EXTENDED TO MAY 15, 2020

Form 990

Department of the Treasury

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.

2018
Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2018 calendar year, or tax year beginning and ending JUN 30 JUL 1, 2018 D Employer identification number Check if applicable C Name of organization Address change GUARDIAN SCHOLARS, INC. Name change 46-3044464 Doing business as initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number VPO BOX 1403, KELLER & ASSOC. (970)476-1692 Final return/ City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amende return VAIL, CO 81658 H(a) Is this a group return F Name and address of principal officer RONALD V. DAVIS]Applica-]tion JYes 🛣 No for subordinates? 470 OLD CREAMERY ROAD, EDWARDS, CO 81632 H(b) Are all subordinates included? Yes Tax-exempt status **X** 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) J Website: WWW.GUARDIANSCHOLARS.COM **H(c)** Group exemption number ▶ K Form of organization; X Corporation Trust Year of formation; 2013 M State of legal domicile; CO Association Other > Part I Summary Briefly describe the organization's mission or most significant activities PROVIDING SCHOLARSHIP AND Governance MENTORING ASSISTANCE TO "AT RISK" HIGH SCHOOL GRADUATES. Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets 2 13 Number of voting members of the governing body (Part VI, line 1a) 3 13 4 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 2 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 22 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b b Net unrelated business taxable income from Form 990-T, line 38 **Prior Year Current Year** 372,124. 439,505. Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 1,627. 11,777. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 373,751. 451,282. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 242,137. 201,183. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 54,781. 53,372. 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 32,494. 83,488. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e 17 Total expenses Add lines 13-17 (must equal Part IX, column A Fro 5) VED <u>328,003.</u> 339,452. 45,748. 111,830. Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year MAR 2 3 2020 RS-O **End of Year** 632,999. 744,829. Total assets (Part X, line 16) 20 0. 21 Total liabilities (Part X, line 26) OGDEN. UT 744,829. 632,999. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block Under penalties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of propage (otter than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign DONALD P. REMEY Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature MAURY A. KELLER P00557769 Paid Firm's name KELLER AND ASSOCIATES, Firm's EIN **82-1134850** Preparer Firm's address P.O. BOX 1403 **Use Only** Phone no.9704761692 VAIL, CO 81658 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

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

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Рa	rtilVI Checklist of Required Schedules			ugu
	==1		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	<u> </u>
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	1		
	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		İ	
	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>	X
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		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?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			١,,
	Part VI	11a		X
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	l '		
	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			, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	امما		v
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ,	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	<u> </u>	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
24	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa		
٠	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
5	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		Х
6	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
7	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		Х
8	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		X
9	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
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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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.......

Form	990 (2018) GUARDIAN SCHOLARS, INC.	46-3044464	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1	v	
00	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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," comple	23	1	X
24 2	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 is	 	 	 ^ -
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and comp			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to de			
	any tax exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year	r, and		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," com	nplete		
	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 of	or		1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?	"Yes,"		
	complete Schedule L, Part II	26	<u> </u>	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 men	nber	ļ	
	of any of these persons? If "Yes," complete Schedule L, Part III	27	ļ	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)	<u> </u>		ļ <u></u>
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		-	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,		-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was			_v
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	├	X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserva	29		-^-
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	 	
٠.	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	101		
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,	and		
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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.	ganization?		
	If "Yes," complete Schedule R, Part V, line 2	36	L	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?			
Da	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		· ·	
		4	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0 · if not applicable			

С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	amıng
	(gambling) winnings to prize winners?	

Form Par	990 (2018) GUARDIAN SCHOLARS, INC. 46-3044 tV Statements Regarding Other IRS Filings and Tax Compliance (continued)	464	Р	age 5				
	Continuedy		Yes	No				
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO				
Za	filed for the calendar year ending with or within the year covered by this return 2a 2							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-						
33	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>				
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	-	 	\vdash				
70	financial account in a foreign country (such as a bank account, secunties account, or other financial account)?	4a		х				
h	If "Yes," enter the name of the foreign country	1						
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
52	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_ 	 					
Oa	any contributions that were not tax deductible as charitable contributions?	6a		х				
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa						
J	were not tax deductible?	6b						
7								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?							
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
·	to file Form 8282?	7c		x				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х				
f								
g								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		\vdash				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	┢						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter	<u> </u>						
	Initiation fees and capital contributions included on Part VIII, line 12			1				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		1				
11	Section 501(c)(12) organizations. Enter	1						
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1						
	amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O							
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			Į l				
С	Enter the amount of reserves on hand							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		$\overline{\mathbf{x}}$				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
_	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see instructions and file Form 4720, Schedule N							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes " complete Form 4720. Schedule O							

