



Monica Gent, LPN, Prof. Guardian,  
President  
Darrin Francis, MSW, Prof.  
Guardian, Vice President  
Ya'Sheaka Williams, Esq.  
Secretary  
Randy Riley, Prof. Guardian  
Treasurer

## Foundation for Indigent Guardianship, Inc.

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

### Board Members:

Melinda Coulter, Family  
Guardian

Edward O'Sheehan, Esq.

Gwendolyn Spencer, Esq.

July 31, 2026

HAND-DELIVERED

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

RE: Annual DSO Report

Dear Secretary Branham:

As required by Section 20.058, Florida Statutes, enclosed is the 2025-2026 annual report for the Foundation for Indigent Guardianship, Inc., the Direct Support Organization for the Office of Public and Professional Guardianship.

Should you have any questions or need additional information, please call or email our Executive Director, Vicki Simmons at: 850-907-1299 or [simmons.vickib@gmail.com](mailto:simmons.vickib@gmail.com).

Respectfully submitted,

Monica Gent,  
President

Cc: Maryellen Mc Donald

*A not-for-profit 501(c)(3) charitable corporation  
Providing for Florida's most Vulnerable Citizens through the  
Florida Department of Elder Affairs, Office of Public and Professional Guardians  
Florida Public Guardianship Pooled Special Needs Trust  
<https://trustaged.org/the-florida-public-guardianship-pooled-special-needs-trust/>*



## Foundation for Indigent Guardianship, Inc.

4040 Esplanade Way, Suite 250  
Tallahassee, FL 32399-7000

Annual Report  
Fiscal Year 2025 - 2026

### **History and Statutory Authority**

In 2002, 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. The Foundation for Indigent Guardianship, Inc. (FIG) incorporated under Chapter 617, Florida Statutes, as a Florida non-profit corporation and was approved by the Florida Department of State, as well as was approved by the Internal Revenue Service as a 501(c)(3) organization. SPGO then contracted with FIG in 2005 for FIG to become its direct-support organization and act in this capacity.

Since that time FIG has continued in that capacity. However, 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 with a telephone number of 850-907-1299. Our website is located at [www.FIG4OPG.org](http://www.FIG4OPG.org).

### **Mission and Description of Results Obtained**

The mission of FIG remains being to support the OPPG. To do so, in March 2006 FIG created the Florida Public Guardianship Pooled Special Needs Trust (FPGPSNT). Acting as the founding trustee and with the encouragement and support of DOEA, FIG established this pooled special needs trust to supplement funding for Florida's public guardian programs. Anyone in need of a pooled special needs trust is encouraged to use the FPGPSNT since the residual funds, upon the death of a beneficiary, go directly to support public guardianship in Florida. Information regarding FIG's FPGPSNT can be found at <http://trustaged.org/the-florida-public-guardianship-pooled-special-needs-trust/>. As of June 30, 2026, FPGPSNT contains 282 subaccounts totaling \$ 5,120,000.04.

During fiscal year 2025 - 2026 FIG had an income of \$186,396.91 (unaudited). The amount disbursed to the public guardianship programs from the residue of subaccounts in the FPGPSNT was \$213,292.28 (unaudited). The residue of the subaccounts is awarded to the public guardian program in the county from which the subaccount in the FPGPSNT was created. These awards are broken into two main categories: awards for the direct benefit of specific clients of the public programs or awards for the direct benefit of a public guardian program.

|                          |             |                     |
|--------------------------|-------------|---------------------|
| <b>CLIENT NEEDS:</b>     |             |                     |
| Caregiver Services       | \$2,000.00  |                     |
| Clothing /Personal Items | \$20,108.03 |                     |
| Community Engagement     | \$1,530.00  |                     |
| Furniture                | \$7,074.36  |                     |
| Holiday Funds            | \$63,720.00 |                     |
| Housing                  | \$13,483.20 |                     |
| Medical or Dental        | \$7,875.50  |                     |
| Pre-need Funeral         | \$58,726.25 |                     |
| Transportation           | \$215.00    |                     |
| Technology               | 21,300.68   |                     |
| SUBTOTAL                 |             | <b>\$196,033.02</b> |
|                          |             |                     |
| <b>PROGRAM NEEDS:</b>    |             |                     |
| Furniture & Equipment    | \$13,259.06 |                     |
| Legal Expenses           | \$00        |                     |
| Education and Training   | \$00        |                     |
| Loan Repayment           | (\$00)      |                     |
| Other                    | \$4,000.00  |                     |
| SUBTOTAL                 |             | <b>\$17,259.26</b>  |
| <b>TOTAL</b>             |             | <b>\$213,292.28</b> |

The following chart identifies amounts that were provided to each program during this fiscal year.

| <b>PROGRAM NAME</b>                       | <b>Amount Awarded FY 25-26</b> | <b>Counties Served by Program</b>                             |
|-------------------------------------------|--------------------------------|---------------------------------------------------------------|
| AGING SOLUTIONS                           | \$ 2,500.00                    | Brevard, Hillsborough, Manatee, Pasco, and Pinellas Counties  |
| COUNCIL ON AGING OF VOLUSIA COUNTY        | \$ 18,056.54                   | Volusia, Flagler, Putnam, and St. Johns Counties              |
| EIGHTH CIRCUIT PUBLIC GUARDIAN            | \$ .00                         | Alachua, Baker, Bradford, Gilchrist, Levy, and Union Counties |
| FIFTH CIRCUIT PUBLIC GUARDIAN CORPORATION | \$ 4,841.00                    | Marion, Citrus, Hernando, Lake, and Sumter Counties           |
| GUARDIANSHIP CARE GROUP, INC.             | \$ 30,997.25                   | Miami-Dade County                                             |
| GUARDIANSHIP PROGRAM OF DADE COUNTY, INC. | \$ 29,118.32                   | Miami-Dade County                                             |

|                                                                                             |                      |                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.                                                | \$ 3,620.00          | Palm Beach, Martin, Okeechobee, and St. Lucie Counties                                                                                                                                                   |
| LSF GUARDIANSHIP SERVICES, INC. 1st Judicial Circuit                                        | \$ 1,700.00          | Escambia, Okaloosa, Santa Rosa, and Walton Counties                                                                                                                                                      |
| LSF GUARDIANSHIP SERVICES, INC. 12th Judicial Circuit                                       | \$ 2,500.00          | DeSoto, Manatee, and Sarasota Counties                                                                                                                                                                   |
| NORTH FLORIDA OFFICE OF PUBLIC GUARDIAN, INC.                                               | \$ 12,190.00         | Bay, Calhoun, Clay, Columbia, Dixie, Duval, Franklin, Gadsden, Gulf, Hamilton, Holmes, Jackson, Jefferson, Lafayette, Liberty, Leon, Madison, Nassau, Suwannee, Taylor, Wakulla, and Washington Counties |
| PATRICK C. WEBER, P.A. PUBLIC GUARDIAN                                                      | \$ 75,343.01         | Charlotte, Collier, DeSoto, Glades, Lee, Hendry, and Monroe Counties                                                                                                                                     |
| SENIOR RESOURCE ASSOCIATION, INC. D/B/A SENIOR RESOURCE ASSOCIATION PUBLIC GUARDIAN PROGRAM | \$ 17,618.41         | Indian River and St. Lucie Counties                                                                                                                                                                      |
| ST. THOMAS UNIVERSITY COLLEGE OF LAW                                                        | \$ 8,032.75          | Broward County                                                                                                                                                                                           |
| TENTH CIRCUIT PUBLIC GUARDIAN                                                               | \$ 4,175.00          | Hardee, Highlands, Osceola, and Polk Counties                                                                                                                                                            |
| EDWARD CASORIA, JR. GUARDIANSHIP PROGRAM, A SERVICE OF SENIORS FIRST, INC                   | \$ 2,600.00          | Orange and Seminole Counties                                                                                                                                                                             |
| <b>TOTAL</b>                                                                                | <b>\$ 213,292.08</b> |                                                                                                                                                                                                          |

During this same timeframe, FIG's administrative costs totaled \$61,326.77. These expenses included the annual audit, part-time staff, insurance, fees and office supplies/postage.

