990

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For t	the 2	019 calendar y	ear, or tax year begin	ning	07-0	01 , 2019 , ar	nd ending	06	-30 , 20 20
В	Check	k if app	olicable:	C Name of organizationGu	ardian Ad Litem	Foundation	n-20th Jud	licial Circu	iDt Emplo	yer identification number
	Addre	ess cha	ange	Doing business as						59-2296529
	Name	e chan	ge	Number and street (or P.0	D. box if mail is not delivered to	street address)		Room/suite	E Teleph	one number
	Initial	return		L700 Monroe Str	reet					(239)533-1435
	Final i	return/	terminated	City or town, state or prov	rince, country, and ZIP or foreig	gn postal code	,		G Gross	
	Amen	nded re	eturn :	Fort Myers, FL	33901				\$	666,415
	Applic	cation	pending		ncipal officer: Bruce Gre	eenberg		H(a) Is this a	group return fo	or subordinates? Yes X No
				Same as C above	· }	_		H(b) Are all	subordinate	s included? Yes No
ı	Tax-e	exempt	status: X 501	(c)(3) 501(c) () ◀ (insert no.) 49	947(a)(1) or	527	If "No,"	attach a list	. (see instructions)
J	Webs	site:		alfoundation20.	org			H(c) Group	exemption	number ►
K	Form	of orga	anization: X Corp	poration Trust Asso	ociation Other ►		L Year of formatio	n: 1983 M S	State of lega	Il domicile: FL
Pa	art I		Summary			1		<u>'</u>		
	Τ.		T	the organization's missi	on or most significant a	ctivities: Guar	rdian Ad I	Litem Founda	tion r	aises the funds
										sed and neglected
nce		_								necessary items
rna		_	or these o							
) Ve		2	Check this box	if the organization	discontinued its operat	ions or disposed	of more than 2	5% of its net asse	ts.	
ŏ	;			g members of the gove					1 1	13
S.		4 N	Number of indep	endent voting members	s of the governing body	(Part VI, line 1b)			. 4	13
itie	!			individuals employed in						16
Activities & Governance	- (volunteers (estimate if r						50
	-	7 a 1	Total unrelated b	ousiness revenue from I	Part VIII, column (C), lin	ne 12			. 7a	0
				usiness taxable income						0
								Prior Year		Current Year
	8	8 (Contributions and	d grants (Part VIII, line	1h)			438	3,604	640,112
e	9			revenue (Part VIII, line	•					0
Ven	1		-	ne (Part VIII, column (A	= :				.442	1,115
Revenue	1			Part VIII, column (A), lin					3,544	15,791
	1		,	add lines 8 through 11 (i		•			3,590	657,018
	1			ar amounts paid (Part I		` , , , ,				0
	1	4 E	Benefits paid to	or for members (Part IX			0			
	1	14 Benefits paid to or for members (Part IX, column (A), line 4)							1,429	421,074
Expenses	1	6a F	Professional fund	draising fees (Part IX, o	column (A), line 11e)		·			0
Sen.				expenses (Part IX, col	, ,		21,499			
Ä	1		_	(Part IX, column (A), lin				204	.010	214,327
	1			Add lines 13-17 (must					3,439	635,401
	1	9 F	Revenue less ex	penses. Subtract line	18 from line 12				1,849)	21,617
5	Ses							Beginning of Curre	ent Year	End of Year
sets	2	:0 7	Total assets (Pa	rt X, line 16)				280	,897	378,879
Net Assets or	2	1 1	Total liabilities (F	Part X, line 26)				48	3,170	124,535
Ž	22	2 1	Net assets or fur	nd balances. Subtract	line 21 from line 20			232	2,727	254,344
Pa	art II	I	Signature I	Block						
				that I have examined this retur ion of preparer (other than offi				f my knowledge and be	lief, it is	
	, сопс	SCI, and	d complete. Declarati	ion of preparer (other than one	cer) is based on all illionnation	Tot willon preparet has	arry knowledge.			
٠.			Bruce G	Freenberg						
Sig	jn		Signature of o	officer					Date	
He	re		Bruce G	Freenberg, Pres	ident					
			Type or print i	name and title						
			Print/Type preparer	r's name	Preparer's signature		Date	Check	if	PTIN
Pa			Jeffrey M	Tuscan CPA			10-28-202	20 self-em	ployed	P00184439
	par		Firm's name	Tuscan &	Company, PA			Firm's EIN ▶		
Us	e O	nly	Firm's address	12621 Wo	rld Plaza Lane	Bldg 55		Phone no.		
				Fort Mye	rs FL 33907				239-3	33-2090
May	/ the	IRS	discuss this retu	ım with the preparer sh	own above? (see instru	ctions)				X Yes 🗌 No

