EXTENDED TO MAY 15, 2018

Form **990**

Department of the Treasury Internal Revenue Service

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

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

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

OMB No 1545-0047 Open to Public Inspection

AF	or the 2	016 calendar year, or tax year beginning $JUL~1$, 2016 and	ا ending	UN 30, 2017	
B C	heck if pplicable	C Name of organization	,	D Employer identific	cation number
	Address change Name	GUARDIAN SCHOLARS, INC.			
<u> </u>	_lchange	Doing business as	_	· · · · · · · · · · · · · · · · · · ·	044464
	initial retum Final retum/	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 1403, PHILLIPS & ASSOC.	Room/surte	E Telephone number (970)476-169 <u>2</u>
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	419,381.
	Amended return			H(a) Is this a group re	etum
	Applica-	F Name and address of principal officer RONALD V. DAVIS		for subordinates	? Yes X No
	pending	470 OLD CREAMERY ROAD, EDWARDS, CO 81	632	H(b) Are all subordinates in	cluded? Yes No
II	ax-exem	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)		If "No," attach a	list. (see instructions)
		▶N/A		H(c) Group exemption	•
		ganization: Corporation Trust Association X Other	L Year		State of legal domicile; CO
		Summary			
		iefly describe the organization's mission or most significant activities. PROV	IDING	SCHOLARSHIP	AND
Governance	. тм	ENTORING ASSISTANCE TO "AT RISK" HIGH S	CHOOL	GRADUATES.	
nai		neck this box if the organization discontinued its operations or dispose			sets
Ş		umber of voting members of the governing body (Part VI, line 1a)		3	2
ဗ	1	umber of independent voting members of the governing body (Part VI, line 1b)		4	0
Activities &		•		5	1
ţi ei	l	stal number of individuals employed in calendar year 2016 (Part V, line 2a)	· · · ·	. 6	21
ťi		tal number of volunteers (estimate if necessary)		7a	239.
Ac	ı	tal unrelated business revenue from Part VIII, column (C), line 12		• • •	0.
_	D Ne	et unrelated business taxable income from Form 990-T, line 34		. 7b	
			\vdash	Prior Year 297,192.	Current Year 419,142.
97		ontributions and grants (Part VIII, line 1h)	<u> </u>		
le/		ogram service revenue (Part VIII, line 2g)		0.	239.
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 70XECEIVED		215.	
_		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		otal revenue - add lines 8 through 11 (must equal Part VIII-column (A), line 12)	<u> </u>	297,407.	419,381.
	1	ants and similar amounts paid (Part IX, column $\frac{1}{1}$) fines $\frac{1}{3}$ $\frac{2}{3}$ $\frac{3}{2}$ $\frac{2018}{1}$		152,849.	197,700.
		enefits paid to or for members (Part IX, column (A), line-4)		0.	0.
es.	15 Sa	lanes, other compensation, employee benefits (Part IX, columnitA) lines 5.10		34,693.	39,464.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ř	b To	otal fundraising expenses (Part IX, column (D), line 25)	<u> </u>		
	_170	ther_expenses_(Part_IX,_column (A), lines_11a_11d,_11f-24e)		16,536.	17,290.
	18 To	otal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		204,078.	254,454.
		evenue less expenses. Subtract line 18 from line 12		93,329.	164,927.
sets or Salances			В	eginning of Current Year	End of Year
sets	20 To	otal assets (Part X, line 16)	📙	425,522.	590,348.
×=	21 Ta	otal liabilities (Part X, line 26)		3,198.	3,097.
<u> </u>	22 N	et assets or fund balances. Subtract line 21 from line 20		422,324.	587,251.
		Signature Block			
Und	er penalti	es of perjury, I declare that I have examined this return, scluding accompanying schedu	les and staten	nents, and to the best of m	y knowledge and belief, it is
true,	, correct,	and complete. Declaration of perpater (officer tran officer) is based on all information of t	which prepare	r has any knowledge.	4-
		veneral lemes	•	2/6	118
Sign	n J	Sign ture of officer		Date	
Her	- 1.	DONALD P. REMEY, VICE PRESIDENT			
		Type or print name and title	\cap		
	F	Print/Type preparer's name	$\neg $	Date Check	PTIN
Paid		AURY A. KELLER	eW//	245/18 self-employe	P00557769
	-	m's name KELLER AND ASSOCIATES, KLC	~~~	Firm's EIN	82-1134850
_		ırm's address P.O. BOX 1403			
		VAIL, CO 81658		Phone no. 97	04761692
	. 45 - 100	discuss the rature with the property shows shows? (see instructions)		1. 210110 110.2	X Voc No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