FIG continues to emphasize accountability for funding that is offered to the public guardianship offices by requiring auditable recordkeeping. All FIG meetings are public meetings open to the public and are advertised in the Florida Administrative Register. Programs submitting funding requests are specifically asked to attend the FIG board meeting where their request will be discussed. Meetings are held telephonically/electronically (MS Teams).

The FIG board has seven members. They include the following:

Monica Gent, LPN, Prof. Guardian, President  
Darrin Francis, MSW, Prof. Guardian, Vice-President  
Ya'Sheaka Williams, Esq., Secretary  
Randy Riley, Retired Guardianship Manager, Treasurer  
Melinda Coulter, Family Guardian, Director  
Gwendolyn Spencer, Esq., Director  
Edward O' Sheehan, Esq., Director

FIG continues the practice of offering trust residue awards to the public guardian programs in the county where the trust subaccount was initiated. FIG requires a response/proposal for spending the award from the program within two months from notification. If a response/proposal for spending is not timely received, these dollars are considered unclaimed and go into FIG's general budget to be used for emergency purposes or other special requests to support public guardianship in Florida (such as holiday gifts for clients or emergency needs of clients/programs). 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 from FIG's general budget is based upon the availability of funds and the approval of the FIG Board.

A procedural change implemented two years ago relates to FIG improving its funding distribution process. To minimize efforts, simplify record keeping, and to be auditable, each program is asked to state in its award proposal, for items (goods or services) 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. The Board of Directors continually monitors the effectiveness of procedures to facilitate financial assistance to the programs.

### **Plans of the Organization for the Next Three Years**

FIG looks forward to continuing to collaborate with the OPPG by supporting the goals of that office, in accordance with the adopted goals and mission of the DOEA. FIG continues to encourage attorneys specializing in guardianship throughout the state to support their respective public guardians, offer pro bono services to the public guardian programs, and to use the FPGPSNT.

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

1. Continue to support OPPG and Florida's public guardianship programs 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. Expand advertising of the FPGPSNT.
3. Continue to recognize staff of the public guardianship offices for the work they do.
4. 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 signed by each member of the board.

### **Attestation**

Attached is FIG's Attestation.

**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.**

# **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

Monica D. Gent



June 30, 2026

# **Foundation for Indigent Guardianship, Inc.**

4040 Esplanade Way, Tallahassee, FL 32399-7000

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Name

Signature

Date

Darrin Francis



6/22/26

**Foundation for Indigent Guardianship, Inc.**  
4040 Esplanade Way, Tallahassee, FL 32399-7000

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Name

Ya'Sheaka C. Williams

Signature

Date

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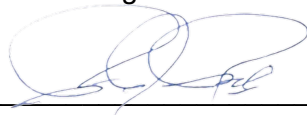
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Name

Signature

Date

Randy J. Riley



July 17, 2026

**Foundation for Indigent Guardianship, Inc.**

4040 Esplanade Way, Tallahassee, FL 32399-7000

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Name

Signature

Date

Melinda Coulter

[Signature]

6/22/26

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

**Foundation for Indigent Guardianship, Inc.**  
4040 Esplanade Way, Tallahassee, FL 32399-7000

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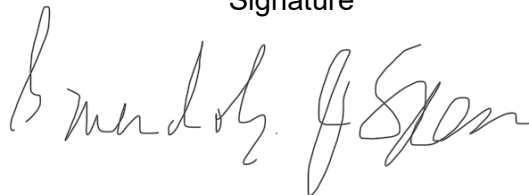
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Name

Signature

Date

**Gwendolyn J. Spencer**



7/30/26

**Foundation for Indigent Guardianship, Inc.**  
4040 Esplanade Way, Tallahassee, FL 32399-7000

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Name

Signature

Date

\_\_\_\_\_ Edward J. O'Sheehan \_\_\_\_\_  \_\_\_\_\_ 23 Jun 2026 \_\_\_\_\_



Monica Gent, Prof. Guardian  
President  
Darrin Francis, MSW  
Vice President  
Ya'Sheaka Williams, Esq.  
Secretary  
Randy Riley, Prof. Guardian  
Treasurer

## Foundation for Indigent Guardianship, Inc.

4040 Esplanade Way, Suite 250  
Tallahassee, FL 32399-7000

### Board Members:

Melinda Coulter, Family Guardian  
Edward O'Sheehan, Esq.,  
Gwendolyn Spencer, Esq.

July 31, 2026

### Attestation

Please consider this the Foundation's attestation in accordance with Section 20.058, F. S., requiring all direct support organizations to attest, under penalty of perjury, that the organization has complied with the following:

(4)(a) As used in this section, the term "pecuniary factor" means a factor that the citizen support organization or direct-support organization prudently determines is expected to have a material effect on the risk or returns of an investment based on appropriate investment horizons consistent with applicable investment objectives and funding policy. The term does not include the consideration of the furtherance of any social, political, or ideological interests.

(b) Notwithstanding any other law, when deciding whether to invest and when investing funds on behalf of an agency, the citizen support organization or direct-support organization must make decisions based solely on pecuniary factors and may not subordinate the interests of the people of this state to other objectives, including sacrificing investment return or undertaking additional investment risk to promote any nonpecuniary factor. The weight given to any pecuniary factor must appropriately reflect a prudent assessment of its impact on risk or returns.

LANIGAN & ASSOCIATES, P. C.  
2630 CENTENNIAL PLACE, SUITE 1  
TALLAHASSEE, FL 32308

FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.  
4040 ESPLANDE WAY  
TALLAHASSEE, FL 32399-7000

|||||

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024**Open to Public  
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

|                                                                                                                                                          |                                                                                                                   |  |                                                              |                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br>Address change<br>Name change<br>Initial return<br>Final return/terminated<br>Amended return<br>Application pending | <b>C</b> Name of organization<br><b>FOUNDATION FOR INDIGENT GUARDIANSHIP INC.</b>                                 |  | <b>D</b> Employer identification number<br><b>02-0763591</b> |                                                                                                       |
|                                                                                                                                                          | Doing business as                                                                                                 |  | <b>E</b> Telephone number<br><b>850-414-2129</b>             |                                                                                                       |
|                                                                                                                                                          | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>4040 ESPLANDE WAY</b> |  |                                                              |                                                                                                       |
|                                                                                                                                                          | City or town, state or province, country, and ZIP or foreign postal code<br><b>TALLAHASSEE, FL 32399-7000</b>     |  |                                                              |                                                                                                       |
|                                                                                                                                                          | <b>F</b> Name and address of principal officer: <b>MONICA GENT</b><br><b>1338 S.E. 5TH COURT, DANIA, FL 33004</b> |  |                                                              | <b>G</b> Gross receipts \$ <b>297,417.</b>                                                            |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527                                      |                                                                                                                   |  |                                                              | <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No |
| <b>J</b> Website: <b>WWW.FIG4OPG.ORG</b>                                                                                                                 |                                                                                                                   |  |                                                              | <b>H(b)</b> Are all subordinates included? Yes No                                                     |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other                                                   |                                                                                                                   |  |                                                              | <b>H(c)</b> Group exemption number                                                                    |
| <b>L</b> Year of formation: <b>2005</b>                                                                                                                  |                                                                                                                   |  |                                                              | <b>M</b> State of legal domicile: <b>FL</b>                                                           |