Part IV **Checklist of Required Schedules**

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	х	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Х	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
,	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			Λ
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			22
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		v
е		11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			21
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	••	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20 a		20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2019) Guardian Ad Litem Foundation-20th Judicial Circuit
Part IV Checklist of Required Schedules (continued)

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

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

			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/1a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
14a h	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q </i>	14a		Х
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		
13	excess parachute payment(s) during the year?	15		v
	If "Yes," see instructions and file Form 4720, Schedule N.	13		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		_ ^
	ii 100, complete i cili 7/20, comedule O.			

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 in Schedule Q. See instructions

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following: The governing body?	8a	х	
a b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	OD	•	
J	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		
a	The organization's CEO, Executive Director, or top management official	15a 15b	х	7.7
b	Other officers or key employees of the organization	130		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Ioa	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Florida			
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.			
	▼ ✓ ✓ ✓ ✓ ✓ 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			
	The Organization (239)533-1435 1700 Monroe Street Fort Myers FL 33901			

Form 990 (2019	orm=	990	(201)	9
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

				(C)					
(A)	(B)			Positio			(D)	(E)	(F)
Name and title	Average		not chec , unless				Reportable	Reportable	Estimated amount
	hours		er and a				compensation	compensation	of other
	per week						from the	from related organizations	compensation from the
	(list any hours for	or c	Ins	Office	Kej g	Highes	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Individual trustee or director	Institutional trustee	cer	Key employee	hest			related organizations
	organizations	tor tor	onal		ploy.	com			
	below	Jeisr	trust		ee	pen			
	dotted line)		ee			Highest compensated			
						٦			
(1) Bruce Greenberg	5.00								
Director/President		Х		x			0	0	0
(2) Peter Knize	1.00								
Director/Vice President		Х		x			0	0	0
(3) Linda Meyer	1.00								
Director/Secretary		х		x			0	0	0
(4) Gary Lederer	5.00								
Director/Treasurer		х		x			0	0	0
(5) Ira Kushnir	1.00								
Director		х					0	0	0
(6) Barbara Berman	2.00								
Director/Vice President		х		x			0	0	0
(7) Jennifer Siegal-Miller	1.00								
Director		х					0	0	0
(8) Michael Overway	1.00								
Director		х					0	0	0
(9) Amy Trout	1.00								
Director		х					0	0	0
(10)LuAnn Giovannelli	1.00								
Director		х					0	0	0
(11)Dona Schrim	1.00								
Director		х					0	0	0
(12)Frank Sulen	1.00								
Director		х					0	0	0
(13)Gail Steckler	1.00								
Director		х					0	0	0
(14)Roxanne Dyer	40.00								
Executive Director				x			50,000	0	0

EEA Form **990** (2019)

Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, ar	nd H	ligh	est Co	mp	ensated Employe	es (continued)			
					((C)							
	(A) Name and title	(B) Average hours per week (list any	box, offic	, unles er and	eck m ss per d a dii	rson is	han one s both ar /trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	coi	(F) nated am of other mpensat	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization d organiz	
(15)J∈	ssica Stanfield	40.00											
	utive Director				х				11,808	0			0
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal							٠ •					
C	Total from continuation sheets to Part VII, Sect							- 1					
d	Total (add lines 1b and 1c)								61,808 ore than \$100,000	of 0			0
-	reportable compensation from the organization		iolog a	DOVE	, wi	10 10	3001701	J 1110	70 (1611 \$100,000	O1			c
												Yes	No
3	Did the organization list any former officer, direct		-				-						
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re										3		X
•	organization and related organizations greater th												
	individual										4		х
5	Did any person listed on line 1a receive or accrue			-			_				_		
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s, complete	Scried	iuie .) 101	Suc	n pers	OH		· · · · · · · · · ·	5		Х
1	Complete this table for your five highest compensa	ited independ	dent co	ntrac	ctors	tha	t recei	ved i	more than \$100,00	00 of			
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ear e	nding	with	or within the organ	nization's tax year.			
	(A)								(B)		(C)		
-	Name and business addres	SS							Description of service	es	Compens	ation	
2	Total number of independent contractors (includin	a but not lim	ited to	thos	e lie	ted :	above)	wh	n				
-	received more than \$100,000 of compensation fro	-							-				