		44464	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	Briefly describe the organization's mission		
	GUARDIAN SCHOLARS IS A COMPREHENSIVE PROGRAM OF FINANCIAL AID		
	COACHING, MENTORING, HOUSING AND PERSONALIZED ATTENTION. ITS	GOAL I	S
	TO HELP RECIPIENTS ATTAIN POST SECONDARY EDUCATION DEGREES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O	res	IAJ NO
_			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	LX No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured l		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	l expenses, a	ınd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$197,700. including grants of \$\$) (Revenue \$	419,	142.)
	GUARDIAN SCHOLARS HAS AWARDED \$197,700.22 WORTH OF SCHOLARSHI		
	RISK" STUDENTS TO ATTEND COLORADO MOUNTAIN COLLEGE OR MESA ST		
	UNIVERSITY. GUARDIAN SCHOLARS CURRENTLY HAS 41 STUDENTS THAT		
	FUND FOR FOUR YEARS AT AN ESTIMATED LIABILITY OF \$848,500.	<u> </u>	<u></u>
	TOND TON TOOK THAND AT AN EDITMATED HEADTHITT OF \$040,500.		
4b	(Code) (Expenses \$		
			
			
4c	(Code) (Expenses \$		
	, (1.5)		
		-	
	Other pregram converse /December of Calcadula (C)		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ► 197,700.		
		Form 99	90 (2016)

			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		Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-12	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
•	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	<u> </u>		
	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Ì	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		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?		ļ	į .
	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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		ĺ	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ŀ		
	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١		7.7
	Schedule D, Parts XI and XII Was the expensive included in consolidated, independent sudited financial statements for the tour consolidated.	12a		<u> X</u>
ь	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	405		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	_	
	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	145		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
		Form	990 ((2016)

Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			†
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete		İ	1
	Schedule J	23	j	Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		- 1
	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
h	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b	ļ.—.	^
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	-	
Ū	any tax-exempt bonds?	04-		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		-
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			3,7
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		X
ь				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
00	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			ĺ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		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			
	instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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			
	contributions? If "Yes," complete Schedule M	30		<u> X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	J 1		
	If "Yes," complete Schedule N, Part I	31		_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		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1 1		

Form **990** (2016)

Note. All Form 990 filers are required to complete Schedule O

	990 (2016) GOARDIAN SCHOOLING, INC.		404		age U
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V				
	Check is Schedule O Contains a response of flote to any line in this rait v				<u> </u>
		a a		Yes	No
1a	·	1a 2 1b 0			
b	Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming			
	(gambling) winnings to prize winners?	1	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1			
	filed for the calendar year ending with or within the year covered by this return				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		<u>2b</u>		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_		·
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a_		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount) /	4a_		X
b	If "Yes," enter the name of the foreign country	negunto (FDAD)			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAH)			v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	-40	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction (No. 1) to be a Second of the paragraph of the Form 2000 T2	ction	5b	<u> </u>	
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		_5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	6-		Х
	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or aifts	6a		Δ
D		ions or gins	Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	!	Х
a	If "Yes," did the organization notify the donor of the value of the goods or services provided?	vices provided to the payor.	7b		Δ.
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	es required	70		
С	to file Form 8282?	as required	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	76		Δ.
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
•	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		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
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				
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)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
				. 7	_

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

Form 990 (2016) GUARDIAN SCHOLARS, INC. 46-3044464 Page 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			\mathbf{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 2			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6_		X
7a	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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	_8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
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		
	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		_X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13	Did the organization have a written whistleblower policy?	12c		
14	Did the organization have a written whisteblower policy?	13	_	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		X
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	ľ	Х
	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)	100		-41
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		ļ	
	taxable entity during the year?	16a		X
b	if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CO			
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) a	vailab	e	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website 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	financ	al	
	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			
	PHILLIPS & ASSOCIATES - (970)476-1692			
	PO BOX 1403, VAIL, CO 81658			
63200	3 11 11-16	Form	990 (2016)

Form 990	(2016)	GUA	RDI

GUARDIAN SCHOLARS, INC.