**Part I Summary**

|                                                                                            |                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Activities &amp; Governance</b>                                                         | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SERVE AS THE DIRECT SUPPORT ORGANIZATION FOR THE OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS</b> |
|                                                                                            | <b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.                                                                  |
|                                                                                            | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b>                                                                                                      |
|                                                                                            | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b>                                                                                          |
|                                                                                            | <b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) <b>0</b>                                                                                           |
|                                                                                            | <b>6</b> Total number of volunteers (estimate if necessary) <b>0</b>                                                                                                                     |
|                                                                                            | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>10,315.</b>                                                                                            |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b> |                                                                                                                                                                                          |
| <b>Revenue</b>                                                                             | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>7,061.</b>                                                                                                                     |
|                                                                                            | <b>9</b> Program service revenue (Part VIII, line 2g) <b>282,759.</b>                                                                                                                    |
|                                                                                            | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>2,176.</b>                                                                                                    |
|                                                                                            | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>0.</b>                                                                                             |
|                                                                                            | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>291,996.</b>                                                                             |
|                                                                                            | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>265,871.</b>                                                                                               |
| <b>Expenses</b>                                                                            | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>                                                                                                        |
|                                                                                            | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b>                                                                                    |
|                                                                                            | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>                                                                                                       |
|                                                                                            | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>0.</b>                                                                                                             |
|                                                                                            | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>25,486.</b>                                                                                                    |
|                                                                                            | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>291,357.</b>                                                                                      |
|                                                                                            | <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>639.</b>                                                                                                               |
| <b>Net Assets or Fund Balances</b>                                                         | <b>20</b> Total assets (Part X, line 16) <b>441,137.</b>                                                                                                                                 |
|                                                                                            | <b>21</b> Total liabilities (Part X, line 26) <b>0.</b>                                                                                                                                  |
|                                                                                            | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>441,137.</b>                                                                                                     |
|                                                                                            | <b>23</b> Revenue less expenses. Subtract line 18 from line 12 <b>-101,930.</b>                                                                                                          |

**Part II Signature Block**

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

|                                                                                   |                                                       |                                             |                               |                                                 |                          |
|-----------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------|-------------------------------|-------------------------------------------------|--------------------------|
| <b>Sign Here</b>                                                                  | Signature of officer<br><b>MONICA GENT, CHAIR</b>     |                                             | Date                          |                                                 |                          |
|                                                                                   | Type or print name and title                          |                                             |                               |                                                 |                          |
| <b>Paid Preparer Use Only</b>                                                     | Preparer's name<br><b>JOHN KEILLOR</b>                | Preparer's signature<br><i>John Keillor</i> | Date<br><b>2/3/26</b>         | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01315239</b> |
|                                                                                   | Firm's name<br><b>LANIGAN &amp; ASSOCIATES, P. C.</b> | Firm's EIN<br><b>58-1304721</b>             | Phone no. <b>850-893-8418</b> |                                                 |                          |
| Firm's address<br><b>2630 CENTENNIAL PLACE, SUITE 1<br/>TALLAHASSEE, FL 32308</b> |                                                       |                                             |                               |                                                 |                          |

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

FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.

Form 990 (2024)

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**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
**TO REQUEST AND RECEIVE GRANTS, GIFTS, AND BEQUESTS OF MONEYS; TO ACQUIRE, RECEIVE, HOLD, INVEST, AND ADMINISTER, IN ITS OWN NAME, SECURITIES, FUNDS, OBJECTS OF VALUE, OR OTHER PROPERTY, REAL OR PERSONAL; AND TO MAKE EXPENDITURES TO OR FOR THE DIRECT OR INDIRECT**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 367,217. including grants of \$ 351,161. ) (Revenue \$ 287,102. )  
**THE FOUNDATION MADE AWARDS TO NINE DIFFERENT PUBLIC GUARDIANSHIP PROGRAMS DURING THIS FUNDING PERIOD. THESE NINE PROGRAMS SERVE INDIVIDUALS RESIDING IN 49 OF FLORIDA'S COUNTIES. PUBLIC GUARDIANS SERVE AS GUARDIANS AND GUARDIAN ADVOCATES FOR FLORIDA RESIDENTS, WHO CANNOT AFFORD THE SERVICES OF A PROFESSIONAL GUARDIAN, AND WHO HAVE NO FAMILY OR FRIENDS WILLING TO SERVE.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 367,217.

**FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.**

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**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes      | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          |          | <b>X</b> |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>                                                                                                                      |          | <b>X</b> |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>                                                                                                       |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>                                                                                      |          | <b>X</b> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>                                                    |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>                                                                                            |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         |          | <b>X</b> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i>         |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>                                                                                                                               |          | <b>X</b> |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.                                                                                                                                                                |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>                                                                                                                                                                       |          | <b>X</b> |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>                                                                                                  |          | <b>X</b> |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>                                                                                                  |          | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>                                                                                                                     |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     |          | <b>X</b> |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>                                                            | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    |          | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |          | <b>X</b> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>                                                                                                           |          | <b>X</b> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>                                                                                                     |          | <b>X</b> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>                                                                                             |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>                                                                                                                           |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>                                                                                                                                                     |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>                                                                                            | <b>X</b> |          |

**FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.**

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**Part IV Checklist of Required Schedules** *(continued)*

|                                                                                                                                                                                                                                                                                                                                                                                                         | Yes        | No       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                                                                                        | <b>22</b>  | <b>X</b> |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....                                                                                                                            | <b>23</b>  | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                                                                                                  | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                                                                                        | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                                                                                               | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                                                                                                  | <b>24d</b> |          |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                                                                               | <b>25a</b> | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                                               | <b>25b</b> | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....                                                       | <b>26</b>  | <b>X</b> |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | <b>X</b> |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):                                                                                                                                                                                           |            |          |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                              | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                                                                   | <b>28b</b> | <b>X</b> |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                                                      | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                                                                                          | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                         | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                                                                                               | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                                                                                             | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                                                                                             | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                                                                                         | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                                                                                                | <b>35a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                 | <b>35b</b> |          |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                                                                                  | <b>36</b>  | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                                                                                                    | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....                                                                                                                                                                                                     | <b>38</b>  | <b>X</b> |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|                                                                                                                                                                         | Yes       | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....                                                                            | <b>1a</b> | 0  |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....                                                                          | <b>1b</b> | 0  |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> |    |

**FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.**

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**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|                                                                                                                                                                                                                                                        |             | Yes | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----------|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                                | <b>2a</b> 0 |     |          |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                                | <b>2b</b>   |     |          |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                                | <b>3a</b>   |     | <b>X</b> |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                                                                                                            | <b>3b</b>   |     |          |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | <b>4a</b>   |     | <b>X</b> |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                        |             |     |          |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                        | <b>5a</b>   |     | <b>X</b> |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                              | <b>5b</b>   |     | <b>X</b> |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                             | <b>5c</b>   |     |          |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                      | <b>6a</b>   |     | <b>X</b> |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                                 | <b>6b</b>   |     |          |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                                 |             |     |          |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                               | <b>7a</b>   |     | <b>X</b> |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                               | <b>7b</b>   |     |          |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                          | <b>7c</b>   |     | <b>X</b> |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                             | <b>7d</b>   |     |          |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                               | <b>7e</b>   |     |          |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                  | <b>7f</b>   |     |          |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                              | <b>7g</b>   |     |          |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                            | <b>7h</b>   |     |          |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                       | <b>8</b>    |     |          |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                     |             |     |          |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                            | <b>9a</b>   |     |          |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                             | <b>9b</b>   |     |          |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                      |             |     |          |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                      | <b>10a</b>  |     |          |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                   | <b>10b</b>  |     |          |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                     |             |     |          |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                     | <b>11a</b>  |     |          |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                                 | <b>11b</b>  |     |          |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                  | <b>12a</b>  |     |          |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                         | <b>12b</b>  |     |          |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                             |             |     |          |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                              | <b>13a</b>  |     |          |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                     | <b>13b</b>  |     |          |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                          | <b>13c</b>  |     |          |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                  | <b>14a</b>  |     | <b>X</b> |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                                                                                                              | <b>14b</b>  |     |          |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br><i>If "Yes," see the instructions and file Form 4720, Schedule N.</i>          | <b>15</b>   |     | <b>X</b> |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br><i>If "Yes," complete Form 4720, Schedule O.</i>                                                                          | <b>16</b>   |     | <b>X</b> |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br><i>If "Yes," complete Form 6069.</i> | <b>17</b>   |     |          |

