EXTENDED TO MAY 17, 2021

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.

		the 20			JUN 30, 2020	Inspection				
_				ending		action number				
В	Check applic	able	C Name of organization		D Employer identific	cation number				
	Ad	dress	GUARDIAN SCHOLARS, INC.							
늗	∃Na	ange me			46-30444	64				
누	Init	ange tial	Doing business as Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
<u> </u>	reti ∏Fin	al	PO BOX 1403, KELLER & ASSOC.	1100m/suit	(970)476-1692					
		urn/ min-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	461,981.				
	□Am	nended	VAIL, CO 81658		H(a) Is this a group re					
F	retu	plica-	F Name and address of principal officer RONALD V. DAVIS	-	for subordinates					
_	tion	nding	461 WINSLOW ROAD, EDWARDS, CO 81632	2	H(b) Are all subordinates in	<u> </u>				
$\overline{}$	Tax-	exemi	ot status: X 501(c)(3) 501(c) ()	or 1 52	F1 ''	list. (see instructions)				
			► WWW.GUARDIANSCHOLARS.COM		H(c) Group exemptio					
			panization: X Corporation Trust Association Other	L Yea		A State of legal domicile: CO				
	art		ummary	1						
دة.	1		efly describe the organization's mission or most significant activities. PROVI	DING	SCHOLARSHIP	AND				
. ၁ ဦ		ME	ENTORING ASSISTANCE TO "AT RISK" HIGH SC	HOOL	GRADUATES.					
MAK Z overnance	2	_	eck this box If the organization discontinued its operations or dispose mbor of voting members of the governing body (Rart VI line 1a RECEIVE	ed of mor	than 25% of its net ass	sets.				
MAY Seria	3	Nu	mber of voting members of the governing body (Part VI line 1a)	:UU	3					
	4	Nu	mber of independent voting members of the governing pody (Part VI, line 1b)	ĺδ	4	13				
		Tot	tal number of individuals employed in calendar year 201 स्थि art ¼ मिहि 2 <u>a</u>) 🥊 2(121 12	. 5	2				
⋚┋	6		tal number of volunteers (estimate if necessary)		6	20				
ANNE Activities	7	a Tot	al unrelated business revenue from Part VIII, column (C) line 12		. <u>7a</u>	0.				
Activities & G		b Net	t unrelated business revenue from Part VIII, column (C), line 10GDEN,	UI	7b	0.				
y					Prior Year	Current Year				
•	8	Co	ntributions and grants (Part VIII, line 1h)	L	439,505.	440,095.				
Ĕ	9	Pro	ogram service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10) Inv	estment income (Part VIII, column (A), lines 3, 4, and 7d)		11,777.	21,886.				
E	11	Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	0.	0.				
	12	. Tot	al revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		451,282.	461,981.				
	13	Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)		201,183.	284,864.				
	14	Bei	nefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
8	15	Sal	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	54,781.	65,218.				
Expenses	16		ofessional fundraising fees (Part IX, column (A), line 11e)	<u>.</u> . ⊢	0.	0.				
ğ	1		tal fundraising expenses (Part IX, column (D), line 25)	<u>• </u>	02 400	<u> </u>				
ш	1 ''		ner expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	83,488.	56,247.				
	18		tal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	339,452.	406,329.				
	19	Rev	venue less expenses. Subtract line 18 from line 12		111,830.	55,652.				
t Assets or		··	tel coaste (Dest V. line 16)	l _R	eginning of Current Year 744,829.	End of Year 800,481.				
SSE	20		tal assets (Part X, line 16)	· -	0.	0.				
<u>=</u>			tal liabilities (Part X, line 26) t assets or fund balances. Subtract line 21 from line 20	<u> </u>	744,829.	800,481.				
P	22 art		Signature Block		71170251	000/1011				
_			s of perjury, I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of my	knowledge and belief, it is				
			Complete. Declaration of preparer (other than officer) is based on all information of whi			Knowledge and bellet, it is				
11 40	, 0011	L COL, U.	7 / 10/10/	ion proparo	i nas any mismosagor					
Sig	n		Signature of officer		Date	20/01				
Her			DOMALD P. REMEY, VICE-PRESIDENT + 120	WOOD	er 31°	8이기				
	•		Type or print name and title							
		Pr	int/Type preparer's name Preparer's signature		Date / / Check	PTIN				
Paid MAURY A. KELLER ON lus Mall 4/12/2 self-employed										
	arei	82-1134850								
Preparer Firm's name KELLER AND ASSOCIATES, ZIC Firm's EIN 82-1134850										
			VAIL, CO 81658		Phone no. 97	04761692				
May	/ the	IRS (discuss this return with the preparer shown above? (see instructions)			X Yes No				
_		1-20-20		ns.	$\bigcirc \alpha \cup$	Form 990 (2019)				