59-2296529

Part VIII Statement of Revenue

		Check if Schedule O contains a response or r	note to any line in this	S Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a	49,914				000.00.000.000
	b						
ants	c	Fundraising events 1c					
g Dou	d						
fts, P. Ar	e	Government grants (contributions) 1e	+				
<u>.</u> <u></u>	f	All other contributions, gifts, grants,					
Sir	'	and similar amounts not included above 1f	F00 100				
buti	_		590,198				
a di	g		0.445				
Revenue Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	L .	Innes 1a-1f 1g Total. Add lines 1a-1f		640 110			
	h	Total. Add lines fa-fi		640,112			
			Business Code				
8	2a						
E ⊆	b	·					
o S	С						
ran Re	d	-					
၌	e						
ъ.		All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest,					
		other similar amounts)		1,115			1,115
	4	Income from investment of tax-exempt bond prod					
	5	Royalties					
		(i) Real	(ii) Personal				
	1	Less: rental expenses 6b					
	1	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
	b	other than inventory Less: cost or other basis					
nue		and sales expenses 7b					
) Ne	1	Gain or (loss)					
	1	Net gain or (loss)					
Other	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	+				
	1	Less: direct expenses 8	9,397				
		` /		15,742			15,742
	9a	Gross income from gaming					
		activities, See Part IV, line 19 9a	a				
	1	Less: direct expenses 91	ס				
	С	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less					
		returns and allowances	a				
	1	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory	▶				
			Business Code				
Sno.	11a	Other Income	900099	49	49		
Miscellanous Revenue	b						
eve	С						
Aisc R	d	All other revenue					
	е	Total. Add lines 11a-11d	.	49			
	12	Total revenue. See instructions	▶	657,018	49	0	16,857

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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 64,417 62,152 566 1,699 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 321,236 309,940 2,824 8,472 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 295 35,421 34,241 885 11 Fees for services (nonemployees): b Legal...... 8,475 6,780 424 1,271 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 1,296 25,922 20,738 3,888 13 1,426 1,141 71 214 14 15 16 17 1,411 1,128 71 212 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 45 36 2 7 20 21 22 Depreciation, depletion, and amortization 23 382 1,148 7,648 6,118 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.) a Children's Program 123,356 123,356 GAL Program 21,358 21,358 C Bookkeeping 10,750 8,600 538 1,612 d Payroll Service 9,204 7,363 460 1,381 237 е All other expenses 4,732 3,785 710 Total functional expenses. Add lines 1 through 24e. . 25 635,401 606,736 7,166 21,499 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	56,219	1	109,986
	2	Savings and temporary cash investments	166,531	2	177,499
	3	Pledges and grants receivable, net	55,391	3	76,792
	4	Accounts receivable, net		4	
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \dots	•	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	856	9	13,302
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a 7,20	09		
	b	Less: accumulated depreciation	09	10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	•	12	
	13	Investments - program-related. See Part IV, line 11	•	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,900	15	1,300
	16	Total assets. Add lines 1 through 15 (must equal line 33)	280,897	16	378,879
	17	Accounts payable and accrued expenses	48,170	17	31,825
	18	Grants payable		18	
	19	Deferred revenue		19	76,610
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	•	21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	16,100
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	48,170	26	124,535
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions		27	82,635
Bal	28	Net assets with donor restrictions	101,936	28	171,709
<u>u</u>		Organizations that do not follow FASB ASC 958, check here			
Ę.		and complete lines 29 through 33.			
S O	29	Capital stock or trust principal, or current funds		29	
sset	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		32	254,344
	33	Total liabilities and net assets/fund balances	280,897	33	378,879

Form **990** (2019) EEA

Form	990 (2019) Guardian Ad Litem Foundation-20th Judicial Circuit 59	-229652	9	Pa	age 1 2
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		657,	018
2	Total expenses (must equal Part IX, column (A), line 25)	2		635,	401
3	Revenue less expenses. Subtract line 2 from line 1	3		21,	617
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		232,	727
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		254,	344
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Cash Other	_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	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:				
	▼ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
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		3b		

Form **990** (2019)

EEA

SCHEDULE A

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

2019

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Employer identification number

Guardian Ad Litem Foundation-20th Judicial Circuit 59-2296529 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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.)