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**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**

**Section A. Governing Body and Management**

|                                                                                                                                                                                                                                                                                                                          |           | Yes      | No       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | <b>1a</b> | 7        |          |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....                                                                                                                                                                                                                        | <b>1b</b> | 7        |          |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....                                                                                                                                     | <b>2</b>  |          | <b>X</b> |
| <b>3</b> 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? .....                                                                                         | <b>3</b>  |          | <b>X</b> |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                          | <b>4</b>  |          | <b>X</b> |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                | <b>5</b>  |          | <b>X</b> |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                        | <b>6</b>  |          | <b>X</b> |
| <b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....                                                                                                                                                       | <b>7a</b> |          | <b>X</b> |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....                                                                                                                                                 | <b>7b</b> |          | <b>X</b> |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                               |           |          |          |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                       | <b>8a</b> | <b>X</b> |          |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                     | <b>8b</b> | <b>X</b> |          |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....                                                                                              | <b>9</b>  |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|                                                                                                                                                                                                                                                                                                             |            | Yes      | No       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|----------|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....                                                                                                                                                                                                                         | <b>10a</b> |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....                                                                   | <b>10b</b> |          |          |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....                                                                                                                                                                | <b>11a</b> | <b>X</b> |          |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                      |            |          |          |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....                                                                                                                                                                                                    | <b>12a</b> | <b>X</b> |          |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....                                                                                                                                                          | <b>12b</b> | <b>X</b> |          |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....                                                                                                                                           | <b>12c</b> | <b>X</b> |          |
| <b>13</b> Did the organization have a written whistleblower policy? .....                                                                                                                                                                                                                                   | <b>13</b>  |          | <b>X</b> |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....                                                                                                                                                                                                              | <b>14</b>  |          | <b>X</b> |
| <b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                              |            |          |          |
| <b>a</b> The organization's CEO, Executive Director, or top management official .....                                                                                                                                                                                                                       | <b>15a</b> |          | <b>X</b> |
| <b>b</b> Other officers or key employees of the organization .....                                                                                                                                                                                                                                          | <b>15b</b> |          | <b>X</b> |
| If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.                                                                                                                                                                                                                          |            |          |          |
| <b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....                                                                                                                                      | <b>16a</b> |          | <b>X</b> |
| <b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... | <b>16b</b> |          |          |

**Section 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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ 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 financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**MELINDA COULTER - 850-445-3271**  
**707 PARKER DRIVE, TALLAHASSE, FL 32304**



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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                      |                                                                                     | Individual trustee or director                                                                               | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
|                                                                      |                                                                                     |                                                                                                              |                       |         |              |                              |        |                                                                               |                                                                                    |                                                                                               |
| <b>1b Subtotal</b> .....                                             |                                                                                     |                                                                                                              |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                     |                                                                                                              |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                     |                                                                                                              |                       |         |              |                              |        | 0.                                                                            | 0.                                                                                 | 0.                                                                                            |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

|                                                                                                                                                                                                                                                    | Yes                      | No                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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**Part VIII Statement of Revenue**

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

|                                                                                                                                                    |                                                                                                |                                                                                                |                | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                  | <b>1 a</b> Federated campaigns .....                                                           | <b>1a</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Membership dues .....                                                                 | <b>1b</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> Fundraising events .....                                                              | <b>1c</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> Related organizations .....                                                           | <b>1d</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> Government grants (contributions) .....                                               | <b>1e</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ... | <b>1f</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g</b> Noncash contributions included in lines 1a-1f                                         | <b>1g</b>                                                                                      | \$             |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>h Total.</b> Add lines 1a-1f .....                                                          |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                                                                                                 | <b>2 a</b> <b>SPECIAL NEEDS TRUST</b>                                                          | <b>Business Code</b>                                                                           | <b>624100</b>  | <b>287,102.</b>      | <b>287,102.</b>                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> .....                                                                                 |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> .....                                                                                 |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other program service revenue .....                                               |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g Total.</b> Add lines 2a-2f .....                                                          |                                                                                                |                |                      | <b>287,102.</b>                              |                                      |                                                                 |
|                                                                                                                                                    | <b>Other Revenue</b>                                                                           | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                |                      | <b>10,315.</b>                               |                                      | <b>10,315.</b>                                                  |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>5</b> Royalties .....                                                                                                                           |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>6 a</b> Gross rents .....                                                                                                                       |                                                                                                | <b>6a</b>                                                                                      | (i) Real       | (ii) Personal        |                                              |                                      |                                                                 |
| <b>b</b> Less: rental expenses ...                                                                                                                 |                                                                                                | <b>6b</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>c</b> Rental income or (loss) .....                                                                                                             |                                                                                                | <b>6c</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>d</b> Net rental income or (loss) .....                                                                                                         |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                         |                                                                                                | <b>7a</b>                                                                                      | (i) Securities | (ii) Other           |                                              |                                      |                                                                 |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     |                                                                                                | <b>7b</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>c</b> Gain or (loss) .....                                                                                                                      |                                                                                                | <b>7c</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>d</b> Net gain or (loss) .....                                                                                                                  |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |                                                                                                | <b>8a</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               |                                                                                                | <b>8b</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                        |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                      |                                                                                                | <b>9a</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               |                                                                                                | <b>9b</b>                                                                                      |                |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                         |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....                                                                         |                                                                                                | <b>10a</b>                                                                                     |                |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                                                                                            | <b>10b</b>                                                                                     |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                                        |                                                                                                |                                                                                                |                |                      |                                              |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                                                                                                   | <b>11 a</b> .....                                                                              | <b>Business Code</b>                                                                           |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> All other revenue .....                                                               |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e Total.</b> Add lines 11a-11d .....                                                        |                                                                                                |                |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>12 Total revenue.</b> See instructions .....                                                |                                                                                                |                |                      | <b>297,417.</b>                              | <b>287,102.</b>                      | <b>10,315.</b>                                                  |

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**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                                                                   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                                                                | 351,161.              | 351,161.                        |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....                                                                                                  |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members .....                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....                                                                                      |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages .....                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....                                                                                                                                |                       |                                 |                                        |                             |
| <b>9</b> Other employee benefits .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>10</b> Payroll taxes .....                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>b</b> Legal .....                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| <b>c</b> Accounting .....                                                                                                                                                                                                                        | 7,671.                |                                 | 7,671.                                 |                             |
| <b>d</b> Lobbying .....                                                                                                                                                                                                                          |                       |                                 |                                        |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17 .....                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees .....                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 32,112.               | 16,056.                         | 16,056.                                |                             |
| <b>12</b> Advertising and promotion .....                                                                                                                                                                                                        | 5,205.                |                                 | 5,205.                                 |                             |
| <b>13</b> Office expenses .....                                                                                                                                                                                                                  | 55.                   |                                 | 55.                                    |                             |
| <b>14</b> Information technology .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>15</b> Royalties .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>16</b> Occupancy .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>17</b> Travel .....                                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...                                                                                                                                     | 1,310.                |                                 | 1,310.                                 |                             |
| <b>19</b> Conferences, conventions, and meetings .....                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>20</b> Interest .....                                                                                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>21</b> Payments to affiliates .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization .....                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>23</b> Insurance .....                                                                                                                                                                                                                        | 1,712.                |                                 | 1,712.                                 |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |                                        |                             |
| <b>a MISCELLANEOUS</b>                                                                                                                                                                                                                           | 121.                  |                                 | 121.                                   |                             |
| <b>b</b> _____                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>c</b> _____                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>d</b> _____                                                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>e</b> All other expenses _____                                                                                                                                                                                                                |                       |                                 |                                        |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                                                                     | 399,347.              | 367,217.                        | 32,130.                                | 0.                          |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |                                        |                             |

