Form 8879-TF

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning	, 2023, and ending	, 20

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer GUARDIAN TRUST FOUNDATION, INC 04-3625771 TRAVIS FINCHUM Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. $\underline{\mathbb{K}}$ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b $\underline{4,698,559}$. Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here Form 8868 check here b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a b FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5227 check here Form 5330 check here **b Tax due** (Form 5330, Part II, line 19) 9a 10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize JAMES MOORE & CO., P.L. 05312 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 50157904155 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. JAMES MOORE & CO., P.L. Date 12/03/24 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2023) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

LHA 302521 01-05-24

PUBLIC DISCLOSURE COPY **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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change GUARDIAN TRUST FOUNDATION, INC Name change 04-3625771 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 727-210-1185 901 CHESTNUT ST 4,698,559. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 33756-5618 CLEARWATER, FL H(a) Is this a group return Applica-tion pending F Name and address of principal officer: TRAVIS FINCHUM for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.GUARDIANTRUSTS.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Other L Year of formation: 2002 M State of legal domicile: FL Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 385,000. 787,545. Contributions and grants (Part VIII, line 1h) 8 2,487,289. 3,911,014. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 2,872,289. 4,698,559. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 379,135. 872,745. 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) 158,003. 266,838. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,238,502. 3,498,273. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,637,856. 2,775,640. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 96,649. 60,703. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Ы 169,638. 203,179 Total assets (Part X, line 16) 59,519. 32,357 21 Total liabilities (Part X, line 26) 三年 110.119. 170,822 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, 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 preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TRAVIS FINCHUM, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature CORINNE LAROCHE 12/03/24 self-employed P01500189 CORINNE LAROCHE Paid JAMES MOORE & CO., P.L. Firm's EIN 59-3204548 Preparer Firm's name Firm's address 5931 NW 1ST PL Use Only GAINESVILLE, FL 32607-2063 Phone no. 352-378-1331

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Pa	t 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:
	TO PROMOTE, FURTHER, AND SUPPORT SELECTED CHARITABLE ACTIVITIES AND
	ORGANIZATIONS THAT PROVIDE GOODS, SERVICES OR FUNDING FOR INDIVIDUALS
	THAT MEET THE SOCIAL SECURITY DEFINITION OF DISABLED.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,258,745. including grants of \$ 872,745.) (Revenue \$ 3,911,014.)
	THE GUARDIAN TRUST FOUNDATION SUPPORTS CHARITABLE ACTIVITIES AND
	ORGANIZATIONS THAT PROVIDE GOODS, SERVICES OR FUNDING FOR THE
	UNDERPRIVILEGED, THE DISADVANTAGED, AND FOR INDIVIDUALS OF ANY AGE WHO
	ARE DISABLED. ACTIVITIES INCLUDE: PROVIDING GRANTS TO LOCAL NON-PROFITS
	SERVING DISABLED PERSONS, SUPPORTING LOCAL NON-PROFITS SERVING DISABLED
	PERSONS, AND ACTING AS TRUSTEE OF SEVERAL SPECIAL NEEDS POOLED TRUSTS
	(SNPT) TO PRUDENTLY MANAGE ASSETS, ENSURING THE LONG-TERM FINANCIAL
	WELL-BEING OF SNPT BENEFICIARIES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,258,745.
	Form 990 (2023)

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Form 990 (2023) GUARDIAN TRUST FOUNDATION, 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? See instructions	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	۰		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV	-		
10		10		x
44	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		- 21
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,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			. v
	Part VI	11a		<u> </u>
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		<u>X</u>
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		<u> X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	3			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</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		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	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		_ _ _
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Some some of the contraction, sometime to the tree, complete sometime it, Farts I and II			

