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· 990

CHANGE OF ACCOUNTING PERIOD

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.lrs.gov/form990. Open to Public Inspection

A	or the	2014 calendar year, or tax year beginning MAI 1, 2014 and endin	9 0	JN 30, 2014	
В	heck if	C Name of organization		D Employer identific	cation number
	Addre	CHILDREN'S GUARDIAN AD LITEM FUND, INC.			
	Name chang	Doing business as		65-0	<u>626074</u>
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone number	•
	Final	PO BOX 49722		(941	<u>) 951-5775</u>
	termin ated			G Gross receipts \$	4,682.
	Ameno			H(a) Is this a group re	
一	Applic		\Box	for subordinates	
	pendir			H(b) Are all subordinates in	· — —
<u> </u>	[2× 0×	empt status. X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		list (see instructions)
		e: WWW.CHILDRENSGUARDIANFUND.ORG		H(c) Group exemption	•
					State of legal domicile: FL
	art I	Summary	, real U	in localitation. 1999 le	Giate of legal domicile. I 11
		Briefly describe the organization's mission or most significant activities TO SUPP	OPm	THE CHAPT	AN AD ITTEM
			OKT	THE GUARDI.	MN AD DIIEM
ي ق		PROGRAM IN THE TWELFTH JUDICIAL CIRCUIT FL			
	í	Check this box I if the organization discontinued its operations or disposed of	more	3 1	
以	i	Number of voting members of the governing body (Part VI, line 1a)		3	15
4 Zor	1	Number of independent voting members of the governing body (Part VI, line 1b)	(<u> </u>	4	15
Activities & Governance	5	Total number of individuals employed in calendar year 2014 (Part V. line 2a)		5	0
· 👺	6	Total number of volunteers (estimate if necessary)	AY 2	1 2015	500
(H)	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		(7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	<u>, 1,</u> 7b	0.
	1		<u> </u>	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		148,882.	3,105.
Š	9	Program service revenue (Part VIII, line 2g)		2,985.	690.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,771.	887.
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,915.	<963.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		222,553.	3,719.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		86,932.	20,950.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
v		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		73,403.	13,213.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	h	Total fundraising expenses (Part IX, column (D), line 25)			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		37,554.	10,392.
	Į.	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		197,889.	44,555.
	19	Revenue less expenses Subtract line 18 from line 12		24,664.	<40,836.>
-58		Nevertide less expenses Subtract line to nominite 12	Bor	pinning of Current Year	End of Year
ets or	20	Total assets (Part V. June 16)	067	308,307.	267,471.
ASS	20	Total assets (Part X, line 16)		682.	682.
det /	: 1	Net assets or fund balances. Subtract line 21 from line 20		307,625.	266,789.
D	art II	Signature Block	<u>- </u>	301,023.	200,785.
		sities of perjury declare that I have examined this return, including accompanying schedules and	ctatam	note and to the back of m	w knowledge and ballof it is
		thes of perjuly) declare that triave examined this return, including accompanying schedules and ct, and complete) Declaration of preparer (other than officer) is based on all information of which pr			y knowledge and benef, it is
irue	, correc		reparer	nas any knowledge	11/16
_		Signature of officer		Date Date	7//3
Sıg		1, -		Date	
He	re	DEBORAH FALLUCCA, DIRECTOR Type or print name and title			
			10	Date Check	PTIN
	_	Print/Type preparer's name	_	;	
Pai		MICHAEL R. PENDER	- 10	5/12/15 self-employ	
	parer	Firm's name CAVANAUGH & CQ. LLP	<u></u>	Firm's EIN	59-1954606
Use	Only	Firm's address 2381 FRUITVILLE ROAD			
		SARASOTA, FL 34237		Phone no. (9	41)366-2983
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
4320	001 11-0	17-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2014)