832005 12-31-18

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 Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 13 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? Did the organization delegate control over management duties customanly performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? x 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X 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 Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 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 Х Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 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 15a Х X 15b Other officers or key employees of the organization 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 X taxable entity during the year? 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Another's website 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 KELLER & ASSOCIATES - (970)476-1692 81658 PO BOX 1403, VAIL, CO

Form **990** (2018)

832006 12-31-18

Form 990 (2018) 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

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)	(B)		organization compensate					(D)	(E)	(F)
Name and Title	Average hours per week	box	Position (do not check more the box, unless person is be officer and a director/t			than o	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
·	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етрюуее	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	1.00]								
PRESIDENT				Х	_			0.	0.	0.
(2) DONALD P. REMEY	1.00				1			_		_
VICE-PRESIDENT	1 00	—	ļ	Х				0.	0.	0
(3) JEANNIE GUSTAFSON	1.00	i		3,5		1				•
VICE-PRESIDENT				Х				0.	0.	0 .
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Form 990 (2018)

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Form 990 (2018) GUARDIAN	SCHOLA	RS,	I	NC					46-3	0444	64 Page
Part VII, Section A. Officers, Directors, Tru	stees, Key Em	ploy	ees,	and	i Hi	ghes	st C	Compensated Employee	s (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average	١.,.		Pos				Reportable	Reportable	, [Estimated
	hours per					than o		compensation	compensation	on	amount of
	week	offi	cer ar	nd a d	recto	r/trus	tee)	from	from related	j	other
	(list any	횽			ŀ			the	organization	ıs	compensation
	hours for	틭				ㅁ		organization	(W-2/1099-MIS	3C)	from the
	related	ag e	nstee			ast		(W·2/1099·MISC)			organization
	organizations	ξ	盲		oyee	<u>اق</u> "					and related
	below	Individual trustee or director	institutional trustee	ᇙ	Key emptoyee	loye Joye	ě		'		organizations
	line)	Ē	İısı	Officer	Ke	Highest compensated employee	호			\longrightarrow	
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1b Sub-total	······					•	▶	0.		0.	0.
c Total from continuation sheets to Part \	II, Section A						▶	0.		0.	0.
d Total (add lines 1b and 1c)							▶	0.		0.	0.
2 Total number of individuals (including but	not limited to th	ose	liste	d at	ove	e) wh	o re	eceived more than \$100,	000 of reportable	€	
compensation from the organization											(
										г	Yes No
3 Did the organization list any former office	r, director, or tri	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on	L.	<u> </u>
line 1a? If "Yes," complete Schedule J for	such individual									<u> </u>	3 X
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization	<u> </u>	B. C
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edule	J f	for such individual		L	4 X
5 Did any person listed on line 1a receive or	accrue comper	nsati	on fi	rom	any	unre	elate	ed organization or individ	lual for services	**	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
rendered to the organization? If "Yes." co	molete Schedul	e <i>J f</i>	or si	ıch ı	oers	on .					5 X
Section B. Independent Contractors 1 Complete this table for your five highest c				-4			41	hat reasoned many than C	100,000 of com-		
1 Complete this table for your five highest c the organization Report compensation fo										Jensan	on nom
(A)			-					(B)			(C)
Name and busines	s address	N	INC	3			\dashv	Description of s	ervices	Co	mpensation
											
	·						_				
							ļ				
											· · · · · · · · · · · · · · · · · · ·
							\dashv				
2 Total number of independent contractors		ot lin	nited	d to	_		ted	above) who received mo	ore than		
\$100,000 of compensation from the organ	ization			_)					orm 990 (2018
										г	UIII (2010

