of art,	
	historical treasures, or other similar assets held for public exhibition, education, or research in						
	the text of the footnote to its financial statements that describes these items.						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue st	atement and ba	lance	sheet w	orks of ar	t, historica	
	treasures, or other similar assets held for public exhibition, education, or research in furtherand						
	relating to these items:	-					
	(i) Revenue included on Form 990, Part VIII, line 1			\$			
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide						
2		ms:					
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these iter		I :	\$			
а							

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		ION FOR	INDIGE	NT GU	ARDIANS	HIP,				
1	dule D (Form 990) 2018 INC .							****3!		the second se
Par	t III Organizations Maintaining C									
3	Using the organization's acquisition, access	ion, and other r	ecords, check	any of th	e following the	at are a sign	ificant us	e of its colle	ction i	tems
	(check all that apply):									
а	Public exhibition				change progr					
b	Scholarly research		e 📖 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's ca	ollections and e	xplain how th	ey further	the organizat	tion's exemp	ot purpose	in Part XIII.		
5	During the year, did the organization solicit of	or receive donat	ions of art, his	storical tre	asures, or oth	her similar a	ssets			
_	to be sold to raise funds rather than to be many	aintained as pa	rt of the organ	nization's o	collection?				S	NoNo
Par	t IV Escrow and Custodial Arran	gements. Co	omplete if the	organizati	ion answered	"Yes" on Fe	orm 990, F	Part IV, line S), or	
_	reported an amount on Form 990, Pa	rt X, line 21.								
1a	is the organization an agent, trustee, custod	ian or other inte	ermediary for o	contributio	ons or other a	ssets not in	cluded			
	on Form 990, Part X?							Ye	s	No
b	If "Yes," explain the arrangement in Part XIII									
								Am	ount	
с	Beginning balance						10		11	
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F						?	Ye	s	No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete i									
		(a) Current ye	-	rior year	the second s	the second s		rs back (e)	Four ye	ears back
1 a	Beginning of year balance									
	Contributions									
c	Net investment earnings, gains, and losses				1					
	Grants or scholarships									
	Other expenditures for facilities				1					
	and programs	1								
4	Administrative expenses									
					1					
2	End of year balance Provide the estimated percentage of the cur	ront year and b	alance (line 1)	a column	(a)) bold as:					
	Board designated or quasi-endowment		0%	y, column	(d/) Helu d3.					
	Permanent endowment	%	70							
	Temporarily restricted endowment		%							
G	The percentages on lines 2a, 2b, and 2c sho	uld acual 1000								
30	Are there endowment funds not in the posse			t aro hold	and administ	orad for the	organizat	ion		
3 a		SSION OF THE ON	ganzalion ina	ale neiu	and administ		organizat	10(1	v	es No
	by:							3	a(i)	23 140
	(i) unrelated organizations								a(ii)	
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organization	tions listed on	required on C	obodula D	····				3b	
					۱f					
4 Pai	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipn		endowment	unus.						
I a	Complete if the organization answere		m 000 Part IV	/ line 11a	Sae Form 00	0 Part X lin	01.0			
			t or other		st or other	-	umulated	(d) (Book v	atuo
	Description of property		vestment)		s (other)	1	eciation		JOOK	raiue
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
and the second s	I. Add lines 1a through 1e. (Column (d) must e	the second se	Part X, colun	nn (B), line	10c.)					0.
-	State of the second						Sc	hedule D (F	form f	90) 2018

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-*3591 Page 3

Part VII Investments - Other Securities.

Schedule D (Form 990) 2018

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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
13 1 3 2010		

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
a line is a set of the	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 INC .		****	*3591 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Return.	, uge
	Complete if the organization answered "Yes" on Form 990, Part IV, li		•	
1	Total revenue, gains, and other support per audited financial statements	the second se	-1	17,794.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b	Donated services and use of facilities			
с		2c		
d				
е	Add lines 2a through 2d		2e	0.
з	Subtract line 2e from line 1		3	17,794.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			17,794.
Pa	rt XII Reconciliation of Expenses per Audited Financial Si	atements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	47,844.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2 Z		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d				
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	47,844.
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		
c	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)		47,844.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

4

THE FOUNDATION HAS IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED
WITH UNCERTAINTY IN INCOME TAXES, USING THE PROVISIONS OF FASB ASC 740,
INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE
RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE
POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING
AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION,
INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND
TRANSITION. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES
THAT MET THE RECOGNITION THRESHOLD DURING THE YEAR ENDED JUNE 30, 2019.

	FOUNDATION	FOR	INDIGENT	GUARDIANSHIP,	**-***3591
Schedule D (Form 990) 2018	INC.				**-***32AT 1
Part XIII Supplemental Inf	ormation (continued)				
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				3	
	and frequencies of the second				

Schedule D (Form 990) 2018

2	10.00	outon	for	Autor	natic	Extensi	ion of	Time	То	File	an
			Ð	cempt	Orga	nizatior	ı Retu	rn			

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Department of the Treasury

..... 6000 (Rev. January 201a)

File a separate application for each return.

> Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed)

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

0.07 - 1				Enter file	er's identifying n	umber				
Type or print	Name of exempt organization or other filer, see instru FOUNDATION FOR INDIGENT GU INC.	Employer identification number (EIN) or * * - * * * 3591 Social security number (SSN)								
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 4040 ESPLANADE WAY, NO. 31									
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TALLAHASSEE, FL 32399-7000									
Enter the	Return Code for the return that this application is for (fi	ile a separa	ate application for each return)			0 1				
Applicat Is For	ion	Return Code	Application Is For			Return Code				
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07				
Form 990	D-BL	02	Form 1041-A			08				
Form 472	20 (individual)	03	Form 4720 (other than individual)			09				
Form 990).PF	04	Form 5227			10				
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form 990	D-T (trust other than above) MELINDA COULTE	06	Form 8870	12						
1 I re the	the organization named above. The extension is for the organization's return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is for the organization is return for: Image: state of the organization is for the organization is for the organization is for the organization is return for: Image: state of the organization is for the organization is for the organization is return for: Image: state of the organization is for the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is for the organization is return for: Image: state of the organization is return for: Image: state of the organization is									
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.), or 6069,	enter the tentative tax, less	3a	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 606		-							
	timated tax payments made. Include any prior year over	ЗЬ	\$	0.						
	Iance due. Subtract line 3b from line 3a. Include your p									
usi	ng EFTPS (Electronic Federal Tax Payment System). Se				\$	0.				
Caution: instruction	If you are going to make an electronic funds withdrawa	Il (direct de	bit) with this Form 8868, see Form 8	3453-EO a	nd Form 8879-EO	for payment				
LHA F	For Privacy Aci and Paperwork Reduction Act Notice	, see Instr	uctions.		Form 8868	(Rev. 1.2019)				