Form	990 (2014) CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
· 1	Briefly describe the organization's mission
•	THE CHILDREN'S GUARDIAN FUND, INC. RAISES FUNDS TO ENSURE EVERY
	ABUSED, NEGLECTED AND ABANDONED CHILD IN THE 12TH JUDICIAL CIRCUIT OF
	FLORIDA HAS A COURT-APPOINTED GUARDIAN AD LITEM AND FINANCIAL
	ASSISTANCE IS AVAILABLE FOR THE CHILD'S HEALTH, EDUCATIONAL AND SOCIAL
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4.	revenue, if any, for each program service reported
4a	
	GUARDIAN AD LITEM (GAL) IS DEDICATED TO SPEAKING OUT FOR THE
	RIGHTS OF ABUSED, NEGLECTED AND ABANDONED CHILDREN WHO HAVE
	BEEN THRUST INTO THE COURT SYSTEM.
	GUARDIAN AD LITEM VOLUNTEERS, ALONG WITH PROFESSIONAL STAFF
	MEMBERS, WORK TOGETHER TO PROVIDE ADVOCACY FOR CHILDREN WITH
	THE GOAL OF FINDING THEM A SAFE, PERMANENT HOME. GAL
	VOLUNTEERS, ON AVERAGE, WORK ONE OR TWO CASES AT A TIME AND
	CAN FOCUS PRIMARILY ON THEIR ASSIGNED CHILDREN.
	THE GAL'S ONLY CONCERN IS WHAT'S BEST FOR THE CHILD. THE GAL
	PROGRAM HAS OVER 500 VOLUNTEERS AND PAID STAFF WHO
	REPRESENTED 900 CHILDREN DURING THE YEAR. UNFORTUNATELY THE
	NUMBER OF CHILDREN WAITING FOR A GAL FAR EXCEEDS THE NUMBER
46	
4b	(Code) (Expenses \$14,875. including grants of \$14,875.) (Pevenue \$)
	CAMP SCHOLARSHIPS ARE ISSUED TO CHILDREN ON A NEEDS BASIS WHICH IS
	DETERMINED BY THE GAL OFFICE. THE CHILDREN'S GUARDIAN FUND "BRIDGE TO
	THE FUTURE" ADVOCATES FOR YOUTHS IN NEED OF EXTRA SUPPORT AS THEY AGE
	OUT OF CARE AND TRANSITION TO SELF-SUFFICIENT, HEALTHY AND PRODUCTIVE
	ADULTS. CGF TRIES TO ACCOMODATE ALL FUND REQUEST IF IT FALLS WITHIN OUR
	MISSION
	Water to the state of the state
4c	(Code) (Excenses \$ including grants of \$) (Fevenue \$)
. •	/ / Constant / Constan
4d	Other program services (Describe in Schedule O)
70	
4e	14 700
-+c	Total program service expenses 41,766.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			7.7
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3	ļ	X
•	during the tax year? If "Yes," complete Schedule C, Part II			v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		X
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes." complete Schedule D. Part V	10		X
11	if the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1		
	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	
Þ	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total			w
м	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX			v
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
f		116		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Screquie D, Part x	11f	х	
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		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
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			v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
• •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
-	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
_ b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000	2004.0

		_	Yes	No
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	L	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			Ī
	Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
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
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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, or key employee? If "Yes." complete Schedule L, Part IV	28a		х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		**
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
٠.	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	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
-	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	- 33		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354		-
,	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?	330		
	If "Yes," complete Schedule R, Part V, line 2	26		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	20	x	
	tigue. / si it of streets are required to complete Schedule O	38	000	

	990 (2014) CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626	<u>U / 4</u>	P	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V		·	ليا
4.	Enter the pumber reported in Roy 2 of Form 1006. Enter 0, direct enclosed in		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0 -if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0 -if not applicable 1b. 0	i		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ا ا		1
0-	(gambling) winnings to prize winners?	1c		 -
	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	ļ		
	,	1		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "You " has it filed a Form 990 T for this year? If "No." to line 3h, provide as explanation in School III.	3b	-	<u> </u>
	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	30	-	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4		х
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
	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)			X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		┢┷
	If "Yes," to line 5a or 5b, did the organization file Form 8886 T?	3C		
oa	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		X
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	ba	_	
Ð	were not tax deductible?	6b	1	
7		00		\vdash
	Organizations that may receive deductible contributions under section 170(c). 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	İ	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
C	to file Form 8282?	7c		х
	If "Yes." indicate the number of Forms 8282 filed during the year 7d	1		1
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
•	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
	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		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		Ī	
а	Initiation fees and capital contributions included on Part VIII, line 12		İ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]	}	
11	Section 501(c)(12) organizations. Enter		1	
а	Gross income from members or shareholders . 11a]		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)]		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		₩
	Note. See the instructions for additional information the organization must report on Schedule O			
	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	1	1	1

14a

14b

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2014) CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074 Page 6

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 O See instructions

	to the day day, or you below, destands the directinistances, processes, or changes in deficulties or dee instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 15			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> X</u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6		<u> </u>
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		<u>X</u>
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	. ,		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		<u>X</u>
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		v	
а	The organization's CEO, Executive Director, or top management official	15a	Λ_	
þ	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
163	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
_	taxable entity during the year?	16a		X
ь	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		;	
<u> </u>	exempt status with respect to such arrangements?	16b		l
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed FL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) and the section 501(c) (3)s only) and 500 T (Section 501(c) (3)s only	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - (941) 951-5775			
	PO BOX 49722, SARASOTA, FL 34230			