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**Part X Balance Sheet**

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

|                                                                           |                                                                                                                                                                                                                                | (A)<br>Beginning of year |                 | (B)<br>End of year |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | <b>441,137.</b>          | <b>1</b>        | <b>350,631.</b>    |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          |                          | <b>2</b>        |                    |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>        |                    |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        |                          | <b>4</b>        |                    |
|                                                                           | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>        |                    |
|                                                                           | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>        |                    |
|                                                                           | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 |                          | <b>7</b>        |                    |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     |                          | <b>8</b>        |                    |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           |                          | <b>9</b>        |                    |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b>               |                 |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b>               | <b>10c</b>      |                    |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>       |                    |
|                                                                           | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                          | <b>12</b>       |                    |
|                                                                           | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>       |                    |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>       |                    |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                             |                          | <b>15</b>       |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | <b>441,137.</b>                                                                                                                                                                                                                | <b>16</b>                | <b>350,631.</b> |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          |                          | <b>17</b>       |                    |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>       |                    |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                               |                          | <b>19</b>       |                    |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>       |                    |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>       |                    |
|                                                                           | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>       |                    |
|                                                                           | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 |                          | <b>23</b>       |                    |
|                                                                           | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>       |                    |
|                                                                           | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                          |                          | <b>25</b>       |                    |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                     | <b>0.</b>                | <b>26</b>       | <b>0.</b>          |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |                 |                    |
|                                                                           | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | <b>441,137.</b>          | <b>27</b>       | <b>350,631.</b>    |
|                                                                           | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             |                          | <b>28</b>       |                    |
|                                                                           | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |                 |                    |
|                                                                           | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>       |                    |
|                                                                           | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>       |                    |
|                                                                           | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>       |                    |
|                                                                           | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | <b>441,137.</b>          | <b>32</b>       | <b>350,631.</b>    |
|                                                                           | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | <b>441,137.</b>          | <b>33</b>       | <b>350,631.</b>    |

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**Part XI Reconciliation of Net Assets**

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

|           |                                                                                                                |           |           |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 297,417.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 399,347.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -101,930. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 441,137.  |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |           |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |           |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  | 11,424.   |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | 0.        |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 350,631.  |

**Part XII Financial Statements and Reporting**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____                                                                                                                                                                                                                                                           |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____                                                                                                                                                                                                       |     |    |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                                        | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  | 246,938. | 235,141. | 367,358. | 289,820. | 287,102. | 1426359.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        | 246,938. | 235,141. | 367,358. | 289,820. | 287,102. | 1426359.  |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          | 1426359.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                    | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....                                                                                                             | 246,938. | 235,141. | 367,358. | 289,820. | 287,102. | 1426359.  |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          | 2,176.   | 10,315.  | 12,491.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                              |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                |          |          |          |          |          | 1438850.  |

|                                                                                                                                                                                                   |    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   | 12 |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |    | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                 |           |        |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------|-------------------------------------|
| <b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | <b>14</b> | 99.13  | %                                   |
| <b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | <b>15</b> | 100.00 | %                                   |
| <b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |           |        | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2023.</b> 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 and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |           |        | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           |        | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           |        | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                              |           |        | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

**Section C. Computation of Public Support Percentage**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2023 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

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**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                    |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>                                                                                                                                                                               |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>                                                              |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                         |     |    |
| <b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>                                                                                                                                                                                                                                                  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                       |     |    |

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**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                                    | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |  |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                             |  |  |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |  |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year<br>(optional) |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b>                        | Net short-term capital gain                                                                                                                                                                              | <b>1</b>       |                                |
| <b>2</b>                        | Recoveries of prior-year distributions                                                                                                                                                                   | <b>2</b>       |                                |
| <b>3</b>                        | Other gross income (see instructions)                                                                                                                                                                    | <b>3</b>       |                                |
| <b>4</b>                        | Add lines 1 through 3.                                                                                                                                                                                   | <b>4</b>       |                                |
| <b>5</b>                        | Depreciation and depletion                                                                                                                                                                               | <b>5</b>       |                                |
| <b>6</b>                        | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | <b>6</b>       |                                |
| <b>7</b>                        | Other expenses (see instructions)                                                                                                                                                                        | <b>7</b>       |                                |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | <b>8</b>       |                                |

| Section B - Minimum Asset Amount |                                                                                                                                 | (A) Prior Year | (B) Current Year<br>(optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------|
| <b>1</b>                         | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                                |
| <b>a</b>                         | Average monthly value of securities                                                                                             | <b>1a</b>      |                                |
| <b>b</b>                         | Average monthly cash balances                                                                                                   | <b>1b</b>      |                                |
| <b>c</b>                         | Fair market value of other non-exempt-use assets                                                                                | <b>1c</b>      |                                |
| <b>d</b>                         | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | <b>1d</b>      |                                |
| <b>e</b>                         | <b>Discount</b> claimed for blockage or other factors<br>( <i>explain in detail in Part VI</i> ):                               |                |                                |
| <b>2</b>                         | Acquisition indebtedness applicable to non-exempt-use assets                                                                    | <b>2</b>       |                                |
| <b>3</b>                         | Subtract line 2 from line 1d.                                                                                                   | <b>3</b>       |                                |
| <b>4</b>                         | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>       |                                |
| <b>5</b>                         | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | <b>5</b>       |                                |
| <b>6</b>                         | Multiply line 5 by 0.035.                                                                                                       | <b>6</b>       |                                |
| <b>7</b>                         | Recoveries of prior-year distributions                                                                                          | <b>7</b>       |                                |
| <b>8</b>                         | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | <b>8</b>       |                                |

| Section C - Distributable Amount |                                                                                                                                                                           | (A) Prior Year | (B) Current Year |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------|
| <b>1</b>                         | Adjusted net income for prior year (from Section A, line 8, column A)                                                                                                     |                | Current Year     |
| <b>2</b>                         | Enter 0.85 of line 1.                                                                                                                                                     |                |                  |
| <b>3</b>                         | Minimum asset amount for prior year (from Section B, line 8, column A)                                                                                                    |                |                  |
| <b>4</b>                         | Enter greater of line 2 or line 3.                                                                                                                                        |                |                  |
| <b>5</b>                         | Income tax imposed in prior year                                                                                                                                          |                |                  |
| <b>6</b>                         | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).                                             |                |                  |
| <b>7</b>                         | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |                  |

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**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions                                                                                                                                    |           | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                                | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                  | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2024 from Section C, line 6                                                                                                | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b> |              |

| Section E - Distribution Allocations (see instructions)                                                                                                                                  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2024 | (iii)<br>Distributable<br>Amount for 2024 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2024 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2024                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2019                                                                                                                                                                       |                             |                                        |                                           |
| <b>b</b> From 2020                                                                                                                                                                       |                             |                                        |                                           |
| <b>c</b> From 2021                                                                                                                                                                       |                             |                                        |                                           |
| <b>d</b> From 2022                                                                                                                                                                       |                             |                                        |                                           |
| <b>e</b> From 2023                                                                                                                                                                       |                             |                                        |                                           |
| <b>f Total</b> of lines 3a through 3e                                                                                                                                                    |                             |                                        |                                           |
| <b>g</b> Applied to under distributions of prior years                                                                                                                                   |                             |                                        |                                           |
| <b>h</b> Applied to 2024 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2019 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2024 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2024 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| <b>7 Excess distributions carryover to 2025.</b> Add lines 3j and 4c.                                                                                                                    |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2020                                                                                                                                                                |                             |                                        |                                           |
| <b>b</b> Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| <b>c</b> Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| <b>d</b> Excess from 2023                                                                                                                                                                |                             |                                        |                                           |
| <b>e</b> Excess from 2024                                                                                                                                                                |                             |                                        |                                           |

