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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.irs.gov/form990.

Open to Public Inspection

	A F	or the	2015 calendar year, or tax year beginning JUL 1, 2015 and end	ling J	<u>UN 30, 20</u>	<u> 16                                    </u>	
,	B c	neck if	C Name of organization		D Employer ide	ntification	number
		Address change	GUARDIAN SCHOLARS, INC.	ŀ			
		Name change	Doing business as		46	<u>-3044</u>	464
		Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	E Telephone nur		
		Final return/	PO BOX 1403, PHILLIPS & ASSOC.		(9	<u>70)47</u>	6-1692
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code	1	G Gross receipts \$		<u>297,407.</u>
		Amende return	VAID, CO 81038		H(a) Is this a grou	ıp return	
		Applica- tion pending	F Name and address of principal officer KONADD 4. DA415	_	for subordin	ates?	Yes X No
			4/0 OLD CREAMERY ROAD, EDWARDS, CO 8163.		H(b) Are all subordina		
			mpt status: X 501(c)(3)	527			see instructions)
			: ► N/A  Arganization: Corporation Trust Association X Other ►		H(c) Group exem		
			rganization; Corporation Trust Association X Other ►  Summary	L Year c	or formation; 201	SIM State	e of legal domicile; CO
	Га		Inefly describe the organization's mission or most significant activities PROVID	TNG	SCHOT.APSH	TD AN	m
	ဥ		MENTORING ASSISTANCE TO "AT RISK" HIGH SCHOOL				<u> </u>
	'n	_	Check this box if the organization discontinued its operations or disposed				
	Governance		lumber of voting members of the governing body (Part VI, line 1a)			3	2
	Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)			4	
æ	Activities &	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			5	0
2018	¥	6 T	otal number of volunteers (estimate if necessary)			6	0
	\cti	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12			7a	215.
<b>€</b>	_	bΛ	let unrelated business taxable income from Form 990-T, line 34			7b	0.
ေ				ļ	Prior Year		Current Year
	9		Contributions and grants (Part VIII, line 1h)	$\vdash$	398,45		297,192.
	Revenue		Program service revenue (Part VIII, line 2g)			0.	0.
	Re		rivestment income (Part VIII, column (A), lines 3, 4, and 7d)		20	0.	215.
SCANNED			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	398,65	<u> </u>	297,407.	
Z			otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,31		152,849.	
3			Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
Š	•	1	Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	34,693.
	386		Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
	Exper		otal fundraising expenses (Part IX, column (D), line 25)		,		
	Q		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		14,72	7.	16,536.
			otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		82,04		204,078.
		19 F	Revenue less expenses Subtract line 18 from-line 12 AFIA		316,61	6.	93,329.
	Assets or Balances		KECEIVEU	Be	ginning of Current Y		End of Year
	aste	20 1	otal assets (Part X, line 16)	-	328,99	5.	425,522.
	쭕	21 T	Total liabilities (Part X, line 26)			<u> </u>	3,198.
	챭	22 1	otal liabilities (Part X, line 26)  Set assets or fund balances Subtract line 2th from line 20  Signature Block		328,99	5.1	422,324.
			Signature Block tes of perjury, I declare that I have examined this return including accompanying schedules an				udadaa aad bahaf dua
			nes or perpry, I declare that I have examined this <del>return</del> including accompanying schedules and, , and complete. Declaration of preparer (other than orficer) is based on all information of which			UI IIIY KIIU	wieuge and belief, it is
	true,	correct	, and complete. Declar attori to be expect turner trial officer) is based on an information of which	preparer	ilas ally kilowiedge.	171	1/0
	Sigi	.	Signature of officer		Date	1 11	1.4
	Her		DONALD P. REMEY, VICE-PRESIDENT, Teas	we	ת		
			Type or print name and title		•		
			Print/Type preparer's name Preparer's signature \( \rightarrow \ri	1 200	Date Chec		PTIN
	Paid	- 1	MICHAEL L. PHILLIPS MICHAEL S	rely	11-15-16 seite	employed I	200132460
	Prep		Firm's name PHILLIPS & ASSOCIATES, INC.		Firm's EIN	84	1-0762264
	Use	Опіу	Firm's address P.O. BOX 1403				
			VAIL, CO 81658		Phone no.	9704	761692
	May	the IR	S discuss this return with the preparer shown above? (see instructions)		·····		X Yes No

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate Instructions.

