

August 5, 2022

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., FIG 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 FIG. Furthermore, Chapter No. 2018- 20 removed future scheduled repeal dates for FIG.

As Secretary, I recommend that the Department of Elder Affairs continue our association with FIG. FIG 's activities have included the creation of the FIG Special Needs Pooled Trust, which provides funding for public guardian programs across the state. FIG '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,

Michelle Branham



Michelle Branham Secretary

August 5, 2022

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

President Simpson,

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Sincerely,

Michelle Branham





August 5, 2022

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

Speaker Sprowls,

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Sincerely.

Michelle Branham





August 5, 2022

Patricia Jameson, Coordinator Florida Office of Program Policy Analysis and Government Accountability 111 West Madison, Room 312 Tallahassee, FL 32399-1475

Ms. Jameson,

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Sincerely,

Michelle Branham



Charles Alkire, President Edward O'Sheehan, Vice President

## Foundation for Indigent Guardianship, Inc.

Melinda Coutter, Treasurer

4040 Esplanade Way, Suite 280.08 Tallahassee, FL 32399-7000

HAND DELIVERED

July 29, 2022

Michelle Branham, Secretary Department of Elder Affairs 4040 Esplanade WayBranham Tallahassee, FL 32399

RE: Annual DSO Report

**Dear Secretary Branham:** 

As required by Section 20.058, Florida Statutes, enclosed is the 2021-2022 Annual Report for the Foundation for Indigent Guardianship, Inc., the direct support organization for the Office of Public and Professional Guardians.

Additionally, attached is a copy of the Financial Statements, and letters from the auditors documenting the Foundation's requirement for an annual audit, as required by Section 215.981, Florida Statutes...

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

Charles Alkire, President Melinda Coulter, Treasurer

941-922-2852

charles.alkire@verizon.net

850-445-3271 coa

coultermom@aol.com

Respectfully submitted.

Melinda Coulter

Treasurer

ec: Chante Jones

A not-for-profit 501(c)(3) charitable corporation
Supporting the Florida Department of Elder Affairs, Office of Public and Professional Guardians
To assure that all Floridians who need decision making assistance can live safely and well

## 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		7-11-2022
2.	Edward O'Sheehan, Vice Pr	resident	
3.	Melinda Coulter, Treasurer		

## Foundation for Indigent Guardianship, Inc.

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NAME DATE	SIGNATU	JRE	
1. President	Charles		Alkire,
2. Elway Of Sofrard	0'Sheehan, 28 Jul 2022	Vice	President
3. Treasurer	Melinda		Coulter,

## Foundation for Indigent Guardianship, Inc.

4040 Esplanade Way, Tallahassee, FL 32399-7000

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2.	Edward O'Sheehan, Vice President		
3.	Melinda Coulter, Treasurer	11 Coult	7/14/22
			7 /



Charles Alkire, President Edward O'Sheehan, Vice President

## Foundation for Indigent Guardianship, Inc.

Melinda Coulter, Treasurer

4040 Esplanade Way, Suite 280F Tallahassee, FL 32399-7000

> **Annual Report** FY 21-22

#### **History and Statutory Authority**

Initially 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 directsupport organization and act in this capacity. As such and in 2005 FIG incorporated under Chapter 617, Florida Statutes, was approved by the Florida Department of State, as well as was 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, Florida Statutes.

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-needstrust/. Residue from subaccounts in this trust were used to establish public guardianship services statewide and resulted in continuation funding by the Florida Legislature

During fiscal year 2021-2022 FIG distributed \$131,429.70 to public guardianship programs from the residue of subaccounts in the FPGPSNT. The following programs were recipients of these funds:

5th Circuit Public Guardian

\$ 1,449,13

Charlotte/ Collier County Public Guardian

\$ 3,420.01

Council on Aging - Volusia

\$ -3,143.80\*

Guardianship Care Group Guardianship Program of Dade County Legal Aid Society of Palm Beach County Lutheran Services – 1st Judicial Circuit North Florida Office of Public Guardian St. Thomas University College of Law	\$ 336.56 \$ 72,443.27 \$ 18,347.57 \$ 20,325.00 \$ 3,889.92
Office of Public Guardian	\$ 14,362.04

\*\$8,241.20 was awarded to the Council in FY 21-22 but two checks paid in FY 20-21 totaling \$11,385.00 were voided resulting in the -\$3,143.80 reflected for this fiscal year.

In collaboration with OPPG and as reported as a goal in last year's report, FIG adopted two new procedures to increase the accountability for FIG funding awarded to public guardianship offices. The first has to do with new requirements related to timely responses from programs to FIG award announcements. Programs are now required to respond to award announcements within 4 months of a notice. When the public guardian program does **not** respond **within four (4) months** of the award announcement with a Proposal as to how the funds are to be spent, then the award dollars are considered unclaimed and go into FIG's general budget to be used for emergency purposes or other requests to support public guardianship in Florida (such as holiday gifts for clients or emergency needs by any program). Should the initially-awarded public guardianship program later have an emergency need or unfunded need, it may submit a request itemizing the need and how the requested funds would be spent. Approval of this type of FIG award is based upon the availability of funds and the approval of the FIG Board. However, it should be noted that FIG continues to honor its commitment to first offer the proposed award (a portion of the residue a trust upon the death of the beneficiary) to the public guardian serving the county from which the pooled special needs trust account originated.

The second procedural change relates to FIG strengthening its funding distribution process. To minimize and simplify record keeping and to be auditable, each program is asked to state in its award proposal, for items over \$1000, whether they prefer approved funds to be reimbursed to the program (after initial payment by the program) or paid directly to a vendor. In either case, a copy of the vendor's invoice is required (noting that all items or services ordered have been received). If the program chooses for FIG to pay the vendor, FIG provides the program with a check payable to the vendor for its transmittal to them. For auditing purposes, documentation for items or services costing less than \$1000 is the responsibility of each program and records are required to be maintained for seven (7) years as to the receipt of and use of the award funds. Additionally, each program must acknowledge that these records are subject to auditing by FIG, OPPG, or other auditing agencies as may be directed.

Additionally, in October 2022 FIG hired an administrative staff person to address the significant deficiency in internal controls identified by Lanigan and Associates in its last several audits. The internal control structure has been modified as follows:

- The treasurer makes all deposits and writes all check (a copy of income checks and deposit slips as well as a copy of checks stubs and backup information is provided monthly to the new employee);
- The new employee maintains the books of record (a copy of the checking account journal for each month is provided to a separate officer – the vice president);
- The vice-president receives the bank statement and uses the journal provided to reconcile the statement with the books of record.

As of June 30, 2021 there were 63 FGPSNTs. During this fiscal year, thirty (30) new trusts were established with Advocates and Guardians for the Elderly and Disabled (AGED) and thirteen (13) were closed (ten due to the death of the beneficiary, two due to spenddowns and one was never funded). Therefore, as of June 30, 2022, FPGPSNT contains eighty (80) subaccounts with a total market value of \$ 1,624,531

Due to the continuation of Covid, the educational programs in which FIG previously collaborated with the staff of AGED were discontinued. These programs were designed to educate the public about pooled special needs trust, as well as to promote FPGPSNT and will be resuming in FY 22-23.

## 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 to encourage 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:

- Continue to support OPPG and Florida's public guardianship programs to provide guardianship services to persons who do not have adequate income or assets to afford a private guardian and there are no willing family or friends to serve;
- 2. Finalize a website and expand advertising of the FPGPSNT;
- 3. Increase the number of board members in collaboration with OPPG;
- 4. Continue to recognize staff of the public guardianship offices for the work they do; and
- 5. Continue to focus on the accountability for FIG funding granted to public guardianship offices in collaboration with OPPG;

#### 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.

#### EXTENDED TO MAY 16, 2022

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, C Name of organization FOUNDATION FOR INDIGENT GUARDIANSHIP, D Employer identification number Address Ichange INC. Name Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) 02-0763591 Room/suite Final E Telephone number 4040 ESPLANADE WAY 315M 850-414-2129 City or town, state or province, country, and ZIP or foreign postal code Amenda return TALLAHASSEE, FL 32399-7000 G Gross receipts \$ 246,938. Applica-H(a) is this a group return F Name and address of principal officer: MELINDA COULTER for subordinates? Yes X No 707 PARKER DRIVE, TALLAHASSE, FL 32303 Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) J Website: WWW. GUARDIANSHIPFOUNDATION. ORG 4947(a)(1) or 527 ff. "No." attach a list. See instructions K Form of organization: X Corporation Trust Association H(c) Group exemption number L Year of formation: 2005 M State of legal domicile: FL Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDES FUNDING TO THE FLORIDA Activities & Governance STATEWIDE PUBLIC GUARDIANSHIP DEPARTMENT OF ELDER AFFAIRS WHICH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 4 3 6 Total number of volunteers (estimate if necessary) 5 0 7 a Total unrelated business revenue from Part VIII, column (C), line 12 6 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 0. Contributions and grants (Part VIII, line 1h) 8 **Current Year** Revenue 239,127. Program service revenue (Part VIII, line 2g) 9 246,938. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 23. 0. 12 Total revenue - add lines 8 through 11 (must equal Part Vill, column (A), line 12) ...... 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 239,150. 246,938. Benefits paid to or for members (Part IX, column (A), line 4) 49,325. 107,080. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25,136. 10,088. 19 Revenue less expenses, Subtract line 18 from line 12 74,461. 117,168. 164,689. 5 129,770. sets Beginning of Current Year 20 Total assets (Part X, line 16) End of Year 248,451. 21 Total liabilities (Part X, line 26) 381,471. 22 Net assets or fund balances. Subtract line 21 from line 20 ..... 0. 3,250. Part | | Signature Block 248,451. 378,221. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date MELINDA COULTER, TREASURER Here Type or print name and title Print/Type preparer's name Preparer's signature JOHN KEILLOR PTIN Firm's name LANIGAN & ASSOCIATES, P. C. Preparer self-employed P01315239 Firm's address > 2630 CENTENNIAL PLACE, SUITE 1 Use Only Firm's EIN > 58-1304721 TALLAHASSEE, FL 32308 May the IRS discuss this return with the preparer shown above? See instructions Phone no. 850-893-8418 LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20 X Yes SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION Form 990 (2020)