Form 990 (2014)	CHILDREN'S	GUARDIAN	AD LITEM	FUND,	INC.	65-0626074	Page 7	
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employee	es, and Independent C	ontractors						
Check if Sch	nedule 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

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

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more that box unless person is b officer and a director/tr				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) KIMBERLY HOPPER	2.00									
TREASURER		X		X						
(2) MELLISA ALLEN	2.00									
SECRETARY		X		Х						
(3) BETTY EWING	2.00									
DIRECTOR		x							1	
(4) SUSAN MAULUCCI	2.00	<u> </u>								
DIRECTOR		х								
(5) CONNIE SHINGLEDECKER	2.00				-					
DIRECTOR		Х					Ì			
(6) JUDY SHARPLE	5.00									
VICE PRESIDENT		х		Х						
(7) MARK SHARFF	2.00									
DIRECTOR		x								
(8) JASMINE CRESSWELL CANDLISH	10.00						l			
DIRECTOR		Х					l			
(9) DEBBIE FALLUCCA	2.00						-		··	
DIRECTOR		х					Ì			
(10) HAROLD HEDLEY	2.00	-								
PRESIDENT		х		х						
(11) IAN SHARP	2.00	-		-						
DIRECTOR		x					ŀ			
(12) TOM SHULTS	2.00									
DIRECTOR		х								
(13) GORDON MICHALSON, JR	2.00								-	
DIRECTOR		x								
(14) STEPHEN WALKER	2.00	 				 				
DIRECTOR	2.00	x				1				
(15) WENDY COX	2.00									
DEVELOPMENT CHAIR	2.00	x								
(16) SVETLANA KAMINSKY	40.00	 •••				 	 			
,,		l		x		1	l			
MANAGING DIRECTOR		ı	1 3		į		ł	į.	1	L

									M FUND, INC.		<u> 6074</u>	. Pa	age 8
Part	VII Section A. Officers, Directors, Trus (A) Name and title	(B) Average hours per week	(do box offic	not ci	Pos heck ss pe	C) Ition more rson		one han	(D) Reportable compensation from	(E) Reportable compensation from related	on amour d othe		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	ОПСел	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	org an	npensa rom the ganizate d relate anizate	e on ed
								_					
								_					
				_			-	_					
1b	Sub-total .	-	<u> </u>	<u> </u>			<u> </u>	>					
d	Total from continuation sheets to Part V Total (add lines 1b and 1c) Total number of individuals (including but r	<u></u>		liete		hov		▶	eceived more than \$100	2000 of reportable			
	compensation from the organization		1036	nste						5,000 of reportable		Yes	No
	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> :	such individual									3		х
	For any individual listed on line 1a, is the s and related organizations greater than \$15 Did any person listed on line 1a receive or	0.000? If "Yes.	" co	mpl	ete :	Sch	edul	e J I	for such individual		. 4		х
	rendered to the organization? If "Yes," continue to the organization? If "Yes," continue to the organization of the transfer o	•									. 5	<u> </u>	Х
	Complete this table for your five highest co the organization Report compensation for										ensation	from	
	(A) Name and business	address	N	ON	E _.				(B) Description of	services		C) ensatio	n
													
											· · · · · · · · · · · · · · · · · · ·		
													
			•										
	Total number of independent contractors (\$100,000 of compensation from the organ	_	not li	mite	ed to	the	se li	sted	d above) who received i	nore than	Fa	990 /	2014

432008 11-07-14

3,719.

690.

Form 990 (2014)

d All other revenue
e Total. Add lines 11a 11d

Total revenue. See instructions.