Form	990 (2015) GUARDIAN SCHOLARS, INC.	46-3044464	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Bnefly describe the organization's mission:  GUARDIAN SCHOLARS IS A COMPREHENSIVE PROGRAM OF FINANCIA  COACHING, MENTORING, HOUSING AND PERSONALIZED ATTENTION  TO HELP RECIPIENTS ATTAIN POST SECONDARY EDUCATION DEGRE	. ITS GOAL I	
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	Yes	X No
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	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	s
·	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	ers, the total expenses,	and
4a	(Code) (Expenses \$ 152,849. including grants of \$ 152,849.) (Reven		<u>192.</u> )
	GUARDIAN SCHOLARS HAS AWARDED \$152,849.35 WORTH OF SCHO	LARSHIPS TO	"AT
	RISK" STUDENTS TO ATTEND COLOLARO MOUNTAIN COLLEGE OR M		
	UNIVERSITY. GUARDIAN SCHOLARS CURRENTLY HAS 36 STUDENTS	THAT IT WIL	<u>.L</u>
	FUND FOR FOUR YEARS AT AN ESTIMATED LIABILITY OF \$660,0	00	
4b	(Code) (Expenses \$	nue \$	)
4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$	)
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
<u>4e</u>	Total program service expenses ► 152,849.		
		Form !	990 (2015)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	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, VIII, IX, or X			
• •	as applicable		İ	
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	}	Х
h	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
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ī	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
Ī	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	1	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		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
	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 Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<del></del>	† -	T-
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	† <u></u>
	complete Schedule G, Part III	19		X
	Compact Conductor Of Fall III		990	(2015)
		. 5.11		,,

Form 990 (2015) GUARDIAN SCHOLARS, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	103	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
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
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	_ 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		X
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		ļ	
	Schedule K If "No", go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ŀ
	any tax-exempt bonds?	24c	ļ	↓
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	İ		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		ł	.,
	Schedule L, Part I	25b	<del> </del>	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			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		
07	Complete Schedule L, Part II	26	<del> </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	<u>†                                      </u>	1
20	instructions for applicable filing thresholds, conditions, and exceptions)		ļ	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	l	Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	1	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	T
	director, trustee, or direct or indirect owner? 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	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	ļ	X
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	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34	<del></del>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
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?			٠.,
	If "Yes," complete Schedule R, Part V, line 2	36	<del> </del>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	,,
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	┼	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20		
—	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	X	(2015
		FOIL	・ララリ	(2015