_		, 1		, ,		,	
	ction A. Public Support	(.) 0045	(1) 0040	(.) 0047	(1) 0040	(.) 0010	(O T : 1
_	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	204,991	257,083	380,991	438,604	640,112	1,921,781
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	204,991	257,083	380,991	438,604	640,112	1,921,781
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						2,334
6	Public support. Subtract line 5 from line 4						1,919,447
	ction B. Total Support	() 0045	(1) 0040	() 0047	(1) 0040	() 0040	(O. T
_	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	204,991	257,083	380,991	438,604	640,112	1,921,781
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from						
_	similar sources	29	29	313	1,442	1,115	2,928
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	37,808	36,333	54,647	54,644	25,139	208,571
	Total support. Add lines 7 through 10	:				40	2,133,280
	Gross receipts from related activities, etc. (se					12	181
13	First five years. If the Form 990 is for the or						_
<u></u>	organization, check this box and stop here ction C. Computation of Public Suppor						▶ □
	Public support percentage for 2019 (line 6, c			olumn (f))		14	00 00 %
	Public support percentage from 2018 Schedu	` '	•			15	89.98 % 87.59 %
	33 1/3% support test - 2019. If the organiza					-	
100	box and stop here. The organization qualifie						
ı	33 1/3% support test - 2018. If the organiza						
	this box and stop here. The organization qua						
172	10%-facts-and-circumstances test - 2019.	•		-			
176	10% or more, and if the organization meets t	•					
	Part VI how the organization meets the "facts					•	
	organization			J	•	. ,	_
ı	o 10%-facts-and-circumstances test - 2018.						
ı.	15 is 10% or more, and if the organization m	•					
	Explain in Part VI how the organization meet					-	cly
	supported organization				•	•	· —
12	Private foundation. If the organization did n						🗆
.0	instructions						▶ □

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

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

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	ction B. Total Support	(.) 00:-	41.00:0	(.) 00:=	(1) 00:5	(1) 2212	/C = : :
	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
ı.	royalties, and income from similar sources						
a	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
11	First five years. If the Form 990 is for the or	raanization's fi	ret eacond thi	rd fourth or fit	th tay year as	section 501/a	·)(3)
14		-			-	•	
Sec	organization, check this box and stop here ction C. Computation of Public Support			· · · · · · · ·			<u> </u>
	Public support percentage for 2019 (line 8, c			column (f))		15	%
	Public support percentage from 2018 Sched		-			16	%
	ction D. Computation of Investment In			<u> </u>		10	/0
	Investment income percentage for 2019 (line			ine 13. column	n (f))	17	%
	Investment income percentage from 2018 Se					18	%
	33 1/3% support tests - 2019. If the organiz						
. Ju	17 is not more than 33 1/3%, check this box						
h	33 1/3% support tests - 2018. If the organiz	-	-	•			
	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did r	_	_	-	-		_

Schedule A (Form 990 or 990-EZ) 2019

Part IV Supporting Organizations

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

Section	A. All	Sup	porting	Org	anizations

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

	V.	
	Yes	No
1		
2		
_		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
7		
8		
9a		
9b		
J.3		
9с		
10a		
iva		
10b		
A (Form 990	or 990-E	Z) 2019

	ule A (Form 990 or 990-EZ) 2019 Guardian Ad Litem Foundation-20th Judicial Circuit 59-2296529		P	age
Par	t IV Supporting Organizations (continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
sec	tion D. All Type III Supporting Organizations		V	
	Did the experimetion provide to each of its supported experimetions, but he lost day of the fifth mouth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
		o tru o	tional	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	Suuci	10115)	/.
a b				
		coo ir	otruot	tion
C		see III		
	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	∠a		
D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	Dia the organization have the perior to regularly appoint of clock a majority of the officers, difectors, of			

trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

Schedule A (Form 990 or 9				59-229	6529	Page 6
Part V Typ	e III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations			
1 Check he	ere if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1	970 (expla	in in Part V	ا). See
instructi	ons. All other Type III non-functionally integrated supporting organization	zation	s must comp	lete Sectio	ns A throug	gh E.
Soction A - Adius	sted Net Income		(A) Prio	r Voor	(B) Cı	urrent Year
			(A) 1 110	i i c ai	(0	ptional)
	m capital gain	1				
2 Recoveries	of prior-year distributions	2				
3 Other gross	income (see instructions)	3				
4 Add lines 1 t	hrough 3.	4				
5 Depreciation	and depletion	5				
	perating expenses paid or incurred for production or					
collection of gro	ss income or for management, conservation, or					
maintenance of	property held for production of income (see instructions)	6				
7 Other expen	ses (see instructions)	7				
8 Adjusted No	et Income (subtract lines 5, 6, and 7 from line 4)	8				
Section B - Minimum Asset Amount			(A) Prio	r Year	` '	urrent Year
4	in an advaturable of all and account was a sector (see				(0	ptional)
	air market value of all non-exempt-use assets (see					
	short tax year or assets held for part of year):	4 -				
	nthly value of securities	1a				
	nthly cash balances	1b				
	value of other non-exempt-use assets	1c				
,	nes 1a, 1b, and 1c)	1d				
	aimed for blockage or other					
	in detail in Part VI):					
	ndebtedness applicable to non-exempt-use assets	2				
3 Subtract line		3				
	ed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
see instructions		4				
	non-exempt-use assets (subtract line 4 from line 3)	5				
6 Multiply line	·	6				
	of prior-year distributions	7				
8 Minimum A	sset Amount (add line 7 to line 6)	8				
Section C - Distr	ibutable Amount				Cur	rent Year
1 Adjusted net	t income for prior year (from Section A, line 8, Column A)	1				
2 Enter 85% o		2				
3 Minimum as	set amount for prior year (from Section B, line 8, Column A)	3				
4 Enter greate	r of line 2 or line 3.	4				

emergency temporary reduction (see instructions). instructions).

5

6

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedu	lle A (Form 990 or 990-EZ) 2019 Guardian Ad Litem Foundat	ion-20th Judicial	Circuit 59-229	6529 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organia	zations (continued)	<u> </u>
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exem	npt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	organization is respons	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,		(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i)	Underdistributions	Distributable
	,	Excess Distributions	Pre-2019	Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
	From 2014			
b	From 2015			
С	From 2016			
	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
-	and 4c.			

8 Breakdown of line 7:
a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

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

Schedule B (Form 990, 990-EZ. or 990-PF)

Schedule of Contributors

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Employer identification number

Guardian Ad Litem Foundation-20th Judicial Circuit 59-2296529 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules x For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

Name of organization

Guardian Ad Litem Foundation-20th Judicial Circuit

Employer identification number

59-2296529

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	Elizabeth Kay Galeana Ch. Fdn 12955 Pond Apple Drive Naples, FL 34119	\$15,000	Person x Payroll Oncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 2_	United Way of Lee County 7275 Concourse Drive Fort Myers, FL 33916	\$34,500	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	Office of Attorney General (VOCA) PL 01, The Capitol Tallahassee, FL 32399-1050	\$319,128	Person x Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	O'Bryan Foundation 14916 Bonaire Circle Fort Myers, FL 33908	\$30,000	Person 🗷 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	Shadow Wood Charitable Foundation 24600 S Tamiami Trail Ste 212 Bonita Springs, FL 34134	\$40,000	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	Richard & Maureen Schulze 999 Vanderbilt Beach Blvd Suite 510 Naples, FL 34108	\$45,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

Guardian Ad Litem Foundation-20th Judicial Circuit

59-2296529

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	United Way of Charlotte Cty 17831 Murdock Circle Unit A Port Charlotte, FL 33948	\$15,414	Person 🕱 Payroll 🗌 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

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.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. 2019