Sect	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	20,950.	20,950.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,				
	trustees, and key employees	7,657.	6,011.	1,646.	
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	4,550.	4,550.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,006.	875.	131.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	5,614.	4,772.	842.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	482.	410.	72.	
14	Information technology	104.	104.		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	175.	175.		
20	Interest				
21	Payments to affiliates ,				
22	Depreciation, depletion, and amortization	76.		76.	
23	Insurance .				
24	Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	VOLUNTEER EDUCATION	3,880.	3,880.		
b	MISCELLANEOUS	150.	150.		
С	CHILD ENRICHMENT	<89.	> <89.	>	
d					
е	All other expenses				
25	Total functional expenses Add lines 1 through 24e	44,555.	41,788.	2,767.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X .			
		(A) Beginning of year		(B) End of year
1	Cash · non interest-bearing	500.	1	500
2	Savings and temporary cash investments	259,950.	2	218,348
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
yı	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	Notes and loans receivable, net		7	
8 §	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,818.	9	1,818
10a		1,010.	-	1,010
,00	basis Complete Part VI of Schedule D 10a 4,018.			
h	Less accumulated depreciation 10b 2,896.	1,242.	10c	1,122
11	Investments - publicly traded securities	1,242.	11	1,122
12	Investments other securities See Part IV, line 11	44,167.	12	45,053
13	Investments - program-related See Part IV, line 11	44,10/.	13	40,000
14	Intangible assets			
15	Other assets See Part IV, line 11	630.	14	630
16	Total assets. Add lines 1 through 15 (must equal line 34)	308,307.	15 16	267,471
17	Accounts payable and accrued expenses	682.		682
18	Grants payable and accided expenses	002.	17	002
19	Deferred revenue		18	
20	Tax exempt bond liabilities		19	
21	Escrow or custodial account liability Complete Part IV of Schedule D		20	· · · · · · · · · · · · · · · · · · ·
	Loans and other payables to current and former officers, directors, trustees,	······	21	
Liabilities 23	key employees, highest compensated employees, and disqualified persons			
٥	Complete Part II of Schedule L		00	
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	······································
25	Other liabilities (including federal income tax, payables to related third		24	
20	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		05	
26	Total liabilities. Add lines 17 through 25	682.	25	682
20	Organizations that follow SFAS 117 (ASC 958), check here	002.	26	002
رم	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	206,802.	07	251,155
28	Temporarily restricted net assets	100,823.	27	15,634
29	Permanently restricted net assets	100,023.	28	13,034
5 2 3	Organizations that do not follow SFAS 117 (ASC 958), check here		29	
27 28 29 30 31 32 31 31 31 31 31 31 31 31 31 31 31 31 31	and complete lines 30 through 34.			
2 30	Capital stock or trust principal, or current funds		30	
30 2 31	Paid in or capital surplus, or land, building, or equipment fund		30	
32			31	
32	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	207 625	32	266 700
		307,625.	33	266,789
34	Total liabilities and net assets/fund balances	308,307.	34	267,471 Form 990 (2014

	1990 (2014) CHILDREN'S GUARDIAN AD LITEM FUND, INC.	65-062	<u> 5074</u>	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	 .	_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	4,5	55.
3	Revenue less expenses Subtract line 2 from line 1	3	<4	0,8	36.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	7,6	25.
5	Net unrealized gains (losses) on investments	5	-		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	26	<u>6,7</u>	<u>89.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	ŀ		
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization s financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014

Open to Public Inspection

Name of the organization Er	mployer identification number									
CHILDREN'S GUARDIAN AD LITEM FUND, INC.	65-0626074									
Part I 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 11, check only one box.)										
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii	i). Enter the hospital s name,									
city, and state										
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit	t described in									
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).										
X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
section 170(b)(1)(A)(vi). (Complete Part II)										
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership	p 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	nization after June 30, 1975.									
See section 509(a)(2). (Complete Part III)										
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry	y 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 1	1 g.									
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), type	ically 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	• •									
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.										
c Light 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 supporter										
that is not functionally integrated. The organization generally must satisfy a distribution requirement and a	in attentiveness									
requirement (see instructions) You must complete Part IV, Sections A and D, and Part V.	Tues III									
e Light Check this box if the organization received a written determination from the IRS that it is a Type II, Type III,	туре п									
functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations										
	L									
g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of more supported (v) Amount of more supported (vi) EIN (viii) Type of organization (viii) Is the organization (viii) Amount of more supported (viii) EIN (viii) Type of organization (viii) Is the organization (viii) Amount of more supported (viii) EIN (viii) Type of organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viiii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viii) Is the organization (viiii) Is the organization (viiiii) Is the organization (viiiiii) Is the organization (viiiiiii) Is the organization (viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	onetary (vi) Amount of									
organization (described on lines 1.9 listed in your support (se										
above or IRC section (see instructions)) Yes No Instruction	s) Instructions)									
Joe Wallocholish										