7 ~~~		Check if Schedule O conta	ains a response	or note to any lin	ne in this Part VIII			
が影響					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	, 1 а	Federated campaigns	1a				And the second second second	ammanan da
Grants mounts	b	Membership dues	1b	-				
s, c	С	Fundraising events	1c	 -				
Sift	ˈ d	Related organizations	1d	<u> </u>				
.s. (e	Government grants (contributi		<u>.</u>	្នារីក្រុមប្រើប្រាជាធ្វើក្នុងក្នុងក្នុងក្នុងក្នុងក្នុងក្នុងក្នុង	into the second	ammuniggmasstuddatas socialis (e.g.) munimilidaetasetiggmass et ilitaris (e.g.)	្តី ដែលដែលប្រាយប្រជុំក្នុងប្រាយបាយប្រធានបក្សាកុ នៅពីវិទីសិនប្រើប្រើប្រើបញ្ជាប់ប្រាយបាយប្រធានបក្សាកុ
S.S.	f	All other contributions, gifts, grant	ts, and					
₽ E		similar amounts not included above	/e [1f]	439,505.				
Contributions, Giff and Other Similar	g					Territoria de la constanta de		Mannyananananananananananananananananana
ŭä	<u>h</u>	Total. Add lines 1a-1f		<u></u>	439,505			
				Business Code	CONCRETE CONTROLS			
e l	2 a				ļ	,		
er.	b	-	•	ļ				
am Ser evenue	C			<u> </u>				
grai Rev	a							
Program Service Revenue	e	All albert and are a series		-	-			
÷	T -	All other program service reversal. Add lines 2a-2f	nue	*************				
	3	Investment income (including	dividands inters	est and	, ,	MUSEL SUBBRIGHTS BRANCHES		
	٠.	other similar amounts)	uividends, intere	st, and	11,777.			11,777.
	4	Income from investment of tax	exemnt bond n	roceeds		,	-	11,,,,,
	5	Royalties	°					
	·	, , ,	(i) Real	(ii) Personal		giographic in the property of the contract of		La resta flata come ball.
	6 а	Gross rents	(7,100.	(.,,		armir respectively.		
		Less rental expenses		j				
	С				The state of the s		47	
	d	Net rental income or (loss)					,	
	7 a	Gross amount from sales of	(i) Securities	(u) Other			PARTITION TO SERVE	100
		assets other than inventory		,		A A STATE OF THE S		Olimpunda seria mandana
	b	Less cost or other basis	r					
		and sales expenses					n manyo in ili di	Total supposed the market of the
	c	Gain or (loss)		<u> </u>			ten () to some the	The state of the s
	d	Net gain or (loss)		<u> </u>		t.		
a	8 a	Gross income from fundraising	g events (not			See Sept.		
ᇍ		including \$	of	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Other Reve		contributions reported on line	1c) See	` '			4-3	
ä		Part IV, line 18	а	, , , , , , , , , , , , , , , , , , ,				
듄	•	Less direct expenses	j b	L	Million Control of Con	approximation of the property	VV 1997 FIGURE HALLAS CHARACHE	C remunication and annual mention of the
-	•	' '			SAN STEWARTS STATE		SATTAGE A STORMAN	**************************************
	9 a	Gross income from gaming act						L
	_	Part IV, line 19	a	-	第一次	347 37 62 (4)		
		Less direct expenses	b	L			Kirkir talih Kalinda	Sanding the sand of the sand o
		Net income or (loss) from gami		<u> </u>				
	10 a	Gross sales of inventory, less r						
		and allowances	. a]				6.0
		Less cost of goods sold ~ -	b of inventory		AND THE PROPERTY OF THE PROPER			
ŀ	<u>c</u>	Net income or (loss) from sales		Business Code			,	100 100 100 100 100 100 100 100 100 100
ŀ	11 -	Miscellaneous Revenue	·	Pusitiess Code	Section of the second section of the section of the second section of the section o		19-77-77-78-78-78-78-78-78-78-78-78-78-78-	Same to the Cale () was 1.95
ŀ	11 a							
		φ.p.						
.	C L	All other revenue	^					
	u	Total. Add lines 11a-11d		<u> </u>				425
	12	Total revenue See instructions			451,282.	0.	0.	11,777.