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

<u>Forn</u>	990 (2019) GUARDIAN SCHOLARS, INC.	46-3044464 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: GUARDIAN SCHOLARS IS A COMPREHENSIVE PROGRAM OF FINANCIAL	
	COACHING, MENTORING, HOUSING AND PERSONALIZED ATTENTION.	ITS GOAL IS
	TO HELP RECIPIENTS ATTAIN POST SECONDARY EDUCATION DEGREE	<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X 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 n	neasured by expenses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, and
	revenue, if any, for each program service reported	
4a		ue\$ 440,095.)
	GUARDIAN SCHOLARS HAS AWARDED \$284,864.24 WORTH OF SCHOLA	
	RISK" STUDENTS TO ATTEND COLORADO MOUNTAIN COLLEGE OR MES	
	UNIVERSITY. GUARDIAN SCHOLARS CURRENTLY HAS 45 STUDENTS 1	
	FUND FOR FOUR YEARS AT AN ESTIMATED LIABILITY OF \$525,000)
4b	(Code) (Expenses \$	e \$)
		
		
4c	(Code) (Expenses \$) (Revenue	
40	(Code) (Expenses \$) (Nevenue	
	<u> </u>	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ Including grants of \$) (Revenue \$	
<u>4e</u>	Total program service expenses ► 284,864.	
		Form 990 (2019)

Form 990 (2019) GUARDIAN SCHOLARS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
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]		
	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		<u> </u>
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	_		77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		J	X
_	Schedule D, Part III	8_		
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?	9	1	Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	-10	1	
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
u	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			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ĺ	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u> </u>	- 1	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	. [32
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	,		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15_		<u>x</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-+	<u>x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
	1c and 8a? If "Yes," complete Schedule G, Part II	18	\dashv	<u>~~</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes,"	19		Х
20-	complete Schedule G, Part III	20a		$\frac{x}{x}$
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	$\overline{}$	
- "	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
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			γ-	,

Form 990 (2019) GUARDIAN SCHOLARS, INC. 46-3044464 Page 4
Part IV Checklist of Required Schedules (continued)

			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ì	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			3.5
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	١		
	Schedule K If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	<u> </u>	
C	any tax-exempt bonds?	24c	l	ļ
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			_
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete] .		
	Schedule L, Part I	25b		X _
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			j
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	ĺ		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 3832, K lives II semalate Schedule L. Bert IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
·	"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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			45
	Part V, line 1	34		X
	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	3EF		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
36	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 00		
Ο.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	l	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			-
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	ا بِ		
	(gambling) winnings to prize winners?	1c	990 /	2019)
932004	01-20-20	LOUID	(20 I 3)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			_	Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			1			
	filed for the calendar year ending with or within the year covered by this return 2a	2			1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X				
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)							
За	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 on Schedule O		3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	er. a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	, -	4a		х			
b	b If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	BAR)	'					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	,	5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	ļ	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	on solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			·				
	were not tax deductible?	j	6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provide	ed to the payor?	7a		_X_			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b					
С	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				<u> </u>			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	ļ	71		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	orm 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?		8					
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	,	9b		-			
10	Section 501(c)(7) organizations. Enter		ĺ	ĺ				
а	Initiation fees and capital contributions included on Part VIII, line 12				r			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			i				
11	Section 501(c)(12) organizations. Enter		J	J				
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against		ļ					
40	amounts due or received from them) [11b] 2. **Indian Control of		40-					
	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			ļ				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ł	10-					
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	ł	- 1	-				
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	1				
	organization is licensed to issue qualified health plans The above are provided to a second and the second are provided to a second are provided to a second and the second are provided to a second are provided to a second and the second are provided to a second are	———	- 1	ł	ł			
	Enter the amount of reserves on hand Did the engagization receive any payments for indeer tanging convices during the tax year?	 +	14a					
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " here it filed a Form 720 to report these payments? If "Nes " here it filed a Form 720 to report these payments?	ŀ			<u>~~</u>			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	ŀ	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ł	15		X			
	excess parachute payment(s) during the year? If "Yes " see instructions and file Form 4720. Schedule N.	ŀ	10		 -			
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	ŀ	16	+				
16	If "Yes," complete Form 4720, Schedule O	ŀ	-!-		 -			
	ii 163, Complete Form 4720, Conedule O		Form	990 ((2019)			