Schedule A (Form 990 or 990-EZ) 2014 CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	193,892.	145,525.	142,798.	148,882.	3,105.	634,202.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	i					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total, Add lines 1 through 3	193,892.	145,525.	142,798.	148,882.	3,105.	634,202.
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)						29,372.
6	Public support. Subtract line 5 from line 4						604,830.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	193,892.	145,525.	142,798.	148,882.	3,105.	634,202.
8	Gross income from interest,						
	dividends, payments received on						
	secunties loans, rents, royalties						
	and income from similar sources	184.	2,849.	1,024.	1,771.	690.	6,518.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						640,720.
12	Gross receipts from related activities,	, etc. (see instruction	ons)		•	12	332,598.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor					 	<u> </u>
_	ction C. Computation of Publ					1 1	
14	Public support percentage for 2014 (line 6, column (f) di	ivided by line 11, o	column (f))		14	94.40 %
15	Public support percentage from 2013	Schedule A, Part	11, line 14		•	15	95.47 %
16a	33 1/3% support test - 2014. If the	_			14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization	Ι ,			►LX
b	33 1/3% support test - 2013. If the	organization did no	t check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation			. ▶□
17a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac	ts and circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"		•	· · · · · · · · · · · · · · · · · · ·			. ▶∟
ŧ	10% -facts-and-circumstances tes	_					
	more, and if the organization meets ti				•		•
	organization meets the "facts-and circ			•	• • •		▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s 🕨 📗
					Sche	edule A (Form 990	or 990-EZ) 2014

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	, ,					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 per-		:				
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						İ
3 Gross receipts from activities that						
are not an unrelated trade or bus-]				
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf		1				}
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					1	
6 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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	·					
Section B. Total Support				.'	•	<u> </u>
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6					1	
10a Gross income from interest,						
dividends, payments received on						
secunties loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly camed on			İ			
12 Other income Do not include gain			1			
or loss from the sale of capital	•					
assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11 and 12)						
14 First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	tax vear as a secti	on 501(c)(3) organi	zation.
check this box and stop here .				,		. •
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2014 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2013	Schedule A, Part	t III, line 15		•	16	%
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	14 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2013 Schedule A.	Part III, line 17	- •		18	%
19a 33 1/3% support tests - 2014. If the	organization did i	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2013. If the	organization did i	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%.	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organization	▶ □
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions .	▶□

Schedule A (Form 990 or 990-EZ) 2014 CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Se	ction	A. .	All	Supporting	g Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (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 11a or 11b 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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 (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes." answer (b) 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)

r	Yes	NO
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3b		
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	rt IV Supporting Organizations (continued)	62607	4 Pa	age 5
	Capporting Comment	<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1.55	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			ĺ
	below, the governing body of a supported organization?	11a		ĺ
b	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	<u> </u>	
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			ĺ
	controlled the organization's activities. If the organization had more than one supported organization,			ĺ
	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,			
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations	1		
			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			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	
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			İ
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		L.
3	By reason of the relationship described in (2), did the organization's supported organizations have a	İ		ĺ
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3_		<u> </u>
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions) :		
а	The organization satisfied the Activities Test Complete line 2 below			
Ь	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			-
	that these activities constituted substantially all of its activities	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b_	1	<u>L</u>

	dule A (Form 990 or 990-EZ) 2014 CHILDREN'S GUARDIAN AD			5-0626074 Page 6
Pa	Type in the transfer and the transfer an			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•		ictions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E	T
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
88	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly-integra	ted Type III supporting org	janization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074 Page 7 Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 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 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9 Distributable amount for 2014 from Section C, line 6 Line 8 amount divided by Line 9 amount (iii) (i) (ii) **Excess Distributions** Underdistributions Distributable Section E - Distribution Allocations (see instructions) Pre-2014 Amount for 2014 Distributable amount for 2014 from Section C, line 6 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions) 3 Excess distributions carryover, if any, to 2014 <u>a</u> b C ď e From 2013 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2014 distributable amount Carryover from 2009 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2014 from Section D, line 7. a Applied to underdistributions of prior years b Applied to 2014 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2015. Add lines 3) and 4c Breakdown of line 7 а ь d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Part		pieme: complete	ntal Info this part f	rma for ar	ition. P ny additio	rovide ti onal info	he ex	xplanations ion (See in	required b structions)	y Part II, Iır	ne 10; Part II	, line 1	7a or	17b; and I	Part III, line 12.
HE	BOARD	APPI	ROVED	A	CHAN	GE I	N :	FISCAL	YEAR	FROM	APRIL	30	TO	JUNE	30,
FF	ECTIVE	FOR	FISC	AL	YEAR	201	4.						·····		
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Da	CHILDREN'S GUARDIAN AD LITEM FUND, INC.	65-0626074
Pa		CCOunts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?	Yes No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV.	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
	day of the tax year	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ▶	-
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during to	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	ear > \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(li	B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
	conservation easements	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and to	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items	
	(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	
а	Revenue included in Form 990, Part VIII, line 1	> \$
þ	Assets included in Form 990, Part X	S