<u>.</u>	1NC. 02-07635	91 Page 2
orm	n 990 (2020) INC. at III   Statement of Program Service Accomplishments	
rai	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 DEC	LARED
	INCAPACITATED AND PLACED UNDER THE PROTECTION OF A COURT-APPOINTE	ח
	PUBLIC GUARDIAN.	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ?	Ties (**) NO
	If "Yes," describe these new services on Schedule O.	ল <sub>•</sub> ভিল
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exper	ses, and
	revenue, if any for each program service reported.	
4a	107,080 • including grants of \$ 107,080 • ) (Revenue \$	)
763	THE FOUNDATION AWARDED ALLOCATIONS TO THE PUBLIC GUARDIANS IN TEN	
	FLORIDA COUNTIES (AS DIRECTED BY THE STATEWIDE PUBLIC GUARDIANSH.)	.P
	OPCANTZATION) TO PROVIDE FUNDING FOR THE PUBLIC GUARDIANSHIP PROG	RAM.
	THE PUBLIC GUARDIANS ARE RESPONSIBLE FOR THE LIFE, HEALTH, AND CA	RE OF
	THE WARDS ASSIGNED TO THE PUBLIC GUARDIAN BY THE FLORIDA JUDICIAL	Y FOR
	THAT COUNTY.	
4b	(Code:) (Expenses \$	)
<b>4</b> c	(Code:) (Expenses \$) (Revenue \$)	
4d	1004	
	(Exponses \$ Including grants of \$ ) (Revenue \$	
4e	Total program service expenses ► 107,080.	Form <b>990</b> (2020
		FURTH GOV (2020)

Form 990 (2020) INC.
Part IV Checklist of Required Schedules

		1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			Y	es N	ic
		2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to the contributors.		1		K	
		3 Did the organization engage in direct or indirect political example of Contributors:		2		X	ľ
		public office? If "Yes," complete Schedule C. Port I				1	
		4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in el		3	_	X	í
		during the tax year? If "Yes," complete Schedule C, Part II	fect	1			
		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 98-192.		4		X	
		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		1			
	6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		5	_	X	
	_	provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to  Did the organization receive or hold a conservation easement, including easements to account to a complete Schedule D, Pa				1	
	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	rt /	6	_	X	
		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II					
	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  Schedule D, Part III		7	-	X	_
	_	Schedule D, Part III	- 1				
	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		8	_	X	
		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D. Part IV	- 1				
		If "Yes," complete Schedule D, Part IV	- 1				
	10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," corrects Out of the Control	- 1	9		X	
		or in quasi endowments? If "Ves " complete Setted to B. B. T. T. B. B. T. B. B. T. B.	- 1				
	11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	. [	10		X	
		as applicable.	- 11	200			
	a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	- 19		3 3		
		Part VI  Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D,	- 1	- 1			
	b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	-	1a		X	
		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 12, that is 5% or more of its total	- 1	- 1	- 1		
	C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	12	1b		X	
	.at	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total		- 1			
	a	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	12	1c		X	
	_	Part X, line 16? If "Yes," complete Schedule D, Part IX.  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part IX.	1	- 1			
	8	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year instead of the separate or consolidated financial statements for the tay year.	1	id	_	X	
	T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 40 (100 7 to 2).	11	le	_	X	
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1	-			
12	22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X	12	H .	X		
		Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete	1	1.			
	10 Y	Was the organization included in consolidated, independent audited financial statements for the tax year?  f "Yes," and if the organization assumed MARILL III. 100 or 100	12	a 2	X		
		f "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete D. I and XII is optional	1		- 1		
13	_ 5	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?				X_	
14	8 L	Did the organization maintain an office, employees, or agents outside of the United States?	13	+	_	K_	
		TO THE PROPERTY OF THE PROPERT	144	1		Κ	
	ir	rivestment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 from grantmaking, fundraising, business, if more? If "Yes," complete Schedule F. Parte I and IV.	1				
15	0	r more? If "Yes," complete Schedule F, Parts I and IV	-	1	1		
10	U E	oreign organization? If "Yes " complete School 15.50 and 15.50 and 15.50 of grants or other assistance to or for any	14b	+	X		
16				1			
10		id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	+	X	_	
17							
17	U	d the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	-	X	-	
10							
18	DIC	d the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	_	X	_	
10	IC Dt	and 8a? If "Yes," complete Schedule G, Part II  If the organization report more than \$15,000 of gross income from gaming activities on Port VIII, lines					
19	DIC.	the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	18		X	-	
00-	COI	mplete Schedule G, Part III					
20a	15 m	the organization operate one or more hospital facilities? If "Yes," complete Schedule H  Yes" to line 20a, did the organization attach a copy of its audited financial statements to the	19	_	X	_	
24	Dia H	Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  the organization report more than \$5,000 of grants or other assistance to any demonstration.	20a		X	-	
21	und de-	the organization report more than \$5,000 of grants or other assistance to any domestic organization or	90P		-	-	
032003	40 C	Goldfill (A), iii e 17 If "Yes," complete Schedule I Parts Land II					
-usiyid	12-2	S-EU	21	X			
		F	orm	<b>990</b>	(2020)	)	

Form 990 (2020)

Pai	t IV Checklist of Required Schedules (continued)			
		$\overline{}$	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	000		x
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	
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	23		X
	Schedule J	23	$\neg$	-
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		. 1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		X
	Schedule K, if "No," go to line 25a	24b		
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
	any tax-exempt bonds?	24d		
d	Did the organization act as an "on behalf of Issuer for bonds outstanding at any time during the year."			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
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			
		25b		X
	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
AH	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
00	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	SEL		
28	instructions, for applicable filing thresholds, conditions, and exceptions):	135	NEED!	E.
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #			
•	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Ves a complete Schedule I. Part IV	28c		X
29	Dirt 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 "Ves " complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 1	31	$\vdash$	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Scharfula N Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part !	33	-	-
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	OF-		
	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?			X
	If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	01		-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	1
	Note: All Form 990 filers are required to complete Schedule O	00		
Pa	rt V Statements Regarding Other IMS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	*********	Yes	No
	Set with a number reported in Box 3 of Form 1096. Fater 4- if not applicable			1527
18	Enter the number reported in Box 3 or Form 1090, Enter 10 in not applicable	-	13.5	1
Ł			25	
•	Did the organization comply with deckup with thought these for reportable payments to remove the reportable garding	10		
_	(gambling) winnings to prize winners?		990	12020

Foi	m 990 (2020) FOUNDATION FOR INDIGENT GUARDIANSHI				
	art V Statements Regarding Other IRS Filings and Tax Compliance (continue)	0.2-0	76359	1	Р
-	continue and tax compliance	rued)			
2	Enter the number of employees reported on Town 1999			Ty	res
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements	.			
ı	filed for the calendar year ending with or within the year covered by this return	2a	0	10	35
	if at least one is reported on line 2a, did the organization file all required federal employment tax.  Note: If the sum of lines 1a and 2a is greater than 250, you see the received to s	eturns?	2	5	
За		tions)	100		2
b					
4a	The state of the s		31:	$\overline{}$	7
	At any time during the calendar year, did the organization have an interest in, or a signature or offinancial account in a foreign country (such so a back in a	ner authority over, a		1	7
ь	financial account in a foreign country (such as a bank account, securities account, or other financial "Yes," enter the name of the foreign country	ial account)?	4a		
			-	EL PERI	
5a	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financia	al Accounts (FBAR).	107	1	8
ь			. 5a	1	T
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transfer to line 5a or 5b, did the organization file Form sees To	saction?	5b	_	+
6a			5c	+	+
-u	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the organization solicit		+	+
h			6a	1	
				_	+
		4. g	Oh.	1	1
_	Organizations that may receive deductible contributions under section 170(c).	***************************************	6b	JOHOV.	+
ica	bit the digalification receive a payment in excess of \$75 made partly as a contribution and another transfer another transfer and another transfer and another transfer another transfer and another transfer and another transfer another transfer and another transfer a	SALVICES DEMANDED to the navor	3 9-	2000	1
				-	+
_	and and organization sell, exchange, or otherwise dispose of tangible personal property for which 24		7b	-	+
	THE PROPERTY OF THE PROPERTY O				Ι,
QI 1			7c	Total Control	
	and the service and furios, directly of indirectly to new promitions on a service and		-	800	100
[ <u>}</u>	The second of the vest in vest in the second of the second				$\vdash$
_	The state of the s		71	-	$\vdash$
n: H	The second of th	- 44 - 44	g		-
	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	d by the	7h	500	-
_	Parties of your authorities of the property of			0000	1200
	purisoring organizations maintaining donor advised funds.	*************************************	8	1000	-
D	id the sponsoring organization make any taxable distributions under section 4966?	***************************************	0	-	
U	id the sponsoring organization make a distribution to a donor, donor, edular, or related		9a	-	_
-	odion of item organizations. Enter:		9b	-	
ın	itiation fees and capital contributions included on Part VIII, line 12	10a	- 33	83	
	The state of the same of the same same same same same same same sam	10b		23	
	There is a second of the secon	100			
Gi	oss income from members or shareholders	11a	TEN Y	231	
		710			
60.1	courts and or received ItOM IDem*)	116			
		10/10	THE REAL PROPERTY.		
•••	you, and the amount of tax-exempt interest received or account during the year.	12b	12a	-	_
	- TO TO TO THE PROPERTY OF THE				
18 £	he organization licensed to issue qualified health plans in more than one state?			-	950
		***************************************	13a	-	_
	or the barrount of reserves the organization is required to maintain buttle seed to	1			
		105		M Pu	
	and an index of topotage out tighted	13b.			
		13c			
٠.	os, has it lied a form 720 to report these payments? * "A/- "		14a	12	<u>`</u>
			14b	+	_
	hardening behindrift file A691.	uuri or			_
			15	X	
s th	e organization an educational institution subject to the section 4968 evoice to your and institutions		SERVICE SERVICE	100	風
	es," complete Form 4720, Schedule O.	ICUMBY	16	X	