	990 (2019) GUARDIAN SCHOLARS, INC.		<u>46</u> -3044			age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management	_				
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	13]		
	If there are material differences in voting rights among members of the governing body, or if the governing			l		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13]		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	dırec	t supervision			
	of officers, directors, 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 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		_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 ap	point	one or			
	more members of the governing body?			7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, 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	r by th	e following:		L .	
а	The governing body?			8a	X	
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 read	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>venue</u>	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	, 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	befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			<u> </u>		3,5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," d	escribe	l '		
	ın Schedule O how this was done			12c		- V
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approval	by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				 	
a	The organization's CEO, Executive Director, or top management official			15a	-	
b	Other officers or key employees of the organization			15b		X
46	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		م طف			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements of the contribute assets to, or participate in a joint venture or similar arrangements.	ient w	ith a	40-		
	taxable entity during the year?			16a		^
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic		r'S	465		
500	exempt status with respect to such arrangements? tion C. Disclosure			16b	1	
	List the states with which a copy of this Form 990 is required to be filed ►CO			_		
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000	T (Section 501(c)(2)	- Only	availet	nle
18	for public inspection. Indicate how you made these available. Check all that apply	a 330	. (00000011001(0)(0)	, orny)	المامان	J10
	Own website Another's website X Upon request Other (explain	on Sa	hadula (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor		•	financ	nat	
13	statements available to the public during the tax year		torost poncy, and	manc		
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	records ►			
20	KELLER & ASSOCIATES - (970)476-1692					
	PO BOX 1403 VATI. CO 81658					

GUARDIA1

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

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

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

X Check this box if neither the organization (A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	١,,		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unte	ss pe	rson ı	than o	n an	compensation	compensation	amount of
	week	offi	cer ar	d a d	recto	r/trus	tee)	from	from related	other
	(list any	g			l		l	the	organizations	compensation
	hours for	E	l 。			ed		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		a	bensa		(W-2/1099-MISC)		organization
	organizations	를	onalt		Ploye	E a	l	1	ł	and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RONALD V. DAVIS	1.00	=	Ĕ	0	- S	호 5	윤	-		
PRESIDENT	1.00	┨	l	х			l	0.	0.	0.
(2) DONALD P. REMEY	1.00	┢	-	^		\vdash	┝		<u>.</u>	
VICE-PRESIDENT	1.00	┨		х				0.	0.	0.
(3) JEANNIE GUSTAFSON	1.00	\vdash	├─	Λ	_	├─	┢			
VICE-PRESIDENT	1.00	ł		х				0.	0.	0.
VICE TRESTBERT		\vdash	<u> </u>			-	┢			
	<u> </u>	┨								
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Form **990** (2019)

Form 990 (2019) GUARDIAN		_		_					46-30	444	164	P	age 8
Part VII Section A. Officers, Directors, Trus (A) Name and title	tees, Key Emp (B) Average	oloye			C)		t C	(D) Reportable	(E) Reportable		Fe	(F)	ad.
Name and title	hours per week (list any hours for related organizations below line)	box,	unles	heck sss per d a d	rson (S	s both	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	3	com fr orga	nount other pensa om the anizat d relate	of tion e ion ed
											_		_
										_			
		\rightarrow									<u>.</u>		
1b Subtotal							-	0.	<u>.,</u>	0.			0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A						>	0.	-	0.			0.
Total number of individuals (including but no compensation from the organization	ot limited to the	ose I	ıste	d ab	ove)) wh	o re	eceived more than \$100,	000 of reportable		Т	Yes	0 No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	•	ee, ke	ey e	mpl	oyee	e, or	hıgi	hest compensated empl	oyee on	F	3	162	X
For any individual listed on line 1a, is the su and related organizations greater than \$150.	ım of reportable							•	ne organization		4		Х
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com							late	ed organization or individ	lual for services		5		Х
Complete this table for your five highest co the organization. Report compensation for										ensatı	on fro	m	
(A) Name and business	<u>-</u>	NO				*****		(B) Description of s		Co	(C) isatior	1
			_										
	_ 						\dashv						
							+						
			•				+	· · · · · · · · · · · · · · · · · · ·					
Total number of independent contractors (if \$100,000 of compensation from the organization)		t lım	ited	to t	hose		ed	above) who received mo	ore than				
										F	orm §	90 (2	2019)