Schedule A (Form 990) 2024



SCHEDULE D  
(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization **FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.**

Employer identification number  
**02-0763591**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|                                                                                                                                                                                                                                                                             | (a) Donor advised funds      | (b) Funds and other accounts |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                              |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                              |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                              |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|                                                                                                                                                            | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements .....                                                                                                             | 2a                              |
| b Total acreage restricted by conservation easements .....                                                                                                 | 2b                              |
| c Number of conservation easements on a certified historic structure included on line 2a .....                                                             | 2c                              |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

(ii) Assets included in Form 990, Part X ..... \$ .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

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| Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) |
|----------|---------------------------------------------------------------------------------------------------------|
|----------|---------------------------------------------------------------------------------------------------------|

to be sold to raise funds rather than to be maintained as part of the organization's collection? ..... ☐ Yes ☐ No

**Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

|                                                                                                       |    |
|-------------------------------------------------------------------------------------------------------|----|
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | 0. |
|-------------------------------------------------------------------------------------------------------|----|

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**FOUNDATION FOR INDIGENT GUARDIANSHIP**

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**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                           | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) .....                                                               |                |                                                           |
| (2) .....                                                               |                |                                                           |
| (3) .....                                                               |                |                                                           |
| (4) .....                                                               |                |                                                           |
| (5) .....                                                               |                |                                                           |
| (6) .....                                                               |                |                                                           |
| (7) .....                                                               |                |                                                           |
| (8) .....                                                               |                |                                                           |
| (9) .....                                                               |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B)) |                |                                                           |

**Part IX Other Assets**

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

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) .....                                                                 |                |
| (2) .....                                                                 |                |
| (3) .....                                                                 |                |
| (4) .....                                                                 |                |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) |                |

**Part X Other Liabilities**

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

**Schedule D (Form 990) (Rev. 12-2024)**

**FOUNDATION FOR INDIGENT GUARDIANSHIP**

Schedule D (Form 990) (Rev. 12-2024) **INC.**

02-0763591 Page **4**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|                                                                                                               |           |          |
|---------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>  | 297,417. |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |          |
| <b>a</b> Net unrealized gains (losses) on investments .....                                                   | <b>2a</b> |          |
| <b>b</b> Donated services and use of facilities .....                                                         | <b>2b</b> |          |
| <b>c</b> Recoveries of prior year grants .....                                                                | <b>2c</b> |          |
| <b>d</b> Other (Describe in Part XIII.) .....                                                                 | <b>2d</b> |          |
| <b>e</b> Add lines 2a through 2d .....                                                                        | <b>2e</b> | 0.       |
| <b>3</b> Subtract line 2e from line 1 .....                                                                   | <b>3</b>  | 297,417. |
| <b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |          |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |          |
| <b>b</b> Other (Describe in Part XIII.) .....                                                                 | <b>4b</b> |          |
| <b>c</b> Add lines 4a and 4b .....                                                                            | <b>4c</b> | 0.       |
| <b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>  | 297,417. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|                                                                                                                |           |          |
|----------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>1</b> Total expenses and losses per audited financial statements .....                                      | <b>1</b>  | 399,347. |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |          |
| <b>a</b> Donated services and use of facilities .....                                                          | <b>2a</b> |          |
| <b>b</b> Prior year adjustments .....                                                                          | <b>2b</b> |          |
| <b>c</b> Other losses .....                                                                                    | <b>2c</b> |          |
| <b>d</b> Other (Describe in Part XIII.) .....                                                                  | <b>2d</b> |          |
| <b>e</b> Add lines 2a through 2d .....                                                                         | <b>2e</b> | 0.       |
| <b>3</b> Subtract line 2e from line 1 .....                                                                    | <b>3</b>  | 399,347. |
| <b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |          |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |          |
| <b>b</b> Other (Describe in Part XIII.) .....                                                                  | <b>4b</b> |          |
| <b>c</b> Add lines 4a and 4b .....                                                                             | <b>4c</b> | 0.       |
| <b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>  | 399,347. |

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

THE FOUNDATION HAS IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES, USING THE PROVISIONS OF FASB ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD DURING THE YEAR ENDED JUNE 30, 2025.

Schedule D (Form 990) (Rev. 12-2024) **INC.**

|                  |                                                    |
|------------------|----------------------------------------------------|
| <b>Part XIII</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|------------------|----------------------------------------------------|

This image shows a full page of blank, lined paper. It features approximately 30 evenly spaced horizontal black lines running across the width of the page, typical of notebook or legal stationery. The background is a solid off-white color. There are no margins, text, or other markings present.

**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.**

**Employer identification number**  
**02-0763591**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|-------------------------------------------------------------|----------------|----------------------------------------|---------------------------------|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------|-------------------------------------------|
| GUARDIANSHIP PROGRAM OF DADE COUNTY                         |                |                                        | 44,748.                         | 0.                                      |                                                              |                                              | ORGANIZATIONAL MISSION                    |
| PATRICK C. WEBER, PA., PUBLIC GUARDIAN                      |                |                                        | 33,048.                         | 0.                                      |                                                              |                                              | ORGANIZATIONAL MISSION                    |
| FPG MARY GASS                                               |                |                                        | 22,186.                         | 0.                                      |                                                              |                                              | ORGANIZATIONAL MISSION                    |
| NAKIA INGRAM                                                |                |                                        | 18,353.                         | 0.                                      |                                                              |                                              | ORGANIZATIONAL MISSION                    |
| NORTH FLORIDA OFFICE OF PUBIC GUARDIA, INC.                 |                |                                        | 18,219.                         | 0.                                      |                                                              |                                              | ORGANIZATIONAL MISSION                    |
| ADVANCED DENTAL CARE                                        |                |                                        | 17,431.                         | 0.                                      |                                                              |                                              | ORGANIZATIONAL MISSION                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....

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

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

**Schedule I (Form 990) (Rev. 12-2024)**

**FOUNDATION FOR INDIGENT GUARDIANSHIP  
INC.**

Schedule I (Form 990)

02-0763591

Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|-------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| VILLA RIO VISTA                                    |         |                               | 15,964.                  | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| COURTYARD ALF                                      |         |                               | 14,711.                  | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| ST. THOMAS COLLEGE OF LAW - OPG                    |         |                               | 14,509.                  | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| AGING SOLUTIONS                                    |         |                               | 13,170.                  | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| NATIONAL GUARDIAN LIFE                             |         |                               | 12,500.                  | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| FSI TRUST                                          |         |                               | 11,948.                  | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| NAPLES FUNERAL HOME                                |         |                               | 9,132.                   | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| AVALON DIRECT CREMATION                            |         |                               | 8,565.                   | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |
| LEGAL AID SOCIETY OF PALM BEACH COUNTY, INC.       |         |                               | 5,880.                   | 0.                               |                                                       |                                        | ORGANIZATIONAL MISSION             |

**Schedule I (Form 990)**

## Schedule I (Form 990)

Page 1

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432241  
04-01-24

FOUNDATION FOR INDIGENT GUARDIANSHIP

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |
|                                 |                          |                          |                                   |                                                       |                                       |

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:  
ORGANIZATION MAINTAINS RECORDS VIA THEIR ACCOUNTING SYSTEM AND ALSO  
MAINTAINS SCHEDULES WITHIN EXCEL SPREADSHEETS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

|                          |                                              |                                |            |
|--------------------------|----------------------------------------------|--------------------------------|------------|
| Name of the organization | FOUNDATION FOR INDIGENT GUARDIANSHIP<br>INC. | Employer identification number | 02-0763591 |
|--------------------------|----------------------------------------------|--------------------------------|------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
WITHIN FLORIDA'S DEPARTMENT OF ELDER AFFAIRS AS DEFINED IN SECTION  
744.2105, FLORIDA STATUTES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
BENEFIT OF THE OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS; AND AS  
DETERMINED BY THE OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS, TO BE  
CONSISTENT WITH THE GOALS OF THE OFFICE, IN THE BEST INTERESTS OF THE  
STATE, AND IN ACCORDANCE WITH THE ADOPTED GOALS AND MISSION OF THE  
DEPARTMENT OF ELDERLY AFFAIRS AND THE OFFICE OF PUBLIC AND PROFESSIONAL  
GUARDIANS.