832009 12-31-18

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations				PARTE STATE					
	and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22	201,183.	201,183.	美国教育的	· 还等数数数据 进入当					
3	Grants and other assistance to foreign				Variable di					
	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,	46.040		4.5.04.0						
	trustees, and key employees	46,248.		46,248.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1 (10		4 640						
7	Other salaries and wages	4,640.		4,640.						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		`	-						
9	Other employee benefits									
10	Payroll taxes ·	3,893.		3,893.						
11	Fees for services (non-employees)		,							
а	Management	43,185.		43,185.	,					
b	Legal	4 0 7 2		4 - 4 - 4 - 4	· ·					
С	Accounting	4,841.		4,841.	٢					
d	Lobbying		KETTERSHIP MARKALING TANKS SILIKU TEN		,					
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
9	Other (If line 11g amount exceeds 10% of line 25,	24 944		24 044						
	column (A) amount, list line 11g expenses on Sch O.)	24,844.		24,844.						
12	Advertising and promotion	4,851.		4,851.						
13	Office expenses Information technology	4,031.		4,031.	-					
14	Royalties									
15 16	Occupancy									
17	Travel	3,357.		3,357.						
18	Payments of travel or entertainment expenses	370011		3,03,1						
10	for any federal, state, or local public officials			'						
19	Conferences, conventions, and meetings	-,	···· - ··· - · · · · · · · · · · · · ·		 -					
20	Interest			· · · · · · · · · · · · · · · · · · ·						
21	Payments to affiliates	•								
22	Depreciation, depletion, and amortization			·						
23	Insurance	1,550.		1,550.	· · · · · · · · · · · · · · · · · · ·					
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 0.)	Mark Park								
а	IT EXPENSE	860.		860.						
b					,					
С										
d										
е	All other expenses									
25	Total functional expenses Add lines 1 through 24e	339,452.	201,183.	138,269.						
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined			,'	•					
	educational campaign and fundraising solicitation	,			٦					
	Check here if following SOP 98-2 (ASC 958-720)									

_		Check if Schedule O'contains a response or not	e to any line in this Part X			<u> </u>
٠	_	,	-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	•	36,248.	1	208,318
	2	Savings and temporary cash investments	•	596,751.	2	536,511
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		-	4	
	5	Loans and other receivables from current and fo	STANKE VERMINE TO	5-23		
1	•	trustees, key employees, and highest compensa				
ļ		Part II of Schedule L		Car was accessed to the	5	-
١	6	Loans and other receivables from other disqualif	ied persons (as defined under		3/24	
Ì	•	section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect				
		employees' beneficiary organizations (see instr)		W. 400 1 1 1 20 - 1945 8 2014 1644 18 18 1	6	2000/12mm
	7	Notes and loans receivable, net	Complete Fart II of Schiz		7	
	7	Inventories for sale or use		,	8	`
	8	•		9		
Į	9	Prepaid expenses and deferred charges	1 1	BAR CARRESTNES BAR	<u> </u>	MENNY ACTO FOR THE CONNECTO
-	10a	Land, buildings, and equipment cost or other	40-			
		basis Complete Part VI of Schedule D	10a	141.2542 P2548で338で32でです。。。	19142	Company of the Control of the Contro
ŀ		Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
1	12	Investments other securities See Part IV, line 1	··· ,	12	;	
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets	ŧ	<u> </u>	14	:
	15	Other assets See Part IV, line 11		630,000	15	7.44.000
4	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	632,999.	16	744,829
١	17	Accounts payable and accrued expenses	`		17	
1	18	Grants payable		18		
1	19	Deferred revenue			19	
-	20	Tax-exempt bond liabilities			20	
-	21	Escrow or custodial account liability Complete F		HARTON AND THE ARRANGEMENTS A DEC.	21	X8403057 A3304545.7
-	22	Loans and other payables to current and former		11		
		key employees, highest compensated employee	s, and disqualified persons	20 mm	T.	
		Complete Part II of Schedule L			22	
1	23	Secured mortgages and notes payable to unrela	ted third parties		23	
1	24	Unsecured notes and loans payable to unrelated	third parties		24	· · · · · · · · · · · · · · · · · · ·
1	25	Other liabilities (including federal income tax, pay				
1		parties, and other liabilities not included on lines	17-24) Complete Part X of			-
ı		Schedule D			25	
4	26	Total liabilities. Add lines 17 through 25		- 0.	26	0
		Organizations that follow SFAS 117 (ASC 958)				
		complete lines 27 through 29, and lines 33 and	1 34.		EMN	
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets	·		29	
		Organizations that do not follow SFAS 117 (AS	SC 958), check here 🕨 🗓		XX)	
		and complete lines 30 through 34.				のなっている。
	30	Capital stock or trust principal, or current funds		0.	30	0
	31	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	31	0
	32	Retained earnings, endowment, accumulated inc	-	632,999.	32	744,829
-	33	Total net assets or fund balances	632,999.	33	744,829	
- 1				632,999.	34	744,829