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VIII											
	,	, .		· '.	<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
ts, Grants Amounts	1:	a Federated campaigns b Membership dues c Fundraising events		1a 1b 1c								
Contributions, Gifts, Grants and Other Similar Amounts	1	All other contributions, gifts, similar amounts not included	overnment grants (contributions) Il other contributions, gifts, grants, and milar amounts not included above procesh contributions included in lines 1a-1f		440,095.							
on	3	-	lines 1a-1f	1g \$		440,095.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The State of the S				
<u>U @</u>		Total. Add lines 1a-1f			Business Code	3100 M 12334	12773 1317 (S) 2244 (B)	54 3 2 5 1 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4			
40	2 8	, a	•			, , , , , , , , , , , , , , , , , , , ,	, y 3 , y200 Ng	1, 8, 1, 7, 20	1 LE CONSTITUTE COUNTY C. 18-00			
Program Service Revenue		·										
ram Ser Revenue		·	-									
an a			-		<u> </u>				 			
ğ		•										
P	1	All other program service	revenue	,								
	9	Total. Add lines 2a-2f					21. KY (21.27.)	All Market Fred	计线系类或数位的			
	3	Investment income (includ	ling dividei	nds, intere	est, and			· · · · · · · · · · · · · · · · · · ·				
		other similar amounts)	•		>	21,886.			21,886.			
	4	Income from investment of	of tax-exem	a bond ta	roceeds		•	-				
~	5	Royalties			>	· ·	,					
٠		,	(() Real	(II) Personal	S. 78 C. 87 372		EGARGIANG B				
	6 a	Gross rents	6a	_								
•	ŀ	Less rental expenses	6b									
` `		Rental income or (loss)	6c									
		Net rental income or (loss)	<u> </u>		•			·				
		Gross amount from sales of		ecurities	(II) Other	1 XXXX (XXX)	76 B. Sale		(@ 10 E Z 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
.		assets other than inventory	7a	<u></u>	-							
	ŀ	Less cost or other basis										
يو ،		and sales expenses	7b	` ,								
~-e-		Gain or (loss)	7c				Jang Hill Land	Horizon Horizon				
Revenue		Net gain or (loss)	<u> </u>									
e		Gross income from fundraising	na events (m	ot		100 Y 10 10 10 10 10 10 10 10 10 10 10 10 10	5 80 6. 55	Sala Calaba	Strate Contact			
盲		including \$,	of								
		contributions reported on	line 1c) Se		,							
		Part IV, line 18	,	8a		Bank State of Ships			这种"一个"			
``	t			8b								
ĺ	c		fundraising	events	>		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1					
	9 a	Gross income from gamin				1 12 18 25	23 6 7 6 6 6 8 7 7 7 7 8 7 8 7 8 7 8 7 8 7	8本社選(表大)				
`		Part IV, line 19	,	9a								
. 1	b	Less. direct expenses		9b			2 18 13 1982 83	经验外现的				
·		: Net income or (loss) from (gaming act	ivities					,			
	10 a	Gross sales of inventory, le	ess returns	,			多名的特别。					
		and allowances		10a								
	b	Less cost of goods sold	-	10b	`		J. 1887 1998 (1887)	924 <u>822 22</u>				
•		Net income or (loss) from s	sales of inv	entory	_							
٦,					Business Code	* (1) (1) (1) (4) (1)	3.60mm (2.86mm) (2.86mm)	Sand State	SECTION OF THE SECTIO			
ğ	11 a			<u> </u>								
ane	b			,								
e ĕ	c	·				·						
Miscellaneous Revenue	, с	All other revenue										
	e	Total. Add lines 11a-11d					.c. \$6 왕조	S. 34 . 35 . 37	1、以及第二次。4.4			
,	12	Total revenue See instruction	nc			461.981.	n	0.7	21.886.			