15

16

INC.

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Form 990 (2020) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year		Line.	13:17
	If there are material differences in voting rights among members of the governing body, or if the governing			Si
	body delagated broad authority to an executive committee or similar committee, explain on Schedule 0.			100
b	Enter the number of voting members included on 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	100	1000	377
_	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, 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				
7 64	more members of the governing body?	7a		X
ь	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:	SOUR	185	585.0
_	The governing body?	8a	X	
a	Each committee with authority to act on behalf of the governing body?	8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		
9		9		х
200	organization's mailing address? If "Yes " provide the names and addresses on Schedule O			
360	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
40-	Did the constitution have least about the boundary beautification?	10a	100	X
	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		
D		10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
		110	1000	5.5
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	х	and -
12a		12b	X	_
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	x	
	in Schedule O how this was done		42	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		TOWN.
15	Did the process for determining compensation of the following persons include a review and approval by independent	18	-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1000	1	v
	The organization's CEO, Executive Director, or top management official	15a	-	X
Ь	Other officers or key employees of the organization	15b	(p. 155)	A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	0.00	-	v
	taxable entity during the year?	16a	17-57-58	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1	PIM	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		10.00	
_	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i financ	ial	
	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			
	MELINDA COULTER - 850-445-3271			
	707 PARKER DRIVE, TALLAHASSE, FL 32304			

Form 990 (2020) INC. Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

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Form 990 (2020)

Page 7

**Employees, and Independent Contractors** 

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

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

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

Check this box if neither the organia (A) Name and title	Average hours per week	(d) bo. off	lo not or, un ficer	Po	(C) Sitio k mon erson direct	n		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of
(1) MELINDA COULTER	(list any hours for related organization below line)	hdividual	Institutional trustee	Officer	Кеу етрюуее	Highest compensated employee	<b>Р</b> отив	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organization
TREASURER	1.00									
(2) CHARLES ALKIRE PRESIDENT	1.00	+	_	X	$\vdash$		+	0.	0.	(
(3) EDWARD O'SHEEHAN ESQUIRE		Ш		X				0.	0.	
VICE-PRESIDENT	1.00			x				0.		
		П			1	7	$\top$	0.	0.	
		1	$\dashv$	+	+	+	+			
		+	4	4	4	1	1			
						1				
			T	T	T	T				
		+	+	+	+	+	+			
		+	+	+	+	+	+			
			1							
						T				
		T	T	T	T	T	1			
		T	T	$\dagger$	$^{\dagger}$	t	$\vdash$			
		+	$\vdash$	+	+		-			
		+	-	$\vdash$	$\vdash$		_			
		-	L	_						
		$\Box$			$\forall$	1				

Form 990 (2020)

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Part VII Section A. Officers, Directors, True (A) Name and title	(B) Average hours per week (list any hours for related organizations below	ter or director	not ci unice cer an	dad dad	ition more son l recto		en en	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISO		Estinamon ot compe from organ and r	F) nated unt of her neation n the ization elated zations
	line)	Individu	Instituti	Officer.	Kay em	Highes:	Former			4	- Jan	
		-		-			_			+		
										$\dashv$		
				Г								
		$\vdash$			$\vdash$	$\vdash$				1		
		-	-	H	H		_			+		
							L			_		
		1										
1b Subtotal							▶	0.		0.		0.
c Total from continuation sheets to Part \ d Total (add lines 1b and 1c)	11, Section A						▶	0.		0.		0.
2 Total number of individuals (including but	not limited to th	1080	liste	d at	ove	) wh	o re	ceived more than \$100	000 of reportable			(
compensation from the organization		_	_	_	-	_	_				Y	es No
3 Did the organization list any former office	r, director, trusi	ee, 1	көу с	emp	loye	e, o	hig	hest compensated emp	loyee on		3	x
fine 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the	such individual rum of reportab	 le co	mp	ensa	tion	and	oti	er compensation from t	he organization		3	3
and related organizations greater than \$15	0,000? # "Yes	. " cc	mol	ete .	Sche	eduk	3 1 1	or such individual		}	4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes." co							91AU	ed organization or indivi	Total for services		5	X
Section B. Independent Contractors							42	and many than (	HIGA OOD of comp	nesti	on from	1
Complete this table for your five highest of the organization. Report compensation for	ompensated in the calendar y	ear (	inde endi	ng W	ith (	or w	thin	the organization's tax	ear.			
(A) Name and busines			ON:					(B) Description of a	1	Co	(C) mpens	ation
140110 616 4601100		#4.	J41.			_		7				
				-	_	_	-					
										_		
9												
		_	_									
2 Total number of independent contractors	food whee here	und 45	mita	d to	the	ee ti	tod	above) who received m	ore than			
2 Total number of independent contractors												