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

(1 O/ 111 330 O/ 330 EE

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2018
Openito Public linspection

Name of the organization

Employer identification number

			DIAN SCHOL					46	-3044464	
Ŗа		Reason for Public (Charity Status (All organizations must co	omplete th	ıs part) Se	e instructions			
The	organ	zation is not a private found	ation because it is (For lines 1 through 12, c	heck only	one box)	_			
1	Ň	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	声	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))								
_	\vdash									
3	=	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	ш	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								
5	Ш	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)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
•	<u> </u>	~	•	ritial part of its support i	om a gov	Jiiiiiioiita	dilit of from the gen	ciai pai	one described in	
_		section 170(b)(1)(A)(vi). (C	•	(4)(A)(-) - (O - + - D						
8	\vdash	A community trust describe								
9	Ш	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-g	rant co	llege	
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of the co	llege or	•	
		university								
10	X	An organization that norma	lly receives (1) more	than 33 1/3% of its sup	port from o	contributio	ns, membership fee	s, and g	gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its supr	ort from	m gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organizat	on afte	er June 30, 1975	
		See section 509(a)(2). (Con		(1000 000 000 000 000 000 000 000 000 00						
11				valu to tost for public so	faty Saa	cootion El	20(0)(4)			
	H	An organization organized a	•	•	•		* ** *	4-		
12	لـــا	An organization organized a	· ·	•	•		•		•	
		more publicly supported or						(3). Che	eck the box in	
	_	lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g			
а			anization operated, s	upervised, or controlled	by its supp	oorted org	anızatıon(s), typically	by giv	ıng	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of th	ne supp	orting	
		organization You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organization(s), by	/ having	1	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the	suppor	ted	
		organization(s) You mus								
_		Type III functionally inte	· ·		ın connoci	non with s	and functionally into	arotod .	•uth	
·	L		•	• •			•	grateu v	WILLI,	
	_	its supported organization								
d	L		rintegrated. A supp	orting organization oper	ated in co	nnection w	ith its supported or	ganızatı	on(s)	
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	juirement and an att	entiven	ess	
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type	e III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation		_		
f	Ente	r the number of supported o	organizations							
q		ide the following information		d organization(s)		`		_	•	
) Name of supported	(II) EIN	(III) Type of organization	(iv) Is the orga in your govern	nization listed	(v) Amount of monet	ary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instruction	ons) su	pport (see instructions)	
				above (see instructions)						
					}					
										
			·-·							
					ويتعليها					

832022 10-11-18

[Partill] 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

Section A. Public Support	elow, please comp	rete Fait II)				
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and	(-)	<u> </u>			1-1	
membership fees received (Do not		-				
include any "unusual grants ")	398,450.	297,192.	419,142.	372,124.	439,505.	1926413.
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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	398,450.	297,192.	419,142.	372,124.	439,505.	1926413.
7a Amounts included on lines 1, 2, and				-		
3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0.
amount on line 13 for the year						0.
c Add lines 7a and 7b						1926413.
8 Public support. (Subtract line 7c from line 6) Section B. Total Support	<u> </u>				<u> </u>	1720413.
Catendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6	398,450.	297,192.	419,142.	372,124.	439,505.	1926413.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	330, 1300	23.72320	113 / 1120		20370000	
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 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)	398,450.	297,192.	419,142.	372,124.	439,505.	1926413.
14 First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	n 501(c)(3) organiza	ition,
check this box and stop here Section C. Computation of Publi	c Support Per	centage				
15 Public support percentage for 2018 (li			column (fi)		15	100.00 %
16 Public support percentage from 2017		•	•			100.00 %
Section D. Computation of Inves						
17 Investment income percentage for 20			ne 13. column (fl)		17	.00 %
18 Investment income percentage from 2	•		,		18	%
19a 33 1/3% support tests - 2018. If the			on line 14, and line	15 is more than 3	<u> </u>	
more than 33 1/3%, check this box ar						▶ X
b 33 1/3% support tests - 2017. If the						•
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
indicate in a mo organizatio					edule A (Form 990	or 990-FZ) 2018