Par	t V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
				Yes	No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable		700	
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
_		e organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ĺ	1	
		oling) winnings to prize winners?	1c	х	
2a		the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
		or the calendar year ending with or within the year covered by this return 2a 0			
b		east 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)			
За	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Ye	s," 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	y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financ	cial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Ye	s," enter the name of the foreign country			}
	See ir	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was t	he organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did ai	ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Ye	s," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a		the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			ļ
	any c	ontributions that were not tax deductible as charitable contributions?	6a		X
b	If "Ye	s," did the organization include with every solicitation an express statement that such contributions or gifts			
		not tax deductible?	6b		
7		nizations that may receive deductible contributions under section 170(c).			
а		e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b		s," did the organization notify the donor of the value of the goods or services provided?	7b		
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
		Form 8282?	7с		X
d		es," indicate the number of Forms 8282 filed during the year	7.		
e f		ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<del>                                     </del>
g		organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract?  organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<del> </del>
-		organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7h		
8		soring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	***		
		soring organization have excess business holdings at any time during the year?	8		
9	•	soring organizations maintaining donor advised funds.	Ĭ		
а	•	ne sponsoring organization make any taxable distributions under section 4966?	9a		
b		ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Secti	ion 501(c)(7) organizations. Enter			
а	Initiat	tion fees and capital contributions included on Part VIII, line 12			
b	Gross	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Secti	ion 501(c)(12) organizations. Enter			
а	Gross	s income from members or shareholders 11a			
b	Gross	s income from other sources (Do not net amounts due or paid to other sources against			
	amou	ints due or received from them)			
12a	Secti	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Ye	s," enter the amount of tax-exempt interest received or accrued during the year			
13	Secti	ion 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the	organization licensed to issue qualified health plans in more than one state?	13a		<del> </del>
		. See the instructions for additional information the organization must report on Schedule O.			
b		the amount of reserves the organization is required to maintain by the states in which the			1
	_	nization is licensed to issue qualified health plans			
C		the amount of reserves on hand			<del> </del>
14a		ne organization receive any payments for indoor tanning services during the tax year?	14a		X
b	_If "Ye	s," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u></u>

Form **990** (2015)

46-3044464 GUARDIAN SCHOLARS, Form 990 (2015) 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 Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 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 in Schedule O. 0 **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 X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a 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 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a Х b Each committee with authority to act on behalf of the governing body? d8 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 Section 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 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 filling the form? Х 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official X 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CO

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website X Upon request

Describe in 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

State the name, address, and telephone number of the person who possesses the organization's books and records

PHILLIPS & ASSOCIATES - (970)476-1692

PO BOX 1403, VAIL, CO 81658

532006 12-16-15

Form 990 (2015)

## 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.

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

X Check this box if neither the organiz (A) Name and Title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/truster			than o	one n an	( <b>D)</b> 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		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) RONALD V. DAVIS PRESIDENT	10.00	{						0.	0.	C
2) DONALD P. REMEY	10.00					<u> </u>				
VICE-PRESIDENT	10.00	1				1	1	0.	0.	c
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			Dioy.	ees,			31100		ompensated Employee		$\neg \top$			
	(A)	(B)			(C) Position				(D)	(E)			(F)	
	Name and title	Average hours per		not ch	neck r	nore t			Reportable	Reportable			ımate ount (	
		week		unles er an					compensation from	compensation from related			other	OI .
		(list any	į						the	organizations		comp		tion
		hours for	rdirec			1	2		organization	(W-2/1099-MISC	)		m the	
		related	tee o	ustee	Ì		ensat		(W-2/1099-MISC)			orga	ınızatı	ion
		organizations	at trus	nal tr		loyee	e comp				ĺ		relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ē			Ì	orgai	nızatı	ons
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lb	Sub-total								0.		0.			0
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С	Total from continuation sheets to Part V	II, Section A							0.		0.			
c d	Fotal (add lines 1b and 1c)							<b>&gt;</b>	0.		_			
c d	Fotal (add lines 1b and 1c) Fotal number of individuals (including but		nose	liste	ed a	bove	e) wł	no re	0.		0.			0
c d	Fotal (add lines 1b and 1c)		nose	e liste	ed a	bove	e) wł	no re	0.		0.		Yes	0
c d	Fotal (add lines 1b and 1c)  Fotal number of individuals (including but compensation from the organization   Did the organization list any former officer	not limited to the	uste						0. 0. eceived more than \$100	0,000 of reportable	0.		Yes	O No
c d 2	Fotal (add lines 1b and 1c) Fotal number of individuals (including but compensation from the organization  Did the organization list any former officer ine 1a? If "Yes," complete Schedule J for	not limited to the state of the	uste	e, ke	ey er	nplo	yee	, or	0. 0. eceived more than \$100 highest compensated e	0,000 of reportable	0.	3	Yes	O No
c d	Fotal (add lines 1b and 1c)  Fotal number of individuals (including but compensation from the organization  For the organization list any former officer ine 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the second content of the se	not limited to the first of the first of the such individual in the first of the fi	uste	e, ke	ey er	mplo	yee n and	, or	0. 0. eceived more than \$100 highest compensated e	0,000 of reportable	0.	3	Yes	0 0 No
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46-3044464 Page 9 GUARDIAN SCHOLARS, INC. Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) All other contributions, gifts, grants, and 297,192. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 297,192 h Total, Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 215. 215. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d

215.