Form 990 (2020) INC.
Statement of Revenue

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	_					Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	Revenue ex from tax u
Contributions, Giffs, Grants and Other Similar Amounts	1	a Federated campaigns		la		Plei al succession in the			sections 51
E S		h Adamba A.L. A		b					
D j		c Fundraising events	4	c		AND THE PARTY OF T			
₹1	1	d Dalakasi		d					
SH	١.	Government grants (contrib						<b>6</b> 括以3)。据是3	
82		All other contributions, gifts, gr	uuons) 1	0					THE PARTY OF
百萬		similar amounts not included at	ams, and	.	045 000		e real billion according	THE STATE OF THE STATE OF	
ä		omingi ginonits for litelined St			246,938			<b>伊莱斯</b> 斯斯斯	
등림	2	The state of the s	e fa-1f 1	g \$				A STATE OF STREET	
210	- 17	Total, Add lines 1a-1f				246,938.			
				- 1	Business Code				
Revenue	2 a								NAME OF TAXABLE PARTY.
9	b								
еление	C								
Ser.	d								
7	e								
	f	All other program service reve	enue						
1	9	Total, Add lines 2a-2f							
	3	Investment income (including	dividends	Interest	and			Lacitizat Autis	世紀 世界 現
1		other similar amounts)	,		, witu	1			
1.	4	Income from investment of tax	x-exempt h	and pro	ceeds				
1	5	Royalties	r oronipt o	old bio	Coeus				
1			() Rea	at I	(ii) Personal				
1.	6 a <sup>′</sup>	Gross rents 6a	-	31	(II) Personal				DEPENDENT OF
'				-					
1	c			-				Self Sylmony	
		Hental income or (loss)  Net rental income or (loss)							
١,									
l '		Gross amount from sales of	(i) Securit	ties	(ii) Other		ADDRESS OF THE REAL PROPERTY.	AT HY SURE OF	Transaction of
1		ssets other than inventory 7a				West Value of the		THE RESERVE TO SERVE THE RESERVE THE RESERVE TO SERVE THE RESERVE THE RE	
		ess: cost or other basis				PE IN LESS IN			
	a	nd sales expenses 7b							
	G (	Sain or (loss)7c							
	d N	let gain or (ioss)	***************	*********				TANK DE LA CONTRACTOR D	
8	a u	ross income from fundraising eve	nts (not			A CONTRACTOR OF			
	ir	cluding \$	of		i i				
		entributions reported on line 1	c). See		18				
	C	at in married to table race of tillia it			19	THE PARTY OF THE PARTY.			
	P	art IV, line 18		Ra		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		CASIMINATE IN COLUMN	
ı	P	art IV, line 18		8a			REAL PROPERTY.		
	b Le	art IV, line 18ess: direct expenses	***************************************	86					
(	b Lo c No	art IV, line 18ess: direct expensesest income or (loss) from fundra	ising event	86					
(	b Lo c No a G	art IV, line 18 ss: direct expenses it income or (loss) from fundra ross income from gaming activ	ising event	8b					
9 :	b Lo c No a Gi Pa	art IV, line 18  ess: direct expenses  income or (loss) from fundra ross income from gaming activ art IV, line 19	ising event	8b 8	•				
9 :	b Le c No a Gi Pa b Le	art IV, line 18 ess: direct expenses et income or (loss) from fundra ross income from garning activ art IV, line 19 ess: direct expenses	ising event	8b	<b>P</b>				
9 :	P. b Lo c No a Gi Pa b Le c No	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from garning activ art IV, line 19 ess: direct expenses et income or (loss) from garning	ising event	8b 8	Þ				
9 i	P. b Lo c No a Gi Pa b Lo c No a Gr	art IV, line 18 ess: direct expenses for income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses at income or (loss) from gaming oss sales of inventory, less ret	dising event rities, See	8b 8	- F				
9 i t c 10 a	b Le c No a Gi b Le c No a Gr an	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses at income or (loss) from gaming oss sales of inventory, less ret d allowances	ilsing event rities, See	8b 8					
9 i t t 10 a	b Lo c No a G b Le c No a Gr and	art IV, line 18 ess: direct expenses et income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses et income or (loss) from gaming oss sales of inventory, less ret d allowances ess: cost of goods sold	dising event rities, See	8b 8 9a 9b 10a 10b					
9 i t c 10 a	b Lo c No a G b Le c No a Gr and	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses at income or (loss) from gaming oss sales of inventory, less ret d allowances	dising event rities, See	8b 8 9a 9b 10a 10b	<b>-</b>				
9 i t c 10 a	b Lo c No a G b Le c No a Gr and	art IV, line 18 ess: direct expenses et income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses et income or (loss) from gaming oss sales of inventory, less ret d allowances ess: cost of goods sold	dising event rities, See	8b 8a 9a 9b 10a 10b	iness Code				
9 i t c 10 a	P. Ib Le C Ne and C Ne and C Ne and C Ne	art IV, line 18 ess: direct expenses et income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses et income or (loss) from gaming oss sales of inventory, less ret d allowances ess: cost of goods sold	dising event rities, See	8b 8a 9a 9b 10a 10b					
9 i t c 10 a	b Le c Ne a Gr c Ne a Gr an c Ne	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses et income or (loss) from gaming oss sales of inventory, less ret d allowances ess: cost of goods sold t income or (loss) from sales of	dising event rities, See	8b s 9a 9b 10a 10b Busi					
9 ; to 10 a b c	b Le c Ne a Gr b Le c Ne c Ne c Ne	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses et income or (loss) from gaming oss sales of inventory, less ret d allowances ess: cost of goods sold t income or (loss) from sales of	dising event rities, See	8b s 9a 9b 10a 10b Busi					
9 : t c c 10 a b c c	P. b Le c No L	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from garning activ art IV, line 19 ess: direct expenses et income or (loss) from garning ess sales of inventory, less ret d allowances ess: cost of goods sold t income or (loss) from sales or	dising event rities, See	8b s s s s s s s s s s s s s s s s s s s					
9 : t c c c b c c c d	P. b Le c Ne c	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from gaming activ art IV, line 19 ess: direct expenses et income or (loss) from gaming oss sales of inventory, less ret d allowances ess: cost of goods sold t income or (loss) from sales of	dising event rities, See	8b s s s s s s s s s s s s s s s s s s s	ness Code				
9 : t c c c b c c c d	P. Le C. N. P. P. D. Le C. N. P.	art IV, line 18 ess: direct expenses est income or (loss) from fundra ross income from garning activ art IV, line 19 ess: direct expenses et income or (loss) from garning ess sales of inventory, less ret d allowances ess: cost of goods sold t income or (loss) from sales or	dising event rities, See	8b 8 9a 9b 10a 10b 8usi	ness Code	246,938.	0.		

INC.

02-0763591 Page 10

Form 990 (2020) INC .
Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete the Check if Schedule O contains a response				
_		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	44	400 000		
	and domestic governments. See Part IV, line 21	107,080.	107,080.		CENTRAL TELESCO
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	1			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
6	Compensation of current officers, directors,				
	trustees, and key employees				
8	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting	6,500.		6,500.	
d	Lobbying				
e	Professional fundraising services, See Part IV, line 17				
f	Investment management fees				
9	Other, (If line 11g amount exceeds 10% of line 25,				
H	column (A) amount, list line 11g expenses on Sch O.)	1			
12	Advertising and promotion	1,500.		1,500.	
13	Office expenses	293.		293.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	1			
40	Conferences, conventions, and meetings				
19					
20	Payments to affiliates				
21	Depreciation, depletion, and amortization				
22		1,378.		1,378.	
23	Other expenses, itemize expenses not covered			Missale III west in	Kesame mikirin
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			The master of	
a	MISCELLANEOUS	417.		417.	
-					
b	-				
C					
d	All other ownerses				
	All other expenses	117,168.	107,080.	10,088.	0.
25	Total functional expenses. Add lines 1 through 24e	11,1001	20770000	23,000	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined		1		
	educational campaign and fundraising solicitation.				
	and the same of th	-		1	
	Check here if following SOP 98-2 (ASC 958-720)				Enm 990 (2000)

02-0763591 Page 11

-	-	Check if Schedule O contains a response or no	ote to	ny line in this Part X	***************************************			
	T				(A) Beginning of yea		Π	(B) End of year
	2	- TOTAL II WOLOGE DOGINIO		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	248,45	1.	1	381,47
	3	The state of the s					2	30.1.4
	1	. iogges or in Argure techtystole" UGL					3	
, l	5	TOOCHADIO, HEL					4	-
- 1	"	and or ion reconstruction any current of	IT TOMRE	If Officer director	JONES - AR GINE	054.5	ECH!	American Section
- 1		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%				
- 1		controlled entity or family member of any of the	se pers	ons		-	5	
- 1	6	Loans and other receivables from other disquali	ified pe	ISONS (se defined	Complete a particular	100	0	
1	_	under section 4958(f)(1)), and persons described	d in ear	tion 4059/4//0\m	The second second	-	0	
53	7	Notes and loans receivable, net				-	6	
Assets	8	THE STATE OF SEED IN 1980				-	7	
- 1	9	- internal cultures and delaited custides				-	8	
	10a	containings, and equipment: cost or other	1 1		Water State of the		9	
- 1		basis. Complete Part VI of Schedule D	10a				23	
- 1	b	Less: accumulated depreciation	Inh			-	200	
- 1	11	Investments - publicly traded securities				-	10c	
1.	12	Investments - other securities. See Part IV, line 11	1			+	11	
- 1	13	Investments - program-related. See Part IV, line 1				-	12	
11	14	Intangible assets	****	***************************************		4	13	
1	15	Other assets. See Part IV, line 11	********			_	14	
1	16	Total assets. Add lines 1 through 15 (must equal	line de				15	
1	17	Accounts payable and accrued expenses	mie Sc		248,451		16	381,471
1	8	Grants payable	•••••	***************************************	0	•	17	3,250
19	9	Grants payable Deferred revenue		,		1	8	
21	00	Deferred revenue Tax-exempt bond liabilities	•••••				9	
2	1	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pal				2	0	
22	2	Loans and other payables to any current or former	IT IV Of	Schedule D		2	1	
	1	trustee, key employee, creator as to use de la contraction de la c	OTTICE	, director,				THE REAL PROPERTY.
		trustee, key employee, creator or founder, substan	itial cor	tributor, or 35%		12		
23	3 5	controlled entity or family member of any of these p	person	·····		2	2	
24		Secured mortgages and notes payable to unrelated	d third	parties		2		
25		Insecured notes and loans payable to unrelated th	aird par	ties		24		
	'n	Other liabilities (including federal income tax, payab	oles to	related third		T		
1	_	arties, and other liabilities not included on lines 17 f Schedule D	'-24). C	omplete Part X		1		
26			•••••	***************************************		25		
-	-	otal liabilities. Add lines 17 through 25		***************************************	0.		_	3,250.
	-	"yernzauuns mat follow FASB ASC 958, check l	here	X		100		
27	Ni Ni	nd complete lines 27, 28, 32, and 33.				10		
28	A E	et assets without donor restrictions	••••••	*******************************	248,451.	27	1	378,221.
4.0		or goods with doubt teathcrious				28	1	370,221.
	U	ganizations that do not follow FASB ASC 958.	check .	here 🕨 🔲	NEW TOTAL SERVICE	100		S A STATE OF THE SAME
00	ar	id complete lines 29 through 33.						
29	Cé	pital stock or trust principal, or current funds	*******			29	1	
30	1 6	portroi capital surplus, or land, building, or equipm	nent fu	nri		30	-	
31	110	terior barrings, endowment, accumulated income	a arat	30×6			-	
-,207.0	To	tal net assets or fund balances			248,451.	31	-	378,221.
<b>32</b> 33	-	tal liabilities and net assets/fund balances						