OMB No. 1545-0047

Open to Public Inspection

valle	ine organization		Empi	loyer identification number
Juai	dian Ad Litem Foundation-20th Judicial	Circuit		59-2296529
Par	t I Organizations Maintaining Donor Advised Fo	unds or Other Similar Funds or Ac	counts	•
	Complete if the organization answered "Yes" or	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 w	riting that the assets held in donor advise	d	
	funds are the organization's property, subject to the organization	ion's exclusive legal control?		
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that grant funds can be u	sed	
	only for charitable purposes and not for the benefit of the dono	or or donor advisor, or for any other purpos	se	
	conferring impermissible private benefit?			Yes No
Par	t II Conservation Easements.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or edu	ucation) Preservation	n of a his	torically important land area
	Protection of natural habitat	☐ Preservation	n of a ce	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of	a conserv	vation
	easement on the last day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b	,			2b
С	Number of conservation easements on a certified historic stru	, ,		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a		
	Ç			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organiza	tion during the
	tax year •			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the peri-			П., П.,
_	violations, and enforcement of the conservation easements it I			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing consei	vation ea	isements during the year
_	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	on easem	nents during the year
	► \$	a action the manifestance of a action 470/	L\/4\/D\/:	
8	Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	on accompate in its revenue and expanse		- -
9	balance sheet, and include, if applicable, the text of the footnot	·		
	organization's accounting for conservation easements.	te to the organizations infancial statemen	is that ue	scribes trie
Par	t III Organizations Maintaining Collections	of Art Historical Treasures o	r Other	r Similar Assets
· ui	Complete if the organization answered "Yes"		· Othici	Ommur Associs.
1a	If the organization elected, as permitted under FASB ASC 958		nd halanc	e sheet works
	of art, historical treasures, or other similar assets held for publ			
	service, provide, in Part XIII the text of the footnote to its finar			or public
b	If the organization elected, as permitted under FASB ASC 958			neet works of
~	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:		. 200 01	F
				▶ \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea			
_	following amounts required to be reported under FASB ASC 9		ga, pro	
а	Revenue included on Form 990, Part VIII, line 1	•		▶\$
b	Assets included in Form 990, Part X			

			Tudicial Girani		F0 000	0.5500	Dogo 2
	ule D (Form 990) 2019 Guardian Ad Litem 1 It III Organizations Maintaining Coll				59-229		Page 2
3	Using the organization's acquisition, accession, and	•				133613 (60	minu c u)
3	collection items (check all that apply):	other records, check any	of the following that the	ake sigilli	icani use oi iis		
_	Public exhibition	ام	Loop or evelopes	program	•		
a		a	Loan or exchange				
b	Scholarly research	е	Other				
C	Preservation for future generations		and the second of the second				
4	Provide a description of the organization's collection	is and explain now they t	urtner the organizations	s exempt	purpose in Part		
_	XIII.	a deservate en et ent literali					
5	During the year, did the organization solicit or receiv					□ v	
Da	assets to be sold to raise funds rather than to be ma		ganization's collection?	<u></u>		U Yes	∐ No
Га	Escrow and Custodial Arrangen Complete if the organization answ		000 Port IV line	0 01 10	norted on an	acunt on E	orm
	990, Part X, line 21.				ported an an	iount on F	OIIII
1a	Is the organization an agent, trustee, custodian or other						
							∐ No
b	If "Yes," explain the arrangement in Part XIII and co	mplete the following table):		Т		
					A	mount	
С	Beginning balance			. 1c			
d	Additions during the year						
е	Distributions during the year			. 1e			
f	Ending balance						
2a	Did the organization include an amount on Form 990), Part X, line 21, for escr	ow or custodial account	t liability?		🗌 Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation h	as been provided on Pa	art XIII .			
Pa	t V Endowment Funds.						
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	10.			
	· · · ·	Current year (b) Pri	or year (c) Two year	s back	(d) Three years bac	k (e) Four	years back
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current year	r end balance (line 1g, co	olumn (a)) held as:				
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
С	Term endowment ▶ %						
	The percentages on lines 2a, 2b, and 2c should equa						
3a	Are there endowment funds not in the possession of	of the organization that are	e held and administered	I for the		Г	
	organization by:						Yes No
	.,					3a(i)	
	• •					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizations li					3b	
4	Describe in Part XIII the intended uses of the organ		ds.				
Pa	t VI Land, Buildings, and Equipment		000 B : " / "			5	4.0
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	11a. Se	ee Form 990,	Part X, lir	ıe 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis		Accumulated	(d) Book	value
	Land	(investment)	(other)	de	preciation		
пa	Land	I .	I .				