Form 990 (2019) GUARDIAN SCHOLARS, INC.

Part IX | Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A)	
	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 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	_		goneral emportage	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	284,864.	284,864.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u> </u>
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	60,584.		60,584.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			-	
9	Other employee benefits	4 624		4 624	
10	Payroll taxes	4,634.		4,634.	<u> </u>
11	Fees for services (nonemployees)	10 520		10 530	
_	Management	19,539.		19,539.	
b	Legal	5,882.		5,882.	-
	Accounting	5,002.	_	3,002.	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	- 1	·		
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	15,157.		15,157.	
12	Advertising and promotion		.	<u></u> ,	
13	Office expenses	2,816.		2,816.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel '	3,401.		3,401.	
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	Depreciation, depletion, and amortization	1 (5)		1 (5)	
23	Insurance	1,652.		1,652.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) IT EXPENSE	7,800.		7,800.	<u></u>
a b		7,000.		7,000.	
C		-	_	-	<u></u>
d			-	-	
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	406,329.	284,864.	121,465.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

	990 (2019) GUARDIAN SCHOLARS, INC.	46-304	4464	Pac	_{qe} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		L,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,3	
3	Revenue less expenses Subtract line 2 from line 1	3			52.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	744	1,8	29.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	800),48	81.
Pa	rt XIII 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		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 1	1	- 1
	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 separate	basis,	1 1	i	- 1
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		Ţ	
	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 on Sch	edule O		I	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt		\neg	
	Act and OMB Circular A-133?		3a		<u>X</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Nar	Name of the organization Employer identification number											
		GUAR	DIAN SCHOL	ARS, INC.				4	16-3044464			
Pa	rt T	Reason for Public	Charity Status (All organizations must c	omplete th	ns part) S	ee instructions	5				
The	organ	ization is not a private found	dation because it is (For lines 1 through 12, o	heck only	one box.)			0			
1		A church, convention of ch	iurches, or association	on of churches described	d in section	on 170(b)(1)(A)(ı).		49			
2		A school described in sect	tion 170(b)(1)(A)(ii).	(Attach Schedule E (Forr	n 990 or 9	90-EZ))			\mathcal{O}			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	D(b)(1)(A)(i	ii).		,			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	lın sectio	on 170(b)(1)(A	(iii). Enter	r the hospital's name,			
		city, and state										
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a go	overnmental u	nit describ	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II)									
6		A federal, state, or local go	vernment or governm	nental unit described in	section 1	70(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										
		section 170(b)(1)(A)(vi). (C	Complete Part II)									
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II)							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)((ix) operat	ed in conji	unction with a	land-grant	college			
		or university or a non-land-g	grant college of agric	ulture (see instructions)	Enter the	name, city	, and state of	the college	e or			
		university		·								
10	X	An organization that norma	illy receives: (1) more	than 33 1/3% of its sup	port from (contributio	ons, membersh	np fees, ar	nd gross receipts from			
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of it	s support	from gross investment			
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	after June 30, 1975			
		See section 509(a)(2). (Co.	mplete Part III)									
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).					
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or			
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2)	See section 5	609(a)(3). (Check the box in			
		lines 12a through 12d that	describes the type o	f supporting organizatioi	n and com	plete lines	12e, 12f, and	12g				
а		Type I. A supporting orga	anızatıon operated, s	upervised, or controlled	by its supp	oorted org	anızatıon(s), ty	pically by	giving			
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	ctors or trustee	es of the su	upporting			
		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	ed organization	n(s), by hav	ving			
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the sup	ported			
		organization(s) You mus	t complete Part IV,	Sections A and C.								
С		Type III functionally inte	grated. A supportin	g organization operated	ın connec	tion with, a	and functional	y integrate	ed with,			
		its supported organization	n(s) (see instructions	You must complete l	Part IV, Se	ctions A,	D, and E.					
d		☐ Type III non-functionally	rintegrated. A supp	orting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)			
		that is not functionally int	egrated The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attenti	veness			
		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 I	I, Type III				
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organız	ation						
f	Ente	r the number of supported o	organizations						L			
<u>g</u>		ide the following information			T /iv) Is the oro:	inization listed	I (-) ()		T () 0			
	{1) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount of support (see in	=	(vi) Amount of other support (see instructions)			
				above (see instructions))	Yes	No			Capport (See mondetions)			
					 -							
					}	l	ł		1			
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Tota									 			