_	INC.	02-076	3591	Pac	10 12
Pa	1990 (2020) INC. Reconciliation of Net Assets				
United.	Check if Schedule O contains a response or note to any line in this Part XI				
_	C) 190A II Cui louizo o del tualità a respense si vista de				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		, 9:	
2	Total expenses (must equal Part IX, column (A), line 25)	2	117		
3	Revenue less expenses, Subtract line 2 from line 1	3			70.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	248	3,4!	51.
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 on Schedule O)	9.			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10	column (B))	10	378	3,2	21.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		Yes	No
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		42
	If "Yes," check a box below to indicate whether the financial statements for the year were complied or reviewed	on a		340	187
	separate basis, consolidated basis, or both:		1998		
	Separate basis Consolidated basis Both consolidated and separate basis		2b	x	Der er
b	Were the organization's financial statements audited by an independent accountant?		. 20	(190)	2
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	Dasis,			1
	consolidated basis, or both:				170
	Separate basis Consolidated basis Both consolidated and separate basis	oudit	1	19000	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,	20	x	
	review, or compilation of its financial statements and selection of an independent accountant?	adula A	10000		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	elo Audit	NAME OF	-100	
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		3a		x
	Act and OMB Circular A-133?	nad sudit	od	_	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	OU AUUIL	3b		
_	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Form	990	(2020)
			i Aiitt		(»

#### SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Impaction

Name of the organization

FOUNDATION FOR INDIGENT GUARDIANSHIP,

Employer identification number 02-0763591

Part   Reason for P	Ublic Charity S	totale miles				02-076359
The organization is not a priva	to foundation have	tatus. (All organizations	must com	plete this p	part.) See instructions,	0,0000
and additional	on or chargines, Of S	SSOCIATION of churches des	melhant :-	AVI		
	"" OUGHOU I/UHDK	IRABIN JAMOON Cabadida F	100 mars 000	-		
4 A medical research	Outside Hosbiral Sel	vice organization described	in section	эп 170(b)(	1)(A)(iii).	
city, and state:	- B- IIII OH OHBIAL	ed in conjunction with a ho	spital desc	cribed in s	section 170(b)(1)(A)(iii),	Enter the hospital's na
5 An organization ope	erated for the benefit	of a college or university o	wood or -	mau-t-dt		
						escribed in
7 An organization that	ocal government or	governmental unit describe	d in secti	on 170(b)	(1)(A)(v).	
section 170(b)(1)(A)	THOUSING THE STATES STA	SUDSTRICTION DARK of its summer	ort from a	governme	ental unit or from the ger	neral public described i
8 A community trust de	escribed in section	170/b)(1)(A)(vil) (Complete	Down In S			
A Alicentrated Legast	rai organization des	Cribed in eaction 4700.V4	MANGE.			
or university or a non	Hand-grant college	of action in section 170(b)(1	(A)(bk) op	erated in d	conjunction with a land-g	Irant college
university:		- Samuel (ODO MISTINGUID	us). Enter	tne name,	city, and state of the co	llege or
10 An organization that,	normally receives (1)	more than 33 1/3% of its s subject to certain exception	Upport for	ım contrib	reliano no di constitucione	
activities related to its	exempt functions,	subject to certain exception come (less section 511 tax	as: and (2)	TO MORE 1	bon 33 1 500 of the	, and gross receipts fro
income and unrelated	l business taxable in	come (less section 511 tax )	from bus	inesses ar	cruited by the essentiant	ort from gross investm
An organization organ	). (Complete Part III.				Adolled by Rie organizati	on after June 30, 1975
12 An organization organ	ized and operated e	exclusively to test for public	safety. Se	e section	n 509(a)(4)	
						the name of
lines 120 through 40 d	ed organizations de	scribed in section 509(a)(1)	) or section	on 509(a)(	2). See section 5000 vs	The purposes of one of
a Type I. A supporting	that describes the t	ype of supporting organizated	tion and co	omplete lir	108 12e. 12f. and 12g	A CHECK THE BOX IN
						hy airing
			t a majorit	y of the di	rectors or trustees of the	SUDDorting
b Type II A supportion	ust complete P <u>art</u>	V, Sections A and B.				oobborttig
COntrol or management	organization super	vised or controlled in conne	ction with	its suppo	rted organization(s), by h	) aving
			same pen	sons that	control or manage the su	IDDONIeri
C Type III functionally	interreted A	t IV, Sections A and C.				
its supported organiza	ation(s) (see instrum	orting organization operate	d in conne	ction with	, and functionally integra	ated with
	was mind the creative with	SUDDOMINA AMADAISANA 🕳 🕳	annual and the			nization(s)
						tiveness
e Check this box if the o	Manization received	complete Part IV, Section	s A and D	), and Par	t V,	
functionally integrated	. Or Type III pop-fire	d a written determination from the community integrated support	om the IRS	S that it is	a Type I, Type II, Type III	
f Enter the number of supporte	d organizations	socially integrated support	ing organi	zation.		
g Provide the following informat (i) Name of supported	ion about the sunne	what are an investigated		***********	***************************************	
(I) Name of supported	(II) EIN	(iii) Type of organization	I (IV) is the ord	sanuzelmo listeri		
organization		(described on lines 1-10 above (see instructions))	Yes	ung document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other
		GLOVE (SEE INSTRUCTIONS))	163	No		support (see instruction
				-		
			ľ			
	T.	1				

FOUNDATION FOR INDIGENT GUARDIANSHIP, 02-0763591 Page 2 Schedule A (Form 990 or 990-EZ) 2020 INC. Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (f) Total (e) 2020 (d) 2019 (c) 2018 (b) 2017 (a) 2016 Calendar year (or fiacal year beginning in) 🗫 1 Gifts, grants, contributions, and membership fees received. (Do not 239,127. 246,938. 639,520. 17.759. 37,275. 98,421. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge. 17,759. 239,127. 246,938. 639,520. 98,421. 37,275. 4 Total. Add lines 1 through 3 ...... 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 639,520. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2020 (f) Total (d) 2019 (b) 2017 (c) 2018 (a) 2016 Calendar year (or fiscal year beginning in)

7	Amounts from line 4	98,421.	37,275.	17,759.	239,127.	240,930.	633,340.
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	99.	62.	35.	23.	0.	219.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	.c.					
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain In Part VI.)				SERVICE STATE		639,739.
	Total support. Add lines 7 through 10 Gross receipts from related activities, 6	otc. (see instruction	ns)		***************************************	12	
12 13	First 5 years. If the Form 990 is for the organization, check this box and stop	organization's firs	st, second, third, fo			01(c)(3)	

1/3	Little Anger a sign to the control of the control o		li i	6
	organization, check this box and stop here		**************	
بمة	ction C. Computation of Public Support Percentage			
	Public support percentage for 2020 (line 6, column (f), divided by line 11, column (fi)	14	99.97	%
14	Public support percentage for 2020 (line 6, column 1), column 1, c	15	99.96	96
15	Dublic exphort netrantage from 2015 Scriedule A. Felt II, III of Tarantage Commission Co			
16a	33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n	ore, check this	oox and	1957
	stop here. The organization qualifies as a publicly supported organization	*************	P	> X
	33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or more, check	this box	
b	33 1/3% support test - 2019. If the organization during the description	·	16	>
	and stop here. The organization qualifies as a publicly supported organization			
17e	10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b,	and line 14 is it	70 Of HIOTO,	
	and the empointing meets the facts and circumstances test, check this box and stop here. Explain in Part	VI how the orga	Inization	_
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<b>-</b>
	10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or	17a. and line 15	is 10% or	
k	10% -facts-and-circumstances test - 2019. If the organization did not theck a box of life to, loss, today	n Dort VI how th	10	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain	HEART ALLION O	.e	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	zation	********	-
40	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see instructi	ons	>
18	Sch	edule A (Form 9	990 or 990-EZ	2020

Schedule A (Form 990 or 990-EZ) 2020 INC.

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

02-0763591 Page 3

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

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	1 44 -
1 Gifts, grants, contributions, and				(0) 2018	(0) 2020	(f) T
membership fees received. (Do not		1	1		1	
include any "unusual grants.")						1
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that		-	-			
are not an unrelated trade or bus-						
iness under section 513					1	
######################################					=	
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						-
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	1		1			
D Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the amount on line 13 for the year						
o Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)	41 - 150 (12.2)	Market Street				
ection B. Total Support	E SERVICE PROPERTY.	THE STATE OF THE STATE OF	Walland and the feet of		<b>用其物色等于</b> 原	
ilendar year (or fiscal year beginning in) 🐎	CARDAR T					
9 Amounts from line 6	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Tota
Da Gross income from interest, dividends, payments received on securities toans, rents, royalties, and income from similar sources						13
b Unrelated business taxable income						
(less section 511 taxes) from businesses	1		1		- 1	
acquired after June 30, 1975				1	1	
c Add lines 10a and 10b						
Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
or loss from the sale of capital assets (Explain in Part VI.)						
Total support. (Add lines 9, 10c, 11, and 12.)						
First 5 years. If the Form 990 is for the or	roanization's first	second third for	dh au fifiti a			
check this box and stop here			ui, or intil tax year	as a section 501(c	)(3) organization,	
Public support percentage for 2020 (fine 8	Column (f) divide	od by line 40 and	/81		7	
EUDIK SUDDON Dercentage from 2010 Col-	rodulo A. Dani III. II			15		
tion D. Computation of Investme	ant Income De	roomtoge				
	and triconing re	rcentage				
Investment income percentage for coop a	ine 10c, column (f	), divided by line 1	3, column (f)			
investment income percentage for 2020 (		III line 17				
Investment income percentage for 2020 (Investment income percentage from 2019	ncoemile a use	mit make 1 s				
Investment income percentage for 2020 (investment income percentage from 2019 33 1/3% support tests - 2020. If the organization	r ochedule A, Part Inization did not d	hack the how on it	to 4.4 and 0 4 = 1.		% and line 17 1-	nat
Investment income percentage for 2020 (Investment income percentage from 2019 33 1/3% support tests - 2020. If the orgamore than 33 1/3%, check this box and st	nization did not cl	neck the box on li	e 14, and line 15 is	more than 33 1/3		
Investment income percentage for 2020 (Investment income percentage from 2019 33 1/3% support tests - 2020. If the orgamore than 33 1/3%, check this box and st 33 1/3% support tests - 2019. If the orga	inization did not cloop here. The organization did not chi	neck the box on line inization qualifies :	ne 14, and line 15 is is a publicly suppo	more than 33 1/3 rted organization	***************************************	
Investment income percentage for 2020 (investment income percentage from 2019 33 1/3% support tests - 2020. If the organization	inization did not cloop here. The organization did not chistopy and stop here.	neck the box on line inization qualifies a neck a box on line	ne 14, and line 15 is is a publicly suppo 14 or line 19a, and	more than 33 1/3 rted organization line 16 is more tha	an 33 1/3%, and	