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Form 990 (2023) GUARDIAN TRUST FOUNDATION, INC Part IV Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			l
	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	1		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			7.7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
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			v
	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 the 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-		Х
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
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? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
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		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		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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 on Schedule O for Part VI, lines 11b and 19?	1		
	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			للا
			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 on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
	(gambling) winnings to prize winners?	1c	000	(0.0 :
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Form 990 (2023) GUARDIAN TRUST FOUNDATION, INC
Part 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,											
	filed for the calendar year ending with or within the year covered by this return	2a	2									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х							
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?											
b	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O											
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
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 A	ccour	ts (FBAR).									
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X						
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?											
	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	e orga	anization solicit			7.7						
	any contributions that were not tax deductible as charitable contributions?			6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?			6b								
7	Organizations that may receive deductible contributions under section 170(c).			0.5								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices i	provided to the payor?	7a		Х						
	If IIV and it did the constraint of the state of the stat		novided to the payor.	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was											
•	to file Form 8282?			7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d										
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?											
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?											
8	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?											
9	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:		I									
	Initiation fees and capital contributions included on Part VIII, line 12	10a		4								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4								
11	Section 501(c)(12) organizations. Enter:	1	I									
	Gross income from members or shareholders	11a		-								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against											
40-	amounts due or received from them.)	11b	1	40-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041 12b	,	12a								
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	LIZD	I .									
	Is the organization licensed to issue qualified health plans in more than one state?			13a								
u	Note: See the instructions for additional information the organization must report on Schedule O.			104								
b	Enter the amount of reserves the organization is required to maintain by the states in which the											
-	organization is licensed to issue qualified health plans	13b										
С	Enter the amount of reserves on hand	13c		1								
			•	14a		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune											
	excess parachute payment(s) during the year?			15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	ne?	16		Х						
	If "Yes," complete Form 4720, Schedule O.											
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac											
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17								
	If "Yes," complete Form 6069.											

332005 12-21-23

GUARDIAN TRUST FOUNDATION, INC 04 - 3625771Form 990 (2023) 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 on 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 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 3 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		X
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 independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the states with wh	ich a copy of this Form	990 is required to be filed	FL
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18 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 Own website Another's website X Upon request Other (explain on Schedule O)

Describe on 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 THE ORGANIZATION -727-210-1185

901 CHESTNUT ST STE C, CLEARWATER, FL 33756

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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 the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(do box	not c	Pos heck	ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) TRAVIS FINCHUM	20.00							105 000		
PRESIDENT/SECRETARY	20 00	Х		Х				125,000.	0.	0.
(2) KOLE LONG VICE-PRESIDENT/TREASURER	20.00	Х		х				90,192.	0.	38,468.
(3) ROB RAWLINGS	1.00							3071321	•	3071001
DIRECTOR		х						0.	0.	0.
(4) KIM KUREY	1.00							-	-	-
DIRECTOR		Х						0.	0.	0.
(5) PAUL BURMEISTER	1.00									
DIRECTOR		Х						0.	0.	0.

TOITI 990 (2023) GOTIND 1711	INODI	<u> </u>	111	<u> </u>	<u> </u>	11 /		.110	04 3023	771 Tage
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)		(D)	(E)	(F)					
Name and title	(B) (C) Average Position (do not check more than one							Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/	from the
	organizations	stee	truste		a	bens		(W-2/1099-MISC/	1099-NEC)	organization
	below	al tr	onal		ploye	ee com		1099-NEC)		and related
	line)	divid	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
		드	드	0ŧ	- Ā	포등	요			
								01-10-		20 111
1b Subtotal								215,192.	0.	38,468.
c Total from continuation sheets to Part \	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								215,192.	0.	38,468.
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
ELITE TRUST SERVICES, INC., 901 CHESTNUT	MGMT/INVEST MGMT	
ST, SUITE B, CLEARWATER, FL 33756	FEES	2,932,748.
CADARET GRANT & CO., INC., 100 MADISON ST,		
SUITE 1300, SYRACUSE, NY 13202	INVESTMENT MGMT FEES	289,714.
CETERA		
PO BOX 293, ST. CLOUD, MN 56301	INVESTMENT MGMT FEES	107,824.
2 Total number of independent contractors (including but not limited to those liste		
	'	

Form 990 (2023)

\$100,000 of compensation from the organization

Form 990 (2023)