		N'S GUARDI					05-06	26074	4 Page 2
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following tha	t are a s	ignifican	t use of its	collection	1 items
	(check all that apply)			_					
a	Public exhibition	d	·	hange progra	ams				
ь	Scholarly research	e	Other						
c	Preservation for future generations						_		
4	Provide a description of the organization's co						ose in Par	t XIII	
5	During the year, did the organization solicit of			-	er simila	rassets		٦.,	
Pa	to be sold to raise funds rather than to be mi						0.0-4.114	_ Yes	No_
	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ir the organizatio	on answered	res to	Form 99	u, Part IV,	line 9, or	
12	Is the organization an agent, trustee, custod		tion for contribution	an or other on	note no				
Id	on Form 990, Part X?	an or other intermed	liary for contribution	is or other as	sets no	included	,	٦٧	
.	If "Yes," explain the arrangement in Part XIII		downs table				<u> </u>	」Yes	∟ No
b	" res, explain the analyement in Fart XIII	and complete the to	niowing table				1	Amount	
_	Beginning balance					1c	 	Amount	·
	Additions during the year		•		••	1d	1		
	Distributions during the year	• • •	***		• •	1e	 		
f	Ending balance	•		••		1f	 	~····	······
	Did the organization include an amount on F	orm 990. Part X. line	21, for escrow or c	ustodial acco	unt liabi			Yes	No
	If "Yes," explain the arrangement in Part XIII.					, .		00	—
	t V Endowment Funds. Complete					10			
	-	(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four	years back
1a	Beginning of year balance	44,167,	44,167,		1,002.		41.002.		40,895,
ь	Contributions		•		,				
c	Net investment earnings, gains, and losses	886,			3,165,				107.
d	Grants or scholarships	_							
е	Other expenditures for facilities								
	and programs			ļ					
f	Administrative expenses .								
g	End of year balance	45,053,	44,167.	. 44	1,167,		41,002		41,002,
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as					
а	Board designated or quasi-endowment	100.00	_%						
b	Permanent endowment	%							
С	Temporanly restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administe	red for	he organ	ization	r	
	by								Yes No
	(i) unrelated organizations							3a(ı)	X
	(ii) related organizations							3a(ii)	X_
ь	If "Yes" to 3a(ii), are the related organizations				-			3b	l
4	Describe in Part XIII the intended uses of the		owment funds						
Pal	t VI Land, Buildings, and Equipm								
	Complete if the organization answere						 		
	Description of property	(a) Cost or o basis (investr	, , ,	t or other (other)		ccumula		(d) Bool	< value
	Land	Dasis (HIVESTI	nerit) Dasis	(otner)	ue	preciatio	-		
	Land					· · · · · · ·			
	Buildings								
	Leasehold improvements Equipment			4,018.		2 (396.		1,122.
	Other			-,U10.		ر کے	,,,,,,		<u> </u>
	. Add lines 1a through 1e (Column (d) must e	gual Form 990 Part	V column (P) Inc	100.)					1,122.

Part VII Investments - Other Securities.	OARDIAN AD L		13-0626074 Page
Complete if the organization answered "Yes" to			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or	end-of-year market value
(1) Financial denvatives			
(2) Closely-held equity interests			
(3) Other			
(A) ENDOWMENTS	45,053.	END-OF-YEAR MARKE	T VALUE
(B)			
_(C)			
(D)			
(E)			
(F)			
(G)			
(H)	45 053		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	45,053.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" to			and of year madest value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" to	o Form 000 Part IV line 1	11d See Form 000 Part V line 15	
	escription	110 See Form 930, Fart X, line 13.	(b) Book value
(1)			(5)
(2)			
(3)	,		
(4)			
(5)			
(6) _ ~			**
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities.	·		
Complete if the organization answered "Yes" to	o Form 990, Part IV. line 1	11e or 11f. See Form 990. Part X. line	25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		•	
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25)		