0.

Total revenue See instructions.

297,407.

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
Δ.	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		onpones.	gonous	3.150.1300
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	152,849.	152,849.		
3	Grants and other assistance to foreign	1			
	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,	24 22-			
	trustees, and key employees	31,935.		31,935.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
9	section 401(k) and 403(b) employer contributions)  Other employee benefits	273.		273.	
10	Payroll taxes	2,485.		2,485.	
11	Fees for services (non-employees)	2,403.		2,403.	<del></del>
''a	Management				
b	Legal				
c	Accounting	5,150.		5,150.	
d	· · · · · · · · · · · · · · · · ·	1 - 3 - 3		5,250	<del></del>
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.)	3,272.		3,272.	
12	Advertising and promotion	5,832.		3,272. 5,832.	
13	Office expenses	1,425.		1,425.	
14	Information technology				
15	Royalties				
16	Occupancy				<del></del>
17	Travel	857.		857.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings Interest		<del></del>		
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
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					
b			_		
С			7-7-		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	204,078.	152,849.	51,229.	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 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) Beginning of year (B) End of year 425,382. 328,995. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 140. Accounts receivable, net 4 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 employees' beneficiary organizations (see instr). Complete Part II of Sch L. 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 328,995. 425,522 Total assets, Add lines 1 through 15 (must equal line 34) 16 16 3,198. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 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 0. 3,198. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 0. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 0. 0. 31 31 328,995. 422,324. 32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances <u>328,995.</u> 33 422,3<u>24.</u>

> 425,522. Form **990** (2015)

328,995.

34

Total liabilities and net assets/fund balances

orm	990 (2015) GUARDIAN SCHOLARS, INC. 46-30	44464	Pag	<sub>le</sub> 12
Par	t 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)	<u> 297</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	204		
3	Revenue less expenses Subtract line 2 from line 1			<u>29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	328	<u>, 9</u>	<u>95.</u>
5	Net unrealized gains (losses) on investments5		_	
6	Donated services and use of facilities 6			
7	Investment expenses 7			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	422	, 3	<u>24.</u>
Pai	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			ᆜ
			/es	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	1 1	İ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		l	
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	1 1		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis	1 1		
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 separate basis,			
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			ļ
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		ĺ	
За	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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			ł
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

532012

Form **990** (2015)

### **SCHEDULE A**

(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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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.

Employer identification number Name of the organization 46-3044464 GUARDIAN SCHOLARS, 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) 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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) 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 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 11g. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, 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) (iv) is the organization (i) Name of supported (II) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your organization support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No Total