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If 'Yes, ' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

August and a	Yes	No
1		
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3a		
3b		
3c		Elle
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HIE		010
5a		
5b		
5c	1000	¥
6		
		1
7	A PERSONAL PROPERTY.	
8	53,128	h.1
	1	-
9a	-	
9a 9b	18.3	
<b>9</b> b		
<b>9</b> b		

Part IV Supporting Organizations (continued)	02-076	359	1 0
		,,,,	- 1
Has the organization accepted a gift or contribution from any of the following persons?	-		Yes
- Person with directly or indirectly controls, either alone or together with managed in the controls.	19		
The second of a supported billianization?	1		2 - 3
D A ramily member of a person described in line 11a above	_	11a	
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provided to the state of t		11b	
detail in Part VI.	le 🏻	25/15	
Section B. Type I Supporting Organizations		11c	
1 Did the governing back, market set the		1	w. T
more supported organizations have the power to regularly appoint or elect at least a majority of the organization directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization organization, describe how the occurrent of the organization organization, describe how the occurrent of the organization.	o's officers,		Yes
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated organization of the composition of		1	
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	100	559	
Part VI how providing such benefit carried out the supporting organization? If "Yes," explain in			
Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	10.9	100	100
ection C. Type II Supporting Organizations		2	
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported arraying the tax year also a majority of the directors		У	es N
The state of the s			8/1
The same persons that and the same persons that and the same that are same that and the same that are same that and the same that are same that			
the supported organization(s).	981 E	30	92(6)
ction D. All Type III Supporting Organizations	1		
Did the grasnization provide to cook of the aurent of		Ve	s No
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	10750	S 100	
The state of the s	800	12	
	14.50		1 15
	1		20,000
			E CHO
The state of the s			
	2	1000	-
	2007	100	1
		2 533	PER S
at this during the tax year? If "Yas " decreive in Part III	10000	100	T BE
tion E. Type III Functionally Integrated Supporting Organizations	3	-	-
Check the box next to the method that the companies and the desired of the desire			
Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instance).  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
Description of Application of the Property of			
Activities Test. Answer lines 2a and 2b below.	ity (see instruction	15)	
Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
The state of the s			
The state of the s			
	- 0.0		
the activities described in line 2a, above, constitute activities that had found	2a		_
3 an included to a district of the control of t			
The state of the digalization of the purposed and the state of the sta	(B. 1)		
The state of the s		15	
arent of Supported Organizations. Answer lines 3e and 3h heles-	2b	-	_
id the organization have the power to regularly appoint or elect a main it.	102175		
		2	
The state of the s	34		
If the descripe in Part Withe role played by the agreement of the			
-25-21	3b		

Circ	iule A (Form 990 or 990-EZ) 2020 INC.	na Organi:		2-0763591 Pa
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organis	ou 20 1970 ( avalais in	Port VI\ See instruction
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on re	ections Athrough F.	ale si). Obb indeed a
ecti	All other Type III non-functionally integrated supporting organizations must on A - Adjusted Net Income	st complete c	(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		
	Add lines 1 through 3.	4.		
	Depreciation and depletion	5		
9	Portion of operating expenses paid or incurred for production or			
0	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see Instructions)	6		
7	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
8 ecti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-use assets (see			
1	instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	1000		
8				
_	(explain in detail in Part VI):  Acquisition indebtedness applicable to non-exempt-use assets	2		
2	Subtract line 2 from line 1d.	3		
3	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
4		4		
_	see instructions).  Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
5		6		
6	Multiply line 5 by 0.035. Recoveries of prior-year distributions	7		
7	Minimum Asset Amount (add line 7 to line 6)	8		
8 ect	ion C - Distributable Amount	100		Current Year
_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
1		2		
2	Enter 0.85 of line 1.  Minimum asset amount for prior year (from Section B, line 8, column A)	3		
3		4		
4	Enter greater of line 2 or line 3.	5		
5	Income tax imposed in prior year			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	6		
	emergency temporary reduction (see instructions).  Check here if the current year is the organization's first as a non-function			enization (ena

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 INC. Part V Type III Non-Functionally integrated 50	09/a)/3) Supporting Or		-0	2-0763591 Page
Section D - Distributions	solation antibouning of	anizations (contil	nued)	
1 Amounts paid to supported organizations to accomplish e				Current Year
2 Amounts paid to perform activity that directly furthers exe	xempt purposes		1	
organizations, in excess of income from activity	mpt purposes of supported		1 1	
Administrative expenses paid to accomplish exempt purpo			2	
4 Amounts paid to acquire exempt-use assets	ses of supported organization	18	3	
5 Qualified set-aside amounts (prior IRS approval required -	Series by two or its re-		4	
6 Other distributions (describe in Part VI). See instructions.	provide details in Part VI)		5	
7 Total annual distributions. Add lines 1 through 6.			6	
8 Distributions to attentive currented amended to			7	
8 Distributions to attentive supported organizations to which (provide details in Part VI). See instructions.	the organization is responsive			
Distributable amount for 2020 from Section C, line 6			8	
10 Line 8 amount divided by line 9 amount			9	
THE S THOUSE GIARDO DA ING A SUIONUT			10	
Section F - Distribution All	(1)	(11)		(iii)
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	5	Distributable
1 Distributable amount for 2000 from Continuo C. It.		Pre-2020		Amount for 2020
The B				
reason-				AND REAL PROPERTY.
able cause required - explain in Part VI). See instructions.			133	
3 Excess distributions carryover, if any, to 2020	Europe Control of the Park	EYA SALE		
a From 2015				
b From 2016	<b>利用を表示した。同じのは本の</b>			
c From 2017		CHARLES TO BE AS		
d From 2018				
e From 2019				
f Total of lines 3a through 3e				
g Applied to underdistributions of prior years	DESCRIPTION OF THE PROPERTY OF			
h Applied to 2020 distributable amount				
i Carryover from 2015 not applied (see Instructions)				
Remainder. Subtract lines 3g, 3h, and 3i from line 3f,				
4 Distributions for 2020 from Section D,				
line 7:				
a Applled to underdistributions of prior years				
b Applied to 2020 distributable amount			3.5	
c Remainder, Subtract lines 4a and 4b from line 4,			100	
Remaining underdistributions for years prior to 2020, if				
any. Subtract lines 3g and 4a from line 2. For result greater				
than zero, explain in Part VI. See instructions.		à	100	
Remaining underdistributions for 2020. Subtract lines 3h			1000	
and 4b from line 1. For result greater than zero, explain in			-	
Part VI. See instructions.				
Excess distributions carryover to 2021. Add lines 3j				
and 4c,				
Breakdown of line 7:				
Excess from 2016				
Excess from 2017		Reference to the second		
Excess from 2018				
Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INC.