Part VIII

Ш	Statement of I	Revenue
---	----------------	---------

			Check if Schedule O co	ontai	ins a respo	nse d	or note to anv lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	•										
ij g			Membership dues								
fts, Ar			Fundraising events								
ig ig			Related organizations								
ns, Sim			Government grants (contrib								
utio er (Ť	All other contributions, gifts, g				707 E/E				
5 된			similar amounts not included a				787,545.	-			
ont od (•	Noncash contributions included in lin					707 545			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f					787,545.			
							Business Code	2 011 014	2 011 014		
Ce	2	а	TRUSTEE FEES				525920	3,911,014.	3,911,014.		
e vi		b									
Se		С									
eve		d									
Program Service Revenue		е									
<u>P</u>		f	All other program service re	even	ue						
		g	Total. Add lines 2a-2f					3,911,014.			
	3		Investment income (includi	ng d	ividends, i	ntere	st, and				
			other similar amounts)								
	4		Income from investment of								
	5		Royalties								
			,		(i) Rea		(ii) Personal				
	6	а	Gross rents	6a							
				6b							
				6c							
			Net rental income or (loss)								
	7		Gross amount from sales of	Т	(i) Securit		(ii) Other				
	•	u		7a	(7		()				
		h	Less: cost or other basis	74							
ø			and sales expenses	7h							
n		_	Gain or (loss)								
her Revenue											
ᇤ			Net gain or (loss)			······					
	8	а		-	•						
Ò			including \$								
			contributions reported on I		•						
			Part IV, line 18			8a					
			Less: direct expenses			8b					
	_		Net income or (loss) from for								
	9	а	Gross income from gaming			1					
			Part IV, line 19			9a					
			Less: direct expenses			9b					
			Net income or (loss) from g			s	T				
	10	а	Gross sales of inventory, le								
			and allowances			10a					
			Less: cost of goods sold			10b					
_		С	Net income or (loss) from s	ales	of invento	ry					
ဟ							Business Code				
30u	11	а	-								
Miscellaneous Revenue		b									
cell Seve		С									
Ais		d	All other revenue								
		е	Total. Add lines 11a-11d								
	12		Total revenue. See instruction	is .				4,698,559.	3,911,014.	0.	0.

Part IX | Statement of Functional Expenses

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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 872,745. 872,745. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 253,661. 253,661. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 847. 847. Other employee benefits 9 12,330. 12,330. 10 Payroll taxes Fees for services (nonemployees): 2,932,748. 2,932,748. Management 15,293. 9,258. 6,035. Legal 90,244. 90,244. Accounting Lobbying Professional fundraising services. See Part IV, line 17 397,538. 397,538. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 12,771. 12,771. Office expenses 13 17,642. 17,642. Information technology 14 15 Royalties 28,856. 28,856. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 131. 131. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,050. 3,050. OPERATING EXPENSE All other expenses 4,637,856. 4,258,745. 379,111. 0. Total functional expenses. Add lines 1 through 24e 25 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)

		Check if Schedule O contains a response or not	e to any line in this Part X			
			,	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		169,638.	1	203,179.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subs	' '			
		controlled entity or family member of any of the	· · · · · · · · · · · · · · · · · · ·		5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
w	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
		· · · · · · · · · · · · · · · · · · ·				
		basis. Complete Part VI of Schedule D	10a			
	Ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		169,638.	16	203,179.
	17	Accounts payable and accrued expenses		59,519.	17	32,357.
	18	Grants payable	•	18	,	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
"	22	Loans and other payables to any current or forn				
Liabilities		trustee, key employee, creator or founder, subs				
ij		controlled entity or family member of any of the	· · ·		22	
Ë:	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	•			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		59,519.	26	32,357.
		Organizations that follow FASB ASC 958, che	eck here			
es		and complete lines 27, 28, 32, and 33.				
anc	27				27	
Bal	28	Net assets with donor restrictions			28	
pu		Organizations that do not follow FASB ASC 9				
Ī		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		0.	29	0.
set	30	Paid-in or capital surplus, or land, building, or ed		0.	30	0.
As	31	Retained earnings, endowment, accumulated in		110,119.	31	170,822.
Æ	32	Total net assets or fund balances		110,119.	32	170,822.
	33	Total liabilities and net assets/fund balances .		169,638.	33	203,179.