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land						
b	Buildings						
С	Leasehold improvements						
d	Equipment		7,209	7,209			
_ е	Other						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)							
EEA					Schedule D (Form 990) 2019		

Part VII	Investments - Other Securities.
----------	---------------------------------

	 (a) Description of security or category (including name of security) 		(b) Book value	•	c) Method of valuation: r end-of-year market value
(1) Financial					
(2) Closely-h	eld equity interests	[
(3) Other					
(A)					
(B)					
(C) (D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶			
Part VIII	Investments - Program Related. Complete if the organization answered "Yes	s" on Forn	n 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		e) Method of valuation: r end-of-year market value
(1)					
(2)					
(3)					
<u>(4)</u>					
(5) (6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	•			
Part IX	Other Assets.				
	Complete if the organization answered "Yes	s" on Forn	n 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) Description	n			(b) Book value
(1)Gift Ca	ards				1,300
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col. (B) line 15.)				1,300
Part X	Other Liabilities. Complete if the organization answered "Yes line 25.	s" on Forn	n 990, Part IV, line	e 11e or 11f. Se	e Form 990, Part X,
1.	(a) Description of liability	(b) Book va	lue		
	income taxes	(b) Book vo	iluo -		
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)	(b) moved and [[[]] [] [] [] [] [] [] []				
i otal. (Column	(b) must equal Form 990, Part X, col. (B) line 25.) . ▶				
	uncertain tax positions. In Part XIII, provide the text of the	e footnote to	the organization's fina	ncial statements that	reports the

		9-229	<u> </u>
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	T . T	
1	Total revenue, gains, and other support per audited financial statements	1	663,018
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	_	
b	Donated services and use of facilities	_	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	6,000
3	Subtract line 2e from line 1	3	657,018
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	657,018
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	eturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	-	
1	Total expenses and losses per audited financial statements	1	641,401
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		<u> </u>
а	Donated services and use of facilities		
b	Prior year adjustments	1	
С	Other losses	1	
d	Other (Describe in Part XIII.)	1	
e	Add lines 2a through 2d	2e	6,000
3	Subtract line 2e from line 1	3	635,401
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		033,101
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	-	
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	635,401
_	rt XIII Supplemental Information.	<u> </u>	033,401
	ide 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;	Dort V Ii	ino
		rait A, ii	IIIC
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
01.	Footnote for uncertain tax position under FIN 48 (Part X)		
_			
The	Financial Accounting Standards Board has issued guidance on accounting for	unce	rtainty in incor
tax	es and the Foundation has adopted this guidance. The Foundation has evalua	ted i	ts tax provision
			_
and	any estimates utilized in its tax returns, and concluded that it has taken	no u	ncertain tax
pos.	itions that require adjustment to the financial statements to comply with t	he pro	ovisions of this
gui	dance. Interest and penalties associated with uncertain tax positions will	be re	cognized in
inc	ome tax expense, if required.		

EEA Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ivame of the organization					Employer ide	ntification number
Guardian Ad Litem Foundatio	n-20th Judio	ial Circ	uit		59-22	96529
Form 990-EZ filers are no				wered "Yes" on	Form 990, Part IV,	line 17.
	·	•		tion Chook all that a	anh.	
1 Indicate whether the organization rai	sea runas through	_	-			
a Mail solicitations				f non-government gr	ants	
b Internet and email solicitations				f government grants		
c Phone solicitations		g 🗌 :	Special fund	raising events		
d In-person solicitations						
2a Did the organization have a written of	r oral agreement v	vith anv indivi	dual (includir	na officers, directors,	trustees.	
or key employees listed in Form 990	•	-	,	•	_	es No
				=		<u>—</u>
b If "Yes," list the 10 highest paid indivi		unuraisers) p	ursuarii io ag	greements under with	cii the iunuraisei is to b	E
compensated at least \$5,000 by the	organization.					
		_				T
(i) Name and address of individual		(iii) Did fun	draiser have	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		r control of	from activity	(or retained by) fundraiser listed in	(or retained by)
		contrib	outions?		col. (i)	organization
		Yes	No		.,,	
1		100	1.0	-		
1						
2						
3						
4						
5						
6						
7						
1						
_						
8						
9						
10						
		•	•			
Total			•			
3 List all states in which the organizatio				ions or has been not	ified it is evennt from	
registration or licensing.	iris registered or in	cerised to so	icit contributi	ons of has been not	ined it is exempt nom	
registration of licensing.						