<u>46-3044464</u>

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors

	•	•					
Check if Sc	hedule O d	contains a re	sponse or	note to an	v line in t	his 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	officer and a director/trustee)					one 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) RONALD V. DAVIS PRESIDENT	10.00							0.	0.	0
(2) DONALD P. REMEY VICE-PRESIDENT	10.00							0.	0.	0
TION TANDENS										
								· · · · · · · · · · · · · · · · · · ·		
		-		_		-				
					_					
		-	_			-				
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		-	-				-			
			-	-			_			
		-	_		-					
		1_								

Form 990 (2016) GUARDIAN	SCHOLA	RS_	.]	<u> IN</u> C	<u>. </u>				46-30	444	164_	Page 8
Part VII Section A. Officers, Directors, Trus	1	ploy	ees,			ghe	st C					
(A) Name and title	(B) Average hours per week	box	not c unle	Pos heck ss pe	ntion more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	ated nt of
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee		Кеу етріоуее	Highest compensated employee	i i	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		from organizand re	isation the zation lated
	line)	Indivi	Institu	Officer	Key er	Hathe	Former	<u> </u>				
								ļ				
		-		-								
		<u> </u>		_	_	<u> </u>	ļ					
				-	-							
	-	-	-	_	-		-					
		1										
1b Sub-total		<u> </u>	1	L	<u>. </u>		>	0.		0.		0.
c Total from continuation sheets to Part V	II, Section A						>	0.		0.		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but i	not limited to the	nose	liste	ed a	bov	e) w	▶ ho r	<u> </u>	l),000 of reportable	0.	 _	0.
compensation from the organization										_	Ye	s No
3 Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on	[16	110
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the s			mn	one:	ation	200	d ot	hor componention from	the organization	-	3	X
and related organizations greater than \$15	-							•	trie organization		4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con					-		elat	ted_organization_or indiv	idual for services		5	X
Section B. Independent Contractors	ipicie dericadi		-	<u>u c,, ,</u>		-						
Complete this table for your five highest countered the organization. Report compensation for		-							•	oensa	tion from	1
(A) Name and business			-		-	-		(B) Description of s			(C) mpensa	tion
Name and Dusines.		N	INC	<u>.</u>				Description of	Services			
			-									
							\dashv					
							_					
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to		se li O	stec	d above) who received n	nore than			

Form **990** (2016)

46-3044464 GUARDIAN SCHOLARS, INC. Page 9 Form 990 (2016) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (D) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue Gifts, Grants 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 419,142 similar amounts not included above 1f g Noncash contributions included in lines 1a 1f \$ 419,142 Total, Add lines 1a-1f Business Code Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 239. 239. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other 7 a Gross amount from sales of (i) Securities 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 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

632009 11-11 16

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

Total revenue See instructions

Form 990 (2016)

239.

419,381.

0.

36011	Check if Schedule O contains a respons			implete column (A)	
	ot 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	Fundraising expenses
1	Grants and other assistance to domestic organizations		<u> </u>	gorrora	<u> </u>
•	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals See Part IV, line 22	197,700.	197,700.		
3	Grants and other assistance to foreign				
ŭ	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	36,706.		36,706.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(1)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,758.		2,758.	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,264.		3,264.	
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 0)	6,836.		6,836.	_ -
12	Advertising and promotion	3,470.		3,470.	
13	Office expenses	2,184.		2,184.	· <u> </u>
14	Information technology				
15	Royalties				
16	Occupancy	1 526		1 526	
17	Travel	1,536.		1,536.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	-			
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization Insurance				
23 24	Other expenses Itemize expenses not covered				
24	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 0)				
а	amount, iist line 24e expenses un schedille 0)				
b					
c					
d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	254,454.	197,700.	56,754.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation				
	Check here It tollowing SOP 98-2 (ASC 958 720)				
		_ · 			

Form 990 (2016)
Part X Balance Sheet GUARDIAN SCHOLARS, INC.