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

	dule D (Form 990) 2014 CHILDREN'S GUARDIAN AD LITE				626074	Page 4
Par	t XI - Reconciliation of Revenue per Audited Financial Statemer	nts Wit	h Revenue per R	eturn.		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		··			
1	Total revenue, gains, and other support per audited financial statements			1	226,	272.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1				
а	Net unrealized gains (losses) on investments	2a				
ь	Donated services and use of facilities	2b				
C	Recoveries of prior year grants	2c	222 552	1 1		
d	Other (Describe in Part XIII)	2d	222,553.	1 _	222	553
e	Add lines 2a through 2d		• • • •	2e 3		553. 719.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1	••		3		113.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b		1		
C	Add lines 4a and 4b			4c		0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3 ,	719.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Wi	th Expenses per	Retur	า.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.			·		
1	Total expenses and losses per audited financial statements	•		1	242,	444.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1				
а	Donated services and use of facilities	2a		ļ ļ		
b	Prior year adjustments	2b				
C	Other losses	2c	107 000	-		
d	Other (Describe in Part XIII)	2d	197,889.	7 1	107	222
е 3	Add lines 2a through 2d Subtract line 2e from line 1		•	2e 3		889. 555.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		•		331	<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII)	4b				
c	Add lines 4a and 4b			4c		0.
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_• <u>•</u>		5	44	<u>555.</u>
Par	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV			4 Part X	, line 2, Part	KI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation			
DAT	RT X, LINE 2:					
1.04	(1 A, DIND Z.					
MAN	NAGEMENT HAS EVALUATED THE EFFECT OF AN ACC	COUNT	ING STANDAR	D RE	LATING	то
ACC	COUNTING FOR UNCERTAINTY IN INCOME TAXES. M	IANAG	EMENT HAS I	ETER	MINED ?	TAH
THE	E ORGANIZATION HAD NO UNCERTAIN INCOME TAX	POSI	TIONS THAT	COUL	D HAVE	<u>A</u>
SIC	SNIFICANT EFFECT ON THE FINANCIAL STATEMENT	'S FO	R THE YEAR	ENDE	D JUNE	30,
	A MUD ODGINIZAMIONIC DEDDENI INCOME MAN	D D	DAY 0 00 001	2 2	010 337	_
201	4. THE ORGANIZATION'S FEDERAL INCOME TAX	RETU	KNS FOR ZUI	.3, 4	UIZ ANI	
201						
					CENTED	
	1 ARE SUBJECT TO EXAMINATION BY THE INTERN				GENERA	
201	1 ARE SUBJECT TO EXAMINATION BY THE INTERN	IAL R	EVENUE SERV	ICE,		
201		IAL R	EVENUE SERV	ICE,		
201	1 ARE SUBJECT TO EXAMINATION BY THE INTERN	IAL R	EVENUE SERV	ICE,		
201	1 ARE SUBJECT TO EXAMINATION BY THE INTERN	IAL R	EVENUE SERV	ICE,		
201 FOR	1 ARE SUBJECT TO EXAMINATION BY THE INTERNAL THREE YEARS AFTER THE FEDERAL INCOME TAX	IAL R	EVENUE SERV	ICE,		
201 FOR	1 ARE SUBJECT TO EXAMINATION BY THE INTERN	IAL R	EVENUE SERV	ICE,		
FOF	1 ARE SUBJECT TO EXAMINATION BY THE INTERNAL THREE YEARS AFTER THE FEDERAL INCOME TAX	IAL R	EVENUE SERV	ICE,		
FOF PAF	A THREE YEARS AFTER THE FEDERAL INCOME TAX RT XI, LINE 2D - OTHER ADJUSTMENTS: IS REVENUE WAS REPORTED ON THE 2013 FORM 99	IAL R	EVENUE SERV	ICE,		
PAF	AT XI, LINE 2D - OTHER ADJUSTMENTS:	IAL R	EVENUE SERV	ICE,		

Schedule Part XI	D (Form II Sup	990) 2014 plement	al Infor	CHILD mation (co	REN'S ontinued)	GUAR	DIAN .	AD LI	rem i	FUND	INC.	65-0626074	Page 5
PART	XII,	LINE	2D -	OTHER	ADJU	STMEN	TS:						
				REPOR				FORM	990	FOR	YE		
<u>APRII</u>	30,	2014											-
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Employer identification number OMB No 1545-0047 Inspection ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▼ Attach to Form 990. INC. CHILDREN'S GUARDIAN AD LITEM FUND, General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE I (Form 990) Part

4	
9	
2	

Open to Public

% X 65-0626074 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, (e) Amount of assistance non cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section of applicable Enter total number of other organizations listed in the line 1 table (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Part II

432 101 10-15-14

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

Schedule I (Form 990) (2014)

CHILDREN'S GUARDIAN AD LITEM FUND, INC.