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

# Schedule A (Form 990 or 990-EZ) 2015 GUARDIAN SCHOLARS, INC. 46-30444 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and			ļ		ļ	
	membership fees received (Do not						
	ınclude any "unusual grants ")	·					
2	Tax revenues levied for the organ-					\ \	
	ization's benefit and either paid to	1					
	or expended on its behalf						
3	The value of services or facilities	}					
	furnished by a governmental unit to	Į					
	the organization without charge	<del></del>	ļ	<del> </del>	ļ	<del> </del>	
	Total. Add lines 1 through 3	<del></del>					
5	The portion of total contributions						
	by each person (other than a	İ					
	governmental unit or publicly	İ					
	supported organization) included	İ					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)	<del></del>		<del></del>	ļ		
	Public support. Subtract line 5 from line 4 ction B. Total Support	<u> </u>		<u> </u>			<u> </u>
		(a) 2011	(b) 2012	(a) 2012	(4) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2013	(f) Total
-	Gross income from interest,	<b></b>	<del>                                     </del>	<del> </del>	<del></del>	<del>                                     </del>	
•	dividends, payments received on						
	securities loans, rents, royalties		ł				
	and income from similar sources		}	1			
9	Net income from unrelated business			<del> </del>			
Ŭ	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						
12	Gross receipts from related activities,	etc (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	organization, check this box and stor						
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (	ine 6, column (f) d	livided by line 11,	column (f))		14	%
	Public support percentage from 2014	•	•			15	%
16a	33 1/3% support test - 2015. If the o				14 is 33 1/3% or i	more, check this b	ox and
	stop here. The organization qualifies		-				
t	33 1/3% support test - 2014. If the				d line 15 is 33 1/3%	6 or more, check to	his box
	and stop here. The organization qual	•	• •				
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					art VI how the orga	nization
	meets the "facts-and-circumstances"	_			-		
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		e
	organization meets the "facts-and-circ		_	•			<b>P</b>  -
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 GUARDIAN SCHOLARS, INC.

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")			80,036.	398,450.	297,192.	775,678.
2	Gross receipts from admissions,	,		]			
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the		1	ļ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that	•					
	are not an unrelated trade or bus-						
_	iness under section 513			_			
4	Tax revenues levied for the organ-			ļ.			
	ization's benefit and either paid to		1				
_	or expended on its behalf	<del></del>		<del>-</del>			
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						ļ
c	•			80 036	398,450.	297,192.	775,678.
	Total. Add lines 1 through 5	<u> </u>	<del></del>	80,030.	330,430.	231,132.	113,010.
7 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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		ļ		ļ		0.
	Add lines 7a and 7b			<del></del>			0.
	Public support. (Subtract line 7c from line 6)		<del>                                     </del>				775,678.
	ction B. Total Support	<u> </u>	<u> </u>			<u></u>	
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6			80,036.	398,450.	297,192.	775,678.
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties	1					ļ
	and income from similar sources						
ŀ	Unrelated business taxable income				ļ		
	(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,	1			1	}	
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI )			00.005	200 450	205 400	555
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	80,036.			
14	First five years. If the Form 990 is fo	r the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
<u>Sa</u>	check this box and stop here ction C. Computation of Pub	lic Support Pe	rcentage			<del>-</del>	
	Public support percentage for 2015 (			nakuma (fi)		45	100.00 %
	Public support percentage from 2014		•	column (i))		15	400
	ction D. Computation of Inve					16	100.00 %
17				-		17	.00 %
18		•	•	110 10, 001011111 (1),		18	<u>*************************************</u>
	a 33 1/3% support tests - 2015. If the			on line 14, and line	e 15 is more than 3	· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						<b>→</b> X
,	33 1/3% support tests - 2014. If the		-				
•	line 18 is not more than 33 1/3%, ch	-					
20	Private foundation, If the organization		•				
	23 09-23-15						0 or 990-EZ) 2015

## Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

ec	tion A. All Supporting Organizations		V	No.
	And all of the account and a supported expension a letted by name in the accompanies of accompanies		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	1		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	<u> </u>	$\vdash$ $\dashv$	
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Ja	(b) and (c) below	3a		
h	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	Ja		
Ü	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
	organization made the determination	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
Ŭ	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	- 55		
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	<del></del>		
-	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	<u> </u>	<u> </u>	
•	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI,</b> including (i) the names and EIN		}	
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6	_	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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).	7	<u> </u>	<u></u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	_	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	Ì _	
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.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		Γ	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a	}	
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.)	10b	<u> </u>	

	riccevence of prior year distributions		
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions)	6	1
7	Check here if the current year is the organization's first as a non-function	nally-integrated Type III sur	porting organization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