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

			(a) Event#1 Charlotte Ct	(b) Event #2 Collier Cty	(c) Other events	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	13,521	9,504	2,114	25,139
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	13,521	9,504	2,114	25,139
		11102)	13,321	9,504	2,111	25,139
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	4,576	1,527	3,294	9,397
	10	Direct expense summary. Add lines	: 4 through 9 in column (d)		•	9,397
	11	Net income summary. Subtract line	3 ()			15,742
Pa	rt II	Gaming. Complete if the c	organization answered "			more than
		\$15,000 on Form 990-EZ,	line 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Add lines	s 2 through 5 in column (d)			
	8	Net gaming income summary. Sub	tract line 7 from line 1 colu	mn (d)		
		gaming moonlo daminary. Oub		(~/		
9		ter the state(s) in which the organizat		-		
a		the organization licensed to conduct o				U Yes U No
b	lt"	No," explain:				
	_					
		ere any of the organization's gaming	licenses revoked, suspende	ed, or terminated during the	tax year?	🗌 Yes 🗌 No
b	lf "	Yes," explain:				

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Guardian Ad Litem Foundation-20th Judicial Circuit	59-2296529
01. Committee meeting documentation (Part VI, line 8b)	
Of the Organization's committees, only the Finance committee documents	their meetings with
minutes.	
02. Form 990 governing body review (Part VI, line 11)	
Executive and Finance Committee members review the Form 990 before cir-	culating to the full
board for approval after presentation and questions with accounting fi	rm engaged.
03. Conflict of interest policy compliance (Part VI, line 12c)	
No director or officer shall be disqualified from holding office but as	ny director or
officer who has a conflict of interest must fully disclose said intere	
directors and remove themselves from voting processes regarding the co	nflicted interest.
The policy is presented to each new board member and is reviewed by al	l at the annual
meeting each January.	
04. CEO, executive director, top management comp (Part VI, line 15a)	
Annual review by the Executive Committee with agreement letter issued	by the Board Chair.
	_
05. Governing documents, etc, available to public (Part VI, line 19)	
The Organization makes its governing documents, conflict of interest p	olicy and financial
documents available to the public upon request.	
06. General explanation attachment	
Part VII A - Roxanne Dyer resigned effecive 10/31/2019 as Executive Di	rector and was
replace by Jessica Stanfield effective 10/21/2019	

990 Overflow Statement Page 1 Name(s) as shown on return Guardian Ad Litem Foundation-20th Judicial Circuit 59-2296529

Part VIII, Line 1f - Other Amounts

Description				Amount
Contribution	s and Support		\$	166,322
Grants Reven	ue VOCA			326,331
Grants Reven	ue Other			89,100
		Total: \$;	581,753

Description		Amount
In Kind Other	\$	8,445
	Total: \$	8,445

Part IX, Line 24e- All Other Expenses- Program

Description		Amount
Bank fees	\$	68
Dues and membership		1,194
Licenses and permits		188
Miscellaneous		1,634
Postage		701
	Total: \$_	3,785

Part IX, Line 24e- All Other Expenses- Mgmt and General

Description		Amount
Bank fees	\$	3 4
Dues and membership		<u>75</u>
Licenses and permits		12
Miscellaneous		102
Postage		44
	Total: \$_	237

990	Overflow Statement	2019 Page 2
Name(s) as shown on return		FEIN
Guardian Ad L	item Foundation-20th Judicial Circuit	59-2296529

Part IX, Line 24e- All Other Expenses- Fundraising

Description	Amount	
Bank fees	\$	13
Dues and membership		224
Licenses and permits		<u>35</u>
Miscellaneous		<u> 307</u>
Postage		<u> 131</u>
Total	1: \$	<u>710</u>