Form **990** (2023)

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	4,69	8,5	<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,63		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>03.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	110	0,1	19.
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	17	0,8	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	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		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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,			
	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 Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

332012 12-21-23

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GUARDIAN TRUST FOUNDATION,

Employer identification number

04 - 3625771Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	479,279.	573,917.	458,950.	385,000.	787,545.	2684691.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	479,279.	573,917.	458,950.	385,000.	787,545.	2684691.		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						536,546.		
6	Public support. Subtract line 5 from line 4.						2148145.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
	Amounts from line 4	479,279.	573,917.	458,950.	385,000.	787,545.	2684691.		
	Gross income from interest,		•			•			
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business						_		
-	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain						-		
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10						2684691.		
	Gross receipts from related activities,	etc. (see instruction	nns)			12 6	,398,303.		
	First 5 years. If the Form 990 is for the	•	,			•	, ,		
	organization, check this box and stop	-		· · · · · · · · · · · · · · · · · · ·					
Sec	ction C. Computation of Publi								
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	80.01 %		
	Public support percentage from 2022					15	90.03 %		
						ore, check this box	and		
	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	33 1/3% support test - 2022. If the	organization did no	t check a box on l						
	and stop here. The organization qual								
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact	_							
	meets the facts-and-circumstances te								
b	10% -facts-and-circumstances test	· ·	•						
-	more, and if the organization meets the	_							
	organization meets the facts-and-circu				-				
18	Private foundation. If the organization								
			,	, ,, 11.0	,		(Form 990) 2023		

(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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 business 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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 on line 10b, whether or not the business is						
12	regularly carried on 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.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on 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 on 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 line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
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	3a		
	3b		
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	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
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	9a		
	9b		
	9с		
	30		
	10a		
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332024 12-21-23

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction		·
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	O.		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	= 5.5 gamenton one los a casetanta acgree of allocaton over the policies, programs, and activities of caon			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

o. game	ation type (oncon or	
Filers of		Section:
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special l	Rules	
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, and purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

GUARDIAN TRUST FOUNDATION, INC

04-3625771

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>154,872.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$144,328.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>139,610.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 132,780.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$130,053.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$85,576.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

GUARDIAN TRUST FOUNDATION, INC

04-3625771

Part	Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Description of noncash property given \$	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) Cc FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (d) Date received See instructions.) (c) FMV (or estimate) (d) Date received See instructions.) (d) Date received See instructions.) (e) No. (b) FMV (or estimate) (d) Date received See instructions.)			 \$	
(a) No. from Description of noncash property given (a) No. from Part I (a) No. from Description of noncash property given (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (d) Date received (See instructions.) (e) FMV (or estimate) (See instructions.) (for FMV (or estimate) (See instructions.) (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (d) Date received (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Part I (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (a) No. from Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.)				
(a) No. from Description of noncash property given \$	No. from		FMV (or estimate)	(d) Date received
No. from Part I (a) No. from Part I (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.) (a) No. from Part I Description of noncash property given (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (See instructions.)				
(a) No. from Part I (a) Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (c) FMV (or estimate)	No. from		FMV (or estimate)	(d) Date received
No. from Part I (a) No. (b) (b) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (see instructions.) (c) (d) Date received (c) (d) (d) (d) (e) FMV (or estimate) (f) (h) (ii) (iii) (i				
(a) No. (b) (c) (d) FMV (or estimate)	No. from		FMV (or estimate)	(d) Date received
No. (b) (C) (d) FMV (or estimate)				
Part I (See instructions.)	No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
			 \$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** GUARDIAN TRUST FOUNDATION, INC 04-3625771 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	ייפווכיי דרוו	NDATION, IN	C				Employer identification number $04-3625771$
Part I General Information on Grants at		NDATION, III	<u> </u>				04 3023771
Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	on
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADULT ADVOCATE ALLIANCE (FORMERLY							
10TH CIRCUIT PUBLIC GUARDIAN) - 33							
AVENUE 1 SE - WINTERHAVEN, FL							
33880	86-1709051	501(C)(3)	35,000.	0.			GENERAL DONATION
AGING SOLUTIONS							
19001 SUNLAKE BLVD							PARTICIPATING
LUTZ, FL 33558	04-3987500	501(C)(3)	35,000.	0.			ORGANIZATION
AGING SOLUTIONS 19001 SUNLAKE BLVD LUTZ, FL 33558	04-3987500	501(C)(3)	35,000.	0.			GENERAL DONATION
ARC MARION, INC. 2800 SE MARICAMP ROAD OCALA, FL 34471	59-3246094	501(C)(3)	10,000.	0.			GENERAL DONATION
ARC TAMPA BAY FOUNDATION 1501 N BELCHER RD, SUITE 244 CLEARWATER, FL 33765	59-2174961	501(C)(3)	35,000.	0.			GENERAL DONATION
BROWARD COUNTY GUARDIANSHIP ASSOC. 2881 E OAKLAND PARK BLVD