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

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

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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

	And the second s		Schedule A (Form 990 or 990-EZ) 20	18
instructions)				
Check here if the current ye	ear is the organization's first as a non-functionally in	tegra	ated Type III supporting organization (see	
<u>emergency temporary reduction (</u>	see instructions)	6		

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Enter greater of line 2 or line 3

Income tax imposed in prior year

Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

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

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990·EZ) 20	18 GUARDIAN	SCHOLARS,	INC.	46-3044464 Page 8
Part VI	Supplemental Info	rmation. Provide	the explanations re	oured by Part II. line	e 10, Part II, line 17a or 17b; Part III, line 12,
لاست	Part IV Section A lines	1 2 3h 3c 4h 4c	5a 6 Qa Qh Qc 11	1a 11h and 11c Pa	ort IV, Section B, lines 1 and 2, Part IV, Section C,
	line 1 Part IV Section C	1, 2, 30, 30, 40, 40, 1 lines 2 and 3 Part	1V Section E lines	1a, 11b, and 11c, 1a 1c 2a 2h 3a and 3	Bb, Part V, line 1, Part V, Section B, line 1e, Part V,
	Section D. lines 5. 6. an	of a and Dart V Sec	tion E lines 2 5 an	d 6 Alco complete t	his part for any additional information
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

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

Open to Public 2018 Inspection

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So substantiate the amount of the grants or assistance, the grants or assistance, the grants or assistance, the grants or assistance and the selection social grant funds in the United States Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 155,000 Part I can be duplicated additional shared as freeded (if applicable) (a) Amount of non-cash grant (if applicable) (a) Amount of non-cash grant (if applicable) (a) Amount of non-cash grant (if applicable) (a) Amount of non-cash grant (if applicable) (a) Amount of non-cash grant (if applicable) (a) Amount of non-cash grant (if applicable) (if applicable	neral Information on Grants an	nd Assistance						
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listed in the line 1 table	1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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		,						
number of other organizations listed in the line 1 table	I number of section 501(c)(3) an	d government org		e line 1 table				
	number of other organizations	listed in the line 1	table					•

46-3044464 Schedule I (Form 990) (2018) GUARDIAN SCHOLARS, INC.

Part III. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed GUARDIAN SCHOLARS,

(f) Description of noncash assistánce MENTORING (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information 0. BOOK (d) Amount of non cash assistance 201,183. (c) Amount of cash grant (b) Number of recipients 40 POST SECONDARY EDUCATION SCHOLARSHIP AWARDS (a) Type of grant or assistance

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Schedule I (Form 990) (2018)

SCHEDULE O

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(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. Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Open to Public

Internal Revenue Service Name of the organization Employer identification number GUARDIAN SCHOLARS, INC. 46-3044464 FORM 990, PART VI, SECTION B, LINE 11B: COPY OF FORM 990 HAS BEEN PROVIDED TO THE GOVERNING BODY FOR REVIEW BEFORE IT IS FILED. A MEETING IS HELD TO DISCUSS THE RETURN AND UPON REVIEW OF ALL MEMBERS AND APPROVAL THE RETURN IS FILED. FORM 990, PART VI, SECTION C, LINE 18: GUARDIAN SCHOLARS DOES NOT PROVIDE ASSISTANCE TO INDIVIDUALS OUTSIDE THE UNITED STATES, THEREFORE SCHEDULE F HAS NOT BEEN FILED. HOWEVER, 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, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. CURRENT DONORS ARE GIVEN COPIES ON A YEARLY BASIS BUT MAY REQUEST AT ANY GIVEN TIME. 3

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

Schedule O (Form 990 or 990-EZ) (2018)