46-3044464 Page 7 Schedule A (Form 990 or 990-EZ) 2015 GUARDIAN SCHOLARS, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI) See instructions 6 Total annual distributions. Add lines 1 through 6 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6 9 Line 8 amount divided by Line 9 amount 10 (ii) (iii) (i) **Underdistributions** Distributable **Excess Distributions** Pre-2015 Amount for 2015 Section E - Distribution Allocations (see instructions) Distributable amount for 2015 from Section C, line 6 1 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015 а b C d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount Carryover from 2010 not applied (see instructions) j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2015 from Section D. line 7 a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see 7 Excess distributions carryover to 2016. Add lines 3<sub>1</sub> and 4c 8 Breakdown of line 7

Schedule A (Form 990 or 990-EZ) 2015

b

c Excess from 2013d Excess from 2014e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015	GUARDIAN	SCHOLARS.	INC.		46-3044464 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D, Section D, lines 5, 6, and (See instructions)	<b>mation.</b> Provide t , 2, 3b, 3c, 4b, 4c, 5 lines 2 and 3. Part l	he explanations re ia, 6, 9a, 9b, 9c, 11 V. Section E. lines	quired by Part II, line a, 11b, and 11c, Part 1c, 2a, 2b, 3a and 3b	10; Part II, line 17a or t IV, Section B, lines 1 , Part V, line 1, Part V, is part for any addition	17b, Part III, line 12, and 2, Part IV, Section C, Section B. line 1e, Part V.
	(COO MONDONO)					
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	<del></del>		<del></del>			

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Open to Public OMB No 1545-0047 Inspection

▶ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Name	Name of the organization GITARDTAN SCHOTARS	SCHOLARS	JNC					Employer identification number 46-3044464
Part	General Inform	and Assistance						
-	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	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
	criteria used to award the grants or assistance?	stance?						X Yes No
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for mon	toring the use of grant	t funds in the Unite	d States			
Part	$\neg$	Domestic Organ	zations and Domest	ic Governments.	complete if the orga	anization answered "\	res" on Form 990, Part	: IV, line 21, for any
	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II car	be duplicated if addit	tional space is nee	ded		<u>.</u>	
-	1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						!		
N	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	ne line 1 table				•
က	Enter total number of other organizations listed in the line 1 table	s listed in the line	l table		٠			•
HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ons for Form 990.					Schedule I (Form 990) (2015)

Page 2 (f) Description of non-cash assistance 46-3044464 (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed (d) Amount of non-cash assistance 152,849, (c) Amount of cash grant (b) Number of recipients GUARDIAN SCHOLARS, INC. (a) Type of grant or assistance Schedule I (Form 990) (2015) SCHOLARSHIP PAYMENTS Part III

Schedule I (Form 990) (2015)

27

532102 10-28-15

## SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public

Inspection Employer identification number

Name of the organization  GUARDIAN SCHOLARS, INC.	Employer identification number 46-3044464
A COPY OF FORM 990 HAS BEEN PROVIDED TO THE GOVERNING BOD	Y FOR REVIEW
BEFORE IT IS FILED. A MEETING IS HELD TO DISCUSS THE RET	URN AND UPON
APPROVAL OF ALL MEMBERS THE RETURN IS FILED.	
FORM 990, PART VI, SECTION C, LINE 18:	
GUARDIAN SCHOLARS DOES NOT PROVIDE ASSISTANCE TO INDIVIDU	JALS OUTSIDE THE
UNITED STATES, THEREFORE SCHEDULE F HAS NOT BEEN FILED. H	OWEVER, IT DOES
PROVIDE FINANCIAL AID TO FOREIGN CITIZENS RESIDING IN THE	UNITED STATES
THAT QUALIFY FOR DEFERRED ACTION CHILDHOOD ARRIVALS (DACE	A) POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. O	CURRENT DONORS ARE
GIVEN COPIES ON A YEARLY BASIS BUT MAY REQUEST AT ANY GIVEN	MEN TIME.