Page 2

65-0626074

Schedule I (Form 990) (2014)

Part III Grants and Other

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHILDRENS NEEDS INCLUDING CAMP SCHOLARSHIPS, BIRTHDAY GIFT CARDS, BIKES AND HELMETS, SCHOOL SUPPLIES HEALTH AND CLOTHING	100	20 950.	0		FMV GIFT CARDS SUCH AS WALMART, GAS STATION CARDS
					1
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	luired in Part I, line	e 2, Part III, column	(b), and any other a	dditional information	
FORM 990, SCHEDULE I, PART III					
EACH CHILD'S NEEDS ARE IDENTIFIED	BY THE G	GUARDIAN AD LITEM.	i	REQUEST	
FORMS ARE SUBMITTED FOR EACH CHILD'S ASSISTANCE. GUIDELINES ARE AS	S ASSIS	PANCE. GUI	DELINES AR	E AS	
FOLLOWS:		***************************************		***************************************	

ALL ITEMS OR SERVICES REQUESTED MUST BE TO IMPROVE OR ENRICH THE

LIFE OF A CHILD.

ALL REQUESTS MUST BE SUBMITTED ON THE CHILDREN'S GUARDIAN FUND

Schedule (Form 990) CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074 Page 2 Part IV Supplemental Information
Turty Supplemental monitorior
REQUEST FORM. REQUESTS MUST LIST THE ITEMS OR SERVICES REQUESTED WITH
THE TOTAL COST, MUST BE APPROVED AND SIGNED OFF BY THE APPROPRIATE
STAFF, AND MUST BE ACCOMPANIED BY THE APPROPRIATE DOCUMENTATION.
* ALL REQUESTS MUST CLEARLY STATE THE REASON OR JUSTIFICATION FOR THE
REQUEST AND ALL ALTERNATIVE RESOURCES EXPLORED.
* WHEN IN DOUBT WHETHER A SPECIFIC ITEM OR SERVICE IS APPROPRIATE FOR
THIS FUND, THE GAL SHOULD FIRST CONSULT THEIR SUPERVISOR. ALL REQUESTS
MUST BE PROCESSED THROUGH THE SCC CASE MANAGER FIRST AND HAVE A POS
ATTACHED, UNLESS APPROVED BY A GAL VOLUNTEER SUPERVISOR. THE POS
INDICATES HOW THE FUNDS ARE TO BE USED, THE EXPECTED BENEFITS,
INDICATES OTHER SOURCES OF FUNDING AND IF THE CHILD HAS FUNDS TO PAY.
·

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.

OMB No 1545-0047

- Department of the Treasury

Open to Public

Name of the organization Employer identification number
CHILDREN'S GUARDIAN AD LITEM FUND, INC. 65-0626074
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEEDS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OF AVAILABLE VOLUNTEERS.
THE PROGRAM ALSO PROVIDES RECRUTIING, EDUCATION AND
RECOGNITION FOR THE GUARDIAN AD LITEM VOLUNTEERS.
FORM 990, PART VI, SECTION B, LINE 11:
A COPY OF THE FORM 990 IS REVIEWED BY MEMBERS OF THE GOVERNING BOARD AND IS
APPROVED PRIOR TO SUBMISSION TO THE IRS
FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION MONITORS POTENTIAL CONFLICTS OF INTEREST BY REQUIRING
ANNUAL DISCLOSURE OF FAMILY AND BUSINESS RELATIONSHIPS BY EACH OFFICER, KEY
EMPLOYEE AND BOARD MEMBER. THE BOARD IS ACTIVE IN EVALUATING THE
RELATIONSHIPS AND EVALUATING THE EFFECT ON THE ORGANIZATION. TRANSACTIONS
WITH BOARD MEMBERS ARE SUMMARIZED AND REVIEWED WITH THE BOARD ROUTINELY.
FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION HAS ADOPTED BEST PRACTICE PROCEDURES IN ANNUALLY
EVALUATING THE COMPENSATION OF KEY EMPLOYEES (OFFICERS ARE NOT
COMPENSATED). THE POLICY INCLUDES COMPLETION OF AN ANNUAL REVIEW AND
APPROVAL BY THE GOVERNING BOARD. IN ADDITION INDEPENDENT COMPENSATION

SURVEYS ARE UTILIZED BY THE BOARD IN THE APPROVAL PROCESS.

Name of the organization	Employer identification number
CHILDREN'S GUARDIAN AD LITEM FUND, INC.	65-0626074
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION DOCUMENTS ARE AVAILABLE UPON REQUEST BY	CONTACTING THE
ORGANIZATION	
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE AUDIT SELECTION AND OVERS	SIGHT PROCESS.
THE THE PERSON AND THE PERSON AND CARREST OF	James Trocado.
	- · · · · · · · · · · · · · · · · · · ·
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Schedule O (Form 990 or 990-EZ) (2014)

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