Employer identification number 02-0763591

	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir	NO U.	
		(a) Donor advised funds	(b) Funds and other accounts
			(4) - drive sind offer accounts
3	- ' '99' '94' VAIUS OF CONTIDUTIONS TO (disting year)		
4	, and all all strong the strong t		
	A A A A A A A A A A A A A A A A A A A		
5	ord the organization inform all donors and donor advisors in	fx4	
_	are the organization's property, subject to the organization's e Did the organization inform all grantees, donors, and donor ac	SACILISING JOSES CONTROL IN GOVIOL SOAN	sed funds
6	Did the organization inform all grantees, donors, and donor act for charitable purposes and not for the benefit of the donor act.	tyleore in uniting that are a second	Yes
	for charitable purposes and not for the honofit of the	The state of the s	used only
	impermissible private benefit?	dullor advisor, or for any other purpose	conferring
P	impermissible private benefit?  art ii Conservation Easements. Complete if the growth in the conservation con		Yes
1	Purpose(s) of conservation easements held by the organization	anization answered "Yes" on Form 990, I	Part IV, line 7.
	Preservation of land for public use (for example, recreation	n (check all that apply).	
	Protection of natural habitat	on or education) Preservation of	a historically important land area
	Preservation of open space	Preservation of	a certified historic structure
2	Complete lines to the section of the		a solution install structure
_	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	d conservation contribution in the form of	of a conservation
а	Total symbol of		a conservation easement on the las
_	the first of conservation easements		Held at the End of the Tax
þ	Total acreage restricted by conservation easements		29
C	Number of conservation easements on a certified historia	Ure included in (a)	2b
d	Number of conservation easements included in (c) acquired afte listed in the National Register	x 7/25/06 and	2c
3	Number of conservation easements modified, transferred, releas		2d
	year >>	ea, exanguished, or terminated by the o	rganization during the tay
1	All sembour of states at		
_	Number of states where property subject to conservation page.		
5	Number of states where property subject to conservation easem		
	The state of the s	ent is located >>	
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,	violations, and enforcement of the conservation conservation	ent is located >> ic monitoring, inspection, handling of	
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i i	violations, and enforcement of the conservation easements it holestaff and volunteer hours devoted to monitoring, inspecting, handling  Amount of expenses incurred in monitoring, inspecting, handling   \$ 200es each conservation easement reported on line 2(d) above sating section 170(h)(4)(B)(ii)?	ent is located >> ic monitoring, inspection, handling of ids? dling of violations, and enforcing conservation of violations, and enforcing conservation tisfy the requirements of section 170(h)(4)	vation easements during the year easements during the year
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a irrit i	violations, and enforcement of the conservation easements it holes it is an advantage of the conservation easements it holes it is an advantage of the conservation easements it holes it is a conservation easement reported on line 2(d) above sating each conservation easement reported on line 2(d) above sating each conservation easement reported on line 2(d) above sating each conservation easement reported on line 2(d) above sating each conservation easement reported conservation easements.  III Organizations Maintaining Collections of Art, Complete if the organization enswered "Yes" on Ferral Complete if the organization enswered "Yes" on Ferral Complete in the conservation enswered "Yes"	ent is located point in the committee of	vation easements during the year  easements during the year  ()(B)(i)  Yes  tement and that describes the  Similar Assets.
intil	violations, and enforcement of the conservation easements it holes it is an advantage of the conservation easements it holes and volunteer hours devoted to monitoring, inspecting, handling around the expenses incurred in monitoring, inspecting, handling is accounted to a second conservation easement reported on line 2(d) above sating section 170(h)(4)(B)(ii)?  The Part XIII, describe how the organization reports conservation easements, and include, if applicable, the text of the footnote to the ganization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on Form 990, the organization elected, as permitted under EASE ASC ASC.	ent is located in its monitoring, inspection, handling of ids?  dling of violations, and enforcing conservation of violations, and enforcing conservation tisfy the requirements of section 170(h)(4).  Issements in its revenue and expense state of the organization's financial statements in the organization's financial statements.  Historical Treasures, or Other Part IV, line 8.	vation easements during the year n easements during the year ()(B)(i) Yes terment and that describes the Similar Assets.
irt I	violations, and enforcement of the conservation easements it holes it is an advantage of the conservation easements it holes and volunteer hours devoted to monitoring, inspecting, handling around the expenses incurred in monitoring, inspecting, handling account in easement reported on line 2(d) above sating section 170(h)(4)(B)(ii)?  The Part XIII, describe how the organization reports conservation easements around the expension of a particular in the organization answered "Yes" on Form 990, the organization elected, as permitted under FASB ASC 958, not art, historical treasures, or other similar assets hald for each line.	ent is located incommon to the common to the	vation easements during the year n easements during the year ()(B)(i) Yes terment and that describes the Similar Assets.
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a lir b: of sec lift art pro	violations, and enforcement of the conservation easements it holes it is staff and volunteer hours devoted to monitoring, inspecting, handling armount of expenses incurred in monitoring, inspecting, handling \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\	ent is located in committee its located in committee in the committee its located in committee its located in the committee its loca	vation easements during the year  n easements during the year  n easements during the year  N(B)(i)  Yes  terment and that describes the  Similar Assets.  calance sheet works rance of public  ce sheet works of  ce of public service,
if if the control of	violations, and enforcement of the conservation easements it holes and volunteer hours devoted to monitoring, inspecting, handling the periodic and volunteer hours devoted to monitoring, inspecting, handling the second conservation easement reported on line 2(d) above satisfied section 170(h)(4)(B)(ii)?  Part XIII, describe how the organization reports conservation easements adapted sheet, and include, if applicable, the text of the footnote to the footnote to the footnote to the footnote to the footnote of the organization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on Form 990, the organization elected, as permitted under FASB ASC 958, not art, historical treasures, or other similar assets held for public extricts, provide in Part XIII the text of the footnote to its financial state organization elected, as permitted under FASB ASC 958, to reprovide in Part XIII the text of the footnote to its financial state organization elected, as permitted under FASB ASC 958, to reprovide the following amounts relating to these items:  Revenue included on Form 990, Part XIII, line 1  Assets included in Form 990, Part XIII, line 1	ent is located in committee, inspection, handling of ide? discommittee, inspection, handling of ide? discommittee, and enforcing conservation of violations, and enforcing conservation itsify the requirements of section 170(h)(4) is sements in its revenue and expense state to the organization's financial statements. Historical Treasures, or Other Part IV, line 8. To report in its revenue statement and behilbition, education, or research in further tatements that describes these items. Export in its revenue statement and balancial in the revenue statement in further and the reve	vation easements during the year  n easements during the year  n)(B)(i)  Yes  terment and that describes the  Similar Assets.  valance sheet works rance of public  ce sheet works of ce of public service,
if to see if to art pro-	violations, and enforcement of the conservation easements it holes and volunteer hours devoted to monitoring, inspecting, handling handlin	ent is located here committed in the com	vation easements during the year  n easements during the year  n)(B)(i)  Yes  tement and that describes the  Similar Assets.  alance sheet works rance of public  ce sheet works of ce of public service,  s provide
if the Rev	violations, and enforcement of the conservation easements it holes and volunteer hours devoted to monitoring, inspecting, handling handlin	ent is located here committed in the com	vation easements during the year  n easements during the year  n)(B)(i)  Yes  tement and that describes the  Similar Assets.  alance sheet works rance of public  ce sheet works of ce of public service,  > \$ > \$ > \$ provide
if the Rev	violations, and enforcement of the conservation easements it holes and volunteer hours devoted to monitoring, inspecting, handling the periodic and volunteer hours devoted to monitoring, inspecting, handling the second conservation easement reported on line 2(d) above satisfied section 170(h)(4)(B)(ii)?  Part XIII, describe how the organization reports conservation easements adapted sheet, and include, if applicable, the text of the footnote to the footnote to the footnote to the footnote to the footnote of the organization's accounting for conservation easements.  Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on Form 990, the organization elected, as permitted under FASB ASC 958, not art, historical treasures, or other similar assets held for public extricts, provide in Part XIII the text of the footnote to its financial state organization elected, as permitted under FASB ASC 958, to reprovide in Part XIII the text of the footnote to its financial state organization elected, as permitted under FASB ASC 958, to reprovide the following amounts relating to these items:  Revenue included on Form 990, Part XIII, line 1  Assets included in Form 990, Part XIII, line 1	ent is located here committed in the provided section is located here. It is not considered the provided section is a section of violations, and enforcing conservation of violations, and enforcing conservation itsify the requirements of section 170(h)(4) is sements in its revenue and expense state the organization's financial statements of the organization's financial statements. Historical Treasures, or Other Part IV, line 8.  The provided the section of the provided statement and balance in the provided statement and b	vation easements during the year  n easements during the year  i)(B)(i)  Yes  tement and that describes the  Similar Assets.  alance sheet works rance of public  ce sheet works of ce of public service,   s  provide