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. IF,  
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  
ACCOUNTANT OR THE OVERSIGHT OF THE AUDIT FOR THE CURRENT TAX YEAR.

**FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.**  
**(A NONPROFIT ORGANIZATION)**



**FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

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### *Financial Statements*

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| Statements of Activities .....          | 4 |
| Statements of Functional Expenses ..... | 5 |
| Statements of Cash Flows .....          | 6 |
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**LANIGAN & ASSOCIATES, P.C.**  
CERTIFIED PUBLIC ACCOUNTANTS  
MANAGEMENT CONSULTANTS  
www.lanigancpa.com

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors  
Foundation for Indigent Guardianship, Inc.  
Tallahassee, Florida

***Opinion***

We have audited the financial statements of Foundation for Indigent Guardianship, Inc., which comprise the statements of financial position as of June 30, 2025 and 2024, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Foundation for Indigent Guardianship, Inc. as of June 30, 2025 and 2024, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Foundation for Indigent Guardianship, Inc. and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

***Emphasis of Matter – Restatement of Prior-Period Financial Statements***

As discussed in Note 4 to the financial statements, the 2024 financial statements have been restated to correct an error. Our opinion is not modified with respect to this matter.

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Foundation for Indigent Guardianship, Inc.'s ability to continue as a going concern for one year after the date that the financial statements are issued.

***Auditor's Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Foundation for Indigent Guardianship, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Foundation for Indigent Guardianship, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

*Lanigan & Associates, PC*

Tallahassee, Florida  
January 26, 2026

**FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.**  
**STATEMENTS OF FINANCIAL POSITION**  
**AS OF JUNE 30, 2025 AND 2024\***

|                                       | <u>2025</u>              | <u>2024*</u>             |
|---------------------------------------|--------------------------|--------------------------|
| ASSETS                                |                          |                          |
| Current assets                        |                          |                          |
| Cash and cash equivalents             | \$ 350,631               | \$ 441,137               |
| Other receivable                      | <u>-</u>                 | <u>11,424</u>            |
| Total assets                          | <u><u>\$ 350,631</u></u> | <u><u>\$ 452,561</u></u> |
| LIABILITIES AND NET ASSETS            |                          |                          |
| Current liabilities                   |                          |                          |
| Accounts payable                      | <u>\$ -</u>              | <u>\$ -</u>              |
| Total liabilities                     | <u>-</u>                 | <u>-</u>                 |
| Net assets                            |                          |                          |
| Net assets without donor restrictions | <u>350,631</u>           | <u>452,561</u>           |
| Total liabilities and net assets      | <u><u>\$ 350,631</u></u> | <u><u>\$ 452,561</u></u> |

*\*Note: Prior year balances were restated (See Note 4).*

**FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.**  
**STATEMENTS OF ACTIVITIES**  
**FOR THE YEARS ENDED JUNE 30, 2025 AND 2024\***

|                                                 | 2025       | 2024*      |
|-------------------------------------------------|------------|------------|
| REVENUES, GAINS AND OTHER SUPPORT               |            |            |
| Program service revenues                        | \$ 287,102 | \$ 289,820 |
| Investment income                               | 10,315     | 2,176      |
| Total revenue, gains and other support          | 297,417    | 291,996    |
| EXPENSES                                        |            |            |
| Program services - guardianship                 | 367,217    | 262,293    |
| Management and general                          | 32,130     | 17,640     |
| Total expenses                                  | 399,347    | 279,933    |
| Change in net assets without donor restrictions | (101,930)  | 12,063     |
| Net assets at beginning of year                 | 452,561    | 440,498    |
| Net assets at end of year                       | \$ 350,631 | \$ 452,561 |

*\*Note: Prior year balances were restated (See Note 4).*

**FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.**  
**STATEMENTS OF FUNCTIONAL EXPENSES**  
**FOR THE YEARS ENDED JUNE 30, 2025 AND 2024\***

---

|                          | Program<br>Services -<br>Guardianship | Management<br>and General | Total<br>2025     | Total<br>2024*    |
|--------------------------|---------------------------------------|---------------------------|-------------------|-------------------|
| Direct client assistance | \$ 351,161                            | \$ -                      | \$ 351,161        | \$ 254,447        |
| Contracted services      | 16,056                                | 16,056                    | 32,112            | 15,692            |
| Accounting fees          | -                                     | 7,671                     | 7,671             | 6,500             |
| Advertising              | -                                     | 5,205                     | 5,205             | 222               |
| Insurance                | -                                     | 1,712                     | 1,712             | 1,685             |
| Travel                   | -                                     | 1,310                     | 1,310             | 765               |
| Miscellaneous            | -                                     | 121                       | 121               | 114               |
| Office supplies          | -                                     | 55                        | 55                | -                 |
| Conferences and meetings | -                                     | -                         | -                 | 508               |
| Total expenses           | <u>\$ 367,217</u>                     | <u>\$ 32,130</u>          | <u>\$ 399,347</u> | <u>\$ 279,933</u> |

*\*Note: Prior year balances were restated (See Note 4).*

**FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.**  
**STATEMENTS OF CASH FLOWS**  
**FOR THE YEARS ENDED JUNE 30, 2025 AND 2024\***

|                                                                                                | 2025                | 2024*             |
|------------------------------------------------------------------------------------------------|---------------------|-------------------|
| Cash flows from operating activities                                                           |                     |                   |
| Cash receipts from program services                                                            | \$ 287,102          | \$ 289,820        |
| Investment income                                                                              | 10,315              | 2,176             |
| Cash payments for program services                                                             | (339,737)           | (263,655)         |
| Cash payments for supporting services                                                          | (48,186)            | (25,486)          |
| Net cash provided by (used in) operating activities                                            | (90,506)            | 2,855             |
| Net change in cash and cash equivalents                                                        | (90,506)            | 2,855             |
| Cash and cash equivalents, beginning of year                                                   | 441,137             | 438,282           |
| Cash and cash equivalents, end of year                                                         | <u>\$ 350,631</u>   | <u>\$ 441,137</u> |
| Reconciliation of change in net assets to net cash provided by (used in) operating activities: |                     |                   |
| Change in net assets                                                                           | <u>\$ (101,930)</u> | <u>\$ 12,063</u>  |
| Adjustments to reconcile change in net assets to net cash provided by operating activities:    |                     |                   |
| Decrease (increase) in other receivable                                                        | 11,424              | (9,208)           |
| Net cash provided by (used in) operating activities                                            | <u>\$ (90,506)</u>  | <u>\$ 2,855</u>   |

*\*Note: Prior year balances were restated (See Note 4).*

**FOUNDATION FOR INDIGENT GUARDIANSHIP, INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**JUNE 30, 2025 AND 2024**

---

|                                                                                   |
|-----------------------------------------------------------------------------------|
| <b>NOTE 1: <i>Organization and Summary of Significant Accounting Policies</i></b> |
|-----------------------------------------------------------------------------------|

***Nature of Activities***

The Foundation for Indigent Guardianship, Inc. (the Foundation) is a not-for-profit organization formed on December 21, 2005. The Foundation conducts programs and raises funds for the direct and indirect benefit of the public guardianship offices throughout the State of Florida. The Foundation's office is located in Tallahassee, Florida.