(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	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	297,192.	419,142.	372,124.	439,505.	440,095.	1968058.
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	297,192.	419,142.	372,124.	439,505.	440,095.	1968058.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Armounts 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 Add lines 7a and 7b						0.
							1968058.
	Public support, (Subtract line 7c from line 6)						1900030.
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	297,192.	419,142.	372,124.	439,505.	440,095.	1968058.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						_
	Add lines 10a and 10b 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)		-			T.	
13	Total support. (Add lines 9, 10c, 11, and 12)	297,192.	419,142.	372,124.	439,505.	440,095.	1968058.
	First five years. If the Form 990 is for				<u> </u>		
	check this box and stop here				<u> </u>		
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2019 (li	ne 8, column (f), di	vided by line 13, c	olumn (f))		15	100.00 %
16	Public support percentage from 2018	Schedule A, Part I	II, line 15			16	100.00 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	19 (line 10c, colum	nn (f), divided by lir	ne 13, column (f))		17	.00 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17					%	
19a	a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box an	d stop here. The	organization qualif	ies as a publicly su	upported organizat	ion	► X
b	b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	, or 19b, check thi	s box and see inst	ructions	
93202	3 09-25-19	_			Sche	dule A (Form 990	or 990-EZ) 2019

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)

S

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status	_		
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a_		
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	3b_		
С	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	3с		
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	4a		
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.	4b		
С	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	4c_		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			ľ
	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;	1		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a_		
þ	Type I or Type II only. Was any added or substituted supported organization part of a class already	ļ		
	designated in the organization's organizing document?	5b_		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c_		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			1
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(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)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
٥-	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9а	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	0-		
L	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
D	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	Oh		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b_		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
40-	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
ıva	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			`
		10a		
L	supporting organizations)? If "Yes," answer 10b below Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	iua		
U	DIG the organization have any excess business nothings in the tax year. (USE SCHEQUIE C, FORM 4720, 10	ı I	i	1

10b

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Schedule A (Form 990 or 990-EZ) 2019

instructions)

Schedule A (Form 990 or 990-EZ) 2019

b Excess from 2016c Excess from 2017d Excess from 2018e Excess from 2019

Schedule A	Form 990 or 990-EZ) 2019 GUARDIAN SCHOLARS, INC.	46-3044464 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines Ine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addit (See instructions)	or 17b, Part III, line 12, s 1 and 2; Part IV, Section C, t V, Section B, line 1e. Part V.
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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

2019

Inspection

Schedule I (Form 990) (2019) ž **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 assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) INC Enter total number of other organizations listed in the line 1 table GUARDIAN SCHOLARS General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Part Part

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

932101 10-26-19

Schedule I (Form 990) (2019) (f) Description of noncash assistance MENTORING (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed 0.BOOK (d) Amount of non-cash assistance 284,864. (c) Amount of cash grant (b) Number of recipients 45 POST SECONDARY EDUCATION SCHOLARSHIP AWARDS (a) Type of grant or assistance Part III

Page 2

46-3044464

GUARDIAN SCHOLARS, INC.

Schedule | (Form 990) (2019)

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SCHEDULE 0

(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 Inspection

Internal Revenue Service Name of the organization

Employer identification number

GUARDIAN SCHOLARS, INC.	46-3044464
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF FORM 990 HAS BEEN PROVIDED TO THE GOVERNING BOI	OY FOR REVIEW
BEFORE IT IS FILED. A MEETING IS HELD TO DISCUSS THE RET	TURN 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 INDIVIDU	JALS OUTSIDE THE
UNITED STATES, THEREFORE SCHEDULE F HAS NOT BEEN FILED. H	HOWEVER, IT DOES
PROVIDE FINANCIAL AID TO FOREIGN CITIZENS RESIDING IN THE	UNITED STATES
THAT QUALIFY FOR DEFERRED ACTION CHILDHOOD ARRIVALS (DACA	A) POLICY.
FORM 990, PART VI, SECTION C, LINE 19:	
FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLI	CY, 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.
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