	****	LON FOR .	TMDTGH	MI GOM	1		02-07	63591	Page 2
Sche	dule D (Form 990) 2020 INC.  1111 Organizations Maintaining C	allastione of	Art High	orical Tre	agunes or Othe	r Simila			
Par	Organizations Maintaining C	Ollecuoris or	MI L, 1880	Ulical 116	inflored and the make of	ionificant	use of its	(CONUAL	01.0
3	Using the organization's acquisition, accession	on, and other rec	cords, chec	K any or the r	DHOMILIB flust make a	agrinicar iz	USC 01 NS		
	collection items (check all that apply):		. —						
a	Public exhibition		d L		hange program				
Ь	Scholarly research		•	Other		-			
Q	Preservation for future generations								
4	Provide a description of the organization's co	Hections and ex	plain how t	hey further th	ne organization's exe	mpt purp	ose in Part	XIII.	
5	During the year, did the organization solicit o	r receive donatio	ons of art, h	istorical treas	sures, or other simila	r assets	-	-	
	to be sold to raise funds rather than to be ma	intained as part	of the orga	nization's co	lection?		.,,	Yes	No
Pal	Escrow and Custodial Arrange	gements. Co	mplete if th	e organizatio	n answered "Yes" o	n Form 99	0, Part IV,	ine 9, or	
-	reported an amount on Form 990, Par								
ta	is the organization an agent, trustee, custodi	an or other inter	mediary for	contributions	s or other assets not	included		_	
	on Form 990, Part X?			.,.,,.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	L	_ Yes	No
h	if "Yes," explain the arrangement in Part XIII	and complete th	e following	table:		_			
_	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							Amount	
C	Beginning balance		<del>-</del>		ng.coppe:pro-co-d-pro-que-c	10			
d	Additions during the year								
a	Distributions during the year				********************************	1e			
4	Ending balance								
7	Did the organization include an amount on Fo	nom 990 Part X	line 21, for	escrow or cu	stodial account liab	ility?		Yes	No No
ZΑ	If "Yes," explain the arrangement in Part XIII.	Check here if th	e explanati	on has been	provided on Part XIII				
Del	* V = Endowment Funds. Complete	f the organizatio	n answered	"Yes" on Fo	orm 990, Part IV, line	10.			
S. Sec.	Endownitont ranger complete	(a) Current ye		Prior year	(c) Two years back	(d) Three	years back	(e) Four	ears back
_	m to the description of	(a) Current ye	at (U)	I tipi your	10/ 1110/01111				
1a	Beginning of year balance		_						
b	Contributions		_			1			
C	Net investment earnings, gains, and losses		_		-	1			
d	Grants or scholarships		-			1			
	Other expenditures for facilities								
	and programs		_			-			
f	Administrative expenses		_			-			
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the curr	rent year end ba	lance (ilne 1	ig, column (a	)) held as:				
a	Board designated or quasi-endowment 🐎		%						
ь	Permanent endowment	%							
C	19111 GHOOMHOUR P	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the org	anization th	at are held a	nd administered for t	the organi	zation	6	. 1
	by:								Yes No
	(I) Unrelated organizations							3a(i)	-
	(ii) Related organizations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************			3a(li)	
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as n	equired on	Schedule R?	*************		*********	3b	
4	Describe in Part XIII the intended uses of the	organization's							
	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form	990, Part	IV, line 11a. S	See Form 990, Part >	(, line 10.			
	Description of property		t or other	(b) Cos	t or other (c)	Accumula		(d) Book	value
	The second section of the sec		vestment)	basis	(other) d	epreciatio	n		
10	Land				8.4		Section 5		
b	Buildings								
c									
_									
d	Other								
	L Add those to through 18. (Calums (d) must a		Part X coli	imn (R) line 1	10c.)				0.

Part VII Investments - Other Securities.			02-0763591 B
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	on Form 990, Part IV, lin	9 11b. See Form 990, Part X, line 12.	
1 Classical de 1 de	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
Closely held and the			y
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
G)			
7H)			
I. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)			
investments - Program Related.			
Complete if the organization answered "Yes" or (a) Description of Investment	Form 990, Part IV, line	In See Form 800 Best V See 40	
	(b) Book value	(c) Method of valuation: Cost or e	Industrial modern water
1)			TOLYBEL HEIKET VEILLE
2)			
3)			
6)			
(Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
other Assets.	- 0		
Complete if the organization answered "Yes" on F	form 990 Doct 8/ line 44	d 0 F	
(a) Des	cription	d. See Form 990, Part X, line 15.	
			(b) Book value
		1	
		;	
Cohimp Al			
Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Column (b) must equal Form 990, Part X. col. (B) line 15.)  X Other Liabilities.  Complete if the prespiration appared by a 1		<b>&gt;</b>	
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 11e	<b>&gt;</b>	
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book value
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book vatue
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book value
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book vatue
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book value
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book vatue
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book vafue
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 11e	<b>&gt;</b>	(b) Book value
Complete If the organization answered "Yes" on Fo (a) Description of liability Federal income taxes	rm 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25.	(b) Book vatue
Complete if the organization answered "Yes" on Fo  (a) Description of liability	rm 990, Part IV, line 11e	or 11f. See Form 990, Part X, line 25.	

	FOUNDATION FOR INDIGENT GU	ardianshie	?, 02-07	63591 Page
Sche	tixt   Reconciliation of Revenue per Audited Financial Stateme	ents With Rever		1.00
1 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		AHOLD BYOGH WILKSHOOT WORK	
1			1 .	246,938
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12;	***************************************		
_	Net unrealized gains (losses) on investments	28		
a	Donated services and use of facilities	41	358	
D	Recoveries of prior year grants			
- 6	Other (Describe in Part XIII.)		45	
a	Add lines 2a through 2d		2e	0
e	Subtract line 2e from line 1			246,938
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
4	Investment expenses not included on Form 990, Part VIII, line 7b	49		
а	Other (Describe in Part XIII.)		3-10	
b	Add lines 4a and 4b		4c	0
c	Total revenue, Add lines 3 and 4c. This must equal Form 990, Part I. line 12.)			246,938
Pa Pa	t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12s	ents With Expe	enses per Return.	
_	Total expenses and losses per audited financial statements		1	117,168
1	Amounts included on line 1 but not on Form 990, Part IX, line 25:	*************************		
2		2a		
a	Donated services and use of facilities		- F	
þ	Prior year adjustments		1	
C	Other losses Other (Describe in Part XIII.)		the state of the s	
d			2e	0
	Add lines 2a through 2d			117,168
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
-	Other (Describe in Part XIII.)		40	0
	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			117,168
5	Supplemental Information.	. 04.0423.0004.0002100007.77.0004		
100	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Par	t N/ lines th and 9h	y Part V line 4: Part X. li	ne 2: Part XI.
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 18 and 4, Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	titional information	,   Cat 4, 1110 4, 1 22 74, 11	
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any aut	AINOUR REPORTEDITION.		
-				
PAI	RT X, LINE 2:			
THI	FOUNDATION HAS IMPLEMENTED THE NEW ACCOU	NTING REQU	IREMENTS ASS	OCIATED
WI	TH UNCERTAINTY IN INCOME TAXES, USING THE	PROVISIONS	OF FASB ASC	740,
IN	COME TAXES. USING THAT GUIDANCE, TAX POSIT	IONS INITI	ALLY NEED TO	BE
RE	COGNIZED IN THE FINANCIAL STATEMENTS WHEN	IT IS MORE	-LIKELY-THAN	-NOT THE
PO	SITIONS WILL BE SUSTAINED UPON EXAMINATION	BY THE AF	PROPRIATE TA	XING

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, 2021.

Schedule	D (Form 990) 2020 II Supplemental Infor	FOUNDATION INC.	FOR	INDIGENT	GUARDIANSHIP,	02 0262624	
PartAl	Supplemental Infor	mation (continued)				02-0763591	Page 5
-							
					×	AP	
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							_
							_
							-
							_
							_
							-

SCHEDULE I (Form 990)

Department of the Treasury Internet Revenue Service

# Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yee" on Form 890, Part IV, line 21 or 22.

FOUNDATION FOR INDIGENT GUARDIANSHIP, **Employer Identification numb** Name of the organization 02-0763591 INC.

Part   General Information on Grants an							
1 Does the organization maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assist	ance?		,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes X No
2 Describe In Part IV the organization's prod	sedures for monit	toring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to D	omestic Organi	zations and Domesti	c Governments. C	omplete if the orga	nization answered "	res" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5	000, Part II can				ff) Method of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTH PLORIDA OFFICE OF THE PUBLIC GUARDIAN .			6,361.	0.			DRGANIZATIONAL MISSION
GUARDIANSHIP PROGRAM OF DADE			27,160.	0.			organizational mission
COLLIER/CEARLOTTLE/MONROE/GLADES AND DESOTO COUNTY FUELIC GUARDIAN			60,480,	0.			organizatiowal mission
GUARDIANSHIP/CLIEMT SERVICES PROBRAM OF THE COUNCIL ON AGING OF VOLUSIA CO.			12,885.	.0.			prganizational mission
1.0000000 441							
							9
<ol> <li>Enter total number of section 501(c)(3) and</li> </ol>	d government on	ganizations listed in th	e line 1 table				

3 Enter total number of other organizations listed in the line 1 table ........

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

Schedule I (Form 990) 2020

OME No. 1545-0047

032101 11-02-90

And The control of th	38G9G.	-	OLOG LAS OUL-OLDS	990, Part IV, Ilne 22.	02-0763591
III Grants and Other Assistance to Domestic Indi Part III can be duplicated if additional space is no (a) Type of grant or assistance	(b) Number of recipients	(c) Amount of	T		
	recipients	cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assists
	1 1		1		
			1		
			1		
	1 1		1 1		
	1 1		1		
	1 1		1		
		1		1	
Supplemental Information. Provide the information					
THE PROPERTY OF THE SECOND WILLIAM SECOND SE	n required in Part I, line 2	Part III, column (	); and any other addit	tional information	
				in which the same of the same	
· ·					
	Till and the second				
	Ti and the second				
20					

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

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Department of the Treasury Internal Revenue Service

> Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 ... Open to Public Inspection

Name of the organization

Go to www.irs.gov/Form990 for the latest information. FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.

Employer identification number 02-0763591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVES DISABLED INDIVIDUALS DECLARED INCAPACITATED AND PLACED UNDER THE PROTECTION OF A COURT-APPOINTED PUBLIC GUARDIAN. FORM 990, PART VI, SECTION B, LINE 11B: EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY MEET TO REVIEW THE ORGANIZATION'S TAX RETURN BEFORE FINAL FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD TO THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTERST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE STATE OF FLORIDA DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352).

FORM 990, PART XII, LINE 2C

ORGANIZATION HAS NOT CHANGED THE SELECTION PROCESS OF AN INDEPENDENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020