The Foundation is supported by a single trust, as determined by the State of Florida Office of Public and Professional Guardians, which was created for the purpose of providing funding for public guardianship for the indigent.

***Basis of Presentation***

The accompanying financial statements have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America (GAAP). Net assets, support and revenues, and expenses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

*Without Donor Restrictions:* Net assets available for use in general operations and not subject to donor restrictions. Grants and contributions gifted for recurring programs are generally not considered "restricted" under GAAP, though for internal reporting, the Foundation tracks such grants and contributions to verify that the disbursement matches the intent. Assets restricted solely through the actions of the Board are reported as net assets without donor restrictions, board designated.

*With Donor Restrictions:* Net assets subject to donor-imposed stipulations that are more restrictive than the Foundation's mission and purpose. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Donor-imposed restrictions are released when the restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both. Other donor-imposed restrictions are perpetual in nature, when the donor stipulates those resources be maintained in perpetuity.

***Contributions***

Contributions are recorded as net assets with donor restrictions, or without donor restrictions depending on the existence and nature of donor restrictions. All contributions are considered to be available for unrestricted use in the appropriate time period, unless specifically restricted by the donor.

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|-----------------------------------------------------------------------------------------------|
| <b>NOTE 1: <i>Organization and Summary of Significant Accounting Policies (continued)</i></b> |
|-----------------------------------------------------------------------------------------------|

### ***Contributed Goods and Services***

During the year ended June 30, 2025, the Foundation was the recipient of in-kind services. The value of the contributed services meeting the requirements for recognition in the financial statements was not and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks to assist the Foundation, but these services do not meet the criteria for recognition as contributed services.

### ***Accounting Period***

The accounting period of the Foundation is a fiscal year from July 1<sup>st</sup> to June 30<sup>th</sup>.

### ***Income Taxes***

The Foundation is a not-for-profit entity as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes, other than unrelated business income, pursuant to Section 501(a) of the Code.

The Foundation utilizes the accounting requirements associated with Financial Accounting Standards Board (FASB) ASC 740, *Income Taxes*. Using that guidance, tax positions initially need to be recognized in the financial statements when it is more-likely-than-not the positions will be sustained upon examination by the tax authorities. It also provides guidance for derecognition, classification, interest and penalties, accounting in interim periods, disclosure, and transition. As of June 30, 2025 and 2024, the Foundation has no uncertain tax provisions that qualify for either recognition or disclosure in the financial statements.

### ***Estimates***

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

### ***Cash and Cash Equivalents***

For the purposes of the statement of cash flows, the Foundation considers all cash on hand, demand deposits and all highly liquid investments available for current use with an initial maturity of three months or less to be cash and cash equivalents. The Federal Deposit Insurance Corporation insures accounts up to \$250,000. Cash balances on deposits may exceed FDIC insured limits at times. Management monitors the creditworthiness of financial institutions and has not experienced any losses.

|                                                                                               |
|-----------------------------------------------------------------------------------------------|
| <b>NOTE 1: <i>Organization and Summary of Significant Accounting Policies (continued)</i></b> |
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### ***Revenue Recognition – Surplus Property from Pooled Special Needs Trust***

The Foundation serves as the founding trustee of the Florida Public Guardianship Pooled Special Needs Trust (“FPGPSNT”). Under the FPGPSNT master trust agreement and 42 U.S.C. § 1396p(d)(4)(C), upon a beneficiary’s death any balance remaining in that beneficiary’s sub-account (“surplus property”) is administered in accordance with applicable federal and State statutes, rules, and regulations. Consistent with those requirements, surplus property is applied (1) to reimburse public benefits (to the extent required and to the extent funds are available) and, thereafter, (2) to support public guardianship throughout Florida.

The Foundation accounts for amounts it is entitled to retain from surplus property as contributions (nonreciprocal) under ASC 958-605 and not as exchange revenue under ASC 606. Such amounts are recognized as contribution revenue when the Foundation has an unconditional right to the assets and no barrier to entitlement remains—generally when the beneficiary is deceased, any required Medicaid payback has been satisfied or is not applicable, any legal or administrative contingencies have been resolved, and the amount to be retained by the Foundation is determinable. If a barrier exists together with a right of return (or release) such that the entitlement is conditional, the Foundation records the inflow as a refundable advance (liability) until the condition is met; revenue is recognized only when the barrier is overcome.

### ***Advertising***

Advertising expenses are expensed as incurred for the year ending June 30, 2025.

### ***Leases***

The Foundation has no leases with terms exceeding 12 months.

### ***Expense Allocation***

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on management’s assessment of time incurred.

### ***Subsequent Events***

Subsequent events were evaluated through January 26, 2026, which is the date the financial statements were available to be issued. As of this date, there were no subsequent events requiring disclosure.

## **NOTE 2: *Risks and Uncertainties***

### ***Program Service Revenue***

The Foundation's sole purpose is to support public guardianship in Florida and is substantially dependent on the Florida Public Guardianship Pooled Special Needs Trust, changes in related laws and regulations could affect the Foundation's revenues.

## **NOTE 3: *Liquidity and Availability of Funds***

The Foundation's financial assets available within one year of the statement of financial position date to meet cash needs for general expenditures are as follows:

|                                                                                           | <u>June 30, 2025</u> | <u>June 30, 2024</u> |
|-------------------------------------------------------------------------------------------|----------------------|----------------------|
| Cash and cash equivalents                                                                 | \$ 350,631           | \$ 441,137           |
| Other receivable                                                                          | <u>-</u>             | <u>11,424</u>        |
| Financial assets available to meet cash needs<br>for general expenditures within one year | <u>350,631</u>       | <u>452,561</u>       |

As part of the Foundation's liquidity management, the bank balance is continuously monitored by the board of directors. The board reviews the budget and anticipated funding and makes adjustments accordingly.

## **NOTE 4: *Restatement of Net Assets***

### ***Correction of Error***

During the year ended June 30, 2025, the Foundation identified that \$11,424 advanced during the year ended June 30, 2024 to the Tenth Circuit Public Guardian (a unit serving incapacitated individuals under Florida's Department of Elder Affairs' Statewide Public Guardianship program) was incorrectly recorded as program expense rather than as a loan receivable. The cumulative effect of the correction was recorded as an adjustment to opening net assets without donor restrictions at July 1, 2024.

During the year ended June 30, 2025, the Public Guardian repaid \$8,668 and the Foundation's Board approved forgiveness for the balance of the loan receivable of \$2,756; the forgiveness has been recognized as program services expense in the statement of activities for the year ended June 30, 2025.

|                                                                    |
|--------------------------------------------------------------------|
| <p><b>NOTE 4: <i>Restatement of Net Assets (continued)</i></b></p> |
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The following table summarizes the effects of the correction on each affected financial statement line item for the year ended and as of June 30, 2024:

Statement of Financial Position

| as of June 30, 2024                   | Prior Period | Adjustment | As Restated |
|---------------------------------------|--------------|------------|-------------|
| Other receivables                     | \$ -         | \$ 11,424  | \$ 11,424   |
| Total assets                          | 441,137      | 11,424     | 452,561     |
| Net assets without donor restrictions | 441,137      | 11,424     | 452,561     |
| Total net assets                      | 441,137      | 11,424     | 452,561     |

Statement of Activities

| for the year ended June 30, 2024                |            |             |            |
|-------------------------------------------------|------------|-------------|------------|
| Program services expense                        | \$ 273,717 | \$ (11,424) | \$ 262,293 |
| Change in net assets without donor restrictions | 639        | 11,424      | 12,063     |
| Net assets, end of year                         | 441,137    | 11,424      | 452,561    |

Statement of Cash Flows

|                                  |
|----------------------------------|
| for the year ended June 30, 2024 |
| No effect                        |