Part		Balance Sneet				
		Check if Schedule O contains a response or note to any li	ne in this Part X		$\overline{}$	(B)
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest bearing		425,382.	1	22,345
1	2	Savings and temporary cash investments			2	568,003
	3	Pledges and grants receivable, net			3	
Ì	4	Accounts receivable, net		140.	4	·
	5	Loans and other receivables from current and former office	ers directors			
Ì	Ŭ	trustees, key employees, and highest compensated empl	· · · · · · · · · · · · · · · · · · ·	i	i i	
		Part II of Schedule L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5	
1	6	Loans and other receivables from other disqualified person	ns (as defined under			
	•	section 4958(f)(1)), persons described in section 4958(c)(3	` 1			
1		employers and sponsoring organizations of section 501(c	* 1			
ν		employees' beneficiary organizations (see instr) Complete	•		6	
Assets	7	Notes and loans receivable, net			7	
AS	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
-	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D 10a			l i	
	b	Less accumulated depreciation 10b			10c	
	11	Investments - publicly traded securities		11		
ļ	12	Investments other securities See Part IV, line 11		12		
1	13	Investments - program-related See Part IV, line 11	Ī		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		425,522.	16	590,348
Π.	17	Accounts payable and accrued expenses	3,198.	17	3,097	
-	18	Grants payable		18		
-	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability Complete Part IV of	Schedule D		21	
ខ្ល 2	22	Loans and other payables to current and former officers,	directors, trustees,			
≝		key employees, highest compensated employees, and dis	squalified persons			
Liabilities		Complete Part II of Schedule L			22	
- 2	23	Secured mortgages and notes payable to unrelated third	parties		23	
2	24	Unsecured notes and loans payable to unrelated third pa	rties		24	
2	25	Other liabilities (including federal income tax, payables to	related third		,	
		parties, and other liabilities not included on lines 17-24)	Complete Part X of		_ -	
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		3,198.	26	<u>3,097</u>
- 1		Organizations that follow SFAS 117 (ASC 958), check	here ▶		1	
es		complete lines 27 through 29, and lines 33 and 34.				
ဋ 2	27	Unrestricted net assets			27	
<u>ğ</u>	28	Temporarily restricted net assets			28	
를 2	29	Permanently restricted net assets			29	- <u> </u>
Ī		Organizations that do not follow SFAS 117 (ASC 958),	check here ▶ X			
๖		and complete lines 30 through 34.				
ets :	30	Capital stock or trust principal, or current funds		0.	30	0
ss :	31	Paid-in or capital surplus, or land, building, or equipment	fund	0.	31	0
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or	other funds	422,324.	32	587,251
z ;	33	Total net assets or fund balances		422,324.		587,251
:	34	Total liabilities and net assets/fund balances		425,522.	34	590,348

orm.	990'(2016) GUARDIAN SCHOLARS, INC.	46-304	4464	Page 12
Par	t XI Reconciliation of Net Assets		- <u>-</u>	
•	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		<u>,381.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		,454.
3	Revenue less expenses Subtract line 2 from line 1	3		<u>,927.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	422	,324.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1		
	column (B))	10	587	,251.
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			,	Yes No
1	Accounting method used to prepare the Form 990 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		ļ
	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		1	
	Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	1 1	
	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 Scho	edule O	1 1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle 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 requ	red audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2016)

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.

► Attach to Form 990 or Form 990-EZ.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number GUARDIAN SCHOLARS, 46-3044464 TNC Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 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 section 170(b)(1)(A)(IV). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 X 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) 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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 f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document (III) Type of organization (i) Name of supported In FIN (v) Amount of monetary (vi) Amount of other (described on lines 1 10 organization support (see instructions) support (see instructions) Yes above (see instructions))

(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						•
	include any "unusual grants ")						
2	Tax revenues levied for the organ						*
	ization's benefit and either paid to		•				
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				1		
	supported organization) included						
	on line 1 that exceeds 2% of the				ł		
	amount shown on line 11,			/			
	column (f)						
6	Public support. Subtract line 5 from line 4			/			
	ction B. Total Support			,			
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4		/				
8	Gross income from interest,		7				
	dividends, payments received on		/				
	securities loans, rents, royalties		1				
	and income from similar sources		1				
9	Net income from unrelated business		1				
	activities, whether or not the	<i>,</i> 4]		
	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 '					T	
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3)	
	organization, check this box and stop	here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2016 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15	%
16	33 1/3% support test - 2016 If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	1			
Ł	33 1/3% support test - 2015. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3	% or more, check th	ns box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2016. If the org	janization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization						
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
t	10% -facts-and-circumstances tes	t - 2015 . If the org	janization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Expla	in in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a publi	cly supported org	janization	▶ □
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	and see instruction	s ▶ □
					Sch	edule A (Form 990	or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 GUARDIAN SCHOLARS, INC.

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

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

Se	ction A. Public Support					,		
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")		80,036.	398,450	. 297,192.	419,142	2. 1194820.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	 	80,036.	398,450	. 297,192.	419,14	2. <u>1194820.</u>	
7:	Amounts included on lines 1, 2, and				`	į		
ı	3 received from disqualified persons 2 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						0.	
,	c Add lines 7a and 7b						0.	
8	Public support. (Subtract line 7c from line 6.)						1194820.	
Se	ction B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total	
9	Amounts from line 6		80,036.	398,450	297,192.	419,14	2. 1194820.	
10:	g Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
١	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Net income from unrelated business activities not included in line 10b, 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)							
13	Total support (Add lines 9 10c 11 and 12)		80,036.	398,450	297,192.	419,14	2. 1194820.	
14	First five years. If the Form 990 is for	the organization	's first, second, thir	d, fourth, or fifth	n tax year as a section	on 501(c)(3) orga	anization,	
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Pe	ercentage			<u> </u>		
15	Public support percentage for 2016 (line 8, column (f) o	divided by line 13, o	column (f))		15	<u> 100.00 %</u>	
<u>16</u>						16	<u> 100.00 %</u>	
Se	ction D. Computation of Inves	stment Incom	ne Percentage					
17	Investment income percentage for 20	•		ne 13, column (f))	17	.00 %	
18	Investment income percentage from 2015 Schedule A, Part III, line 17							
19	a 33 1/3% support tests - 2016. If the	_						
	more than 33 1/3%, check this box a	•	-	•			▶ LX.	
	b 33 1/3% support tests - 2015. If the	-						
^-	line 18 is not more than 33 1/3%, che		•	•	• • •	-	ion P	
	20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016							
6320	023 09-21-16				SCI	ieuuie A IFOIM	220 UL 220-EZ LZU 10	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
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2		
3a		
	}	
3b		
20		
3c		
4a		
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4b		-
4c		
	i	
5a		
5b		
5c		
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6		
7		
8		
}		
9a		
9b		
9c		
1 1		
10a		
105		
10b 990 or 99	0-EZ)	2016

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	cion 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 function	onally integrated Type III	supporting organization (see
	instructions)		

Schedule A (Form 990 or 990-EZ) 2016

S

Schedule A (Form 990 or 990-EZ) 2016

8

Breakdown of line 7

b Excess from 2013
 c Excess from 2014
 d Excess from 2015
 e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016 GU	<u>JARDIAN SCHO</u>	OLARS, INC.		<u>46-3044464 Page</u>
Part VI	Supplemental Informat Part IV, Section A, lines 1, 2, 3 line 1, Part IV, Section D, lines Section D, lines 5, 6, and 8, an (See instructions)	b, 3c, 4b, 4c, 5a, 6, 9a 2 and 3, Part IV, Secti	a, 9b, 9c, 11a, 11b, and ion E, lines 1c, 2a, 2b,	d 11c, Part IV, Section B, line 3a, and 3b, Part V, line 1, Pa	s 1 and 2, Part IV, Section C, rt V, Section B, line 1e, Part V,
	(See Instructions)				
					
					
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SCHEDULE 1 (Form 990)

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on 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.

OMB No 1545-0047 Open to Public 2016

Inspection

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

2 Employer identification number 46-3044464 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 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 (if applicable) INC. Enter total number of other organizations listed in the line 1 table GUARDIAN SCHOLARS General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part

Schedule I (Form 990) (2016)

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

Page 2 Schedule I (Form 990) (2016) (f) Description of noncash assistance 46-3044464 (e) Method of valuation (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 (Form 990) (2016) GUARDIAN SCHOLARS, INC.
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 0 BOOK (d) Amount of non-cash assistance (c) Amount of cash grant 197,700, 29 38 (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIP PAYMENTS 632102 11-01-16 Part III

Schedule I (Form 990) (2016)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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

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

Open to Public Inspection

GUARDIAN SCHOLARS, INC.	46-3044464
FORM 990, PART VI, SECTION B, LINE 11B:	
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	ALS 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 (DACA) POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990 IS MADE AVAILABLE TO THE PUBLIC UPON REQUEST. C	URRENT DONORS ARE
GIVEN COPIES ON A YEARLY BASIS BUT MAY REQUEST AT ANY GIV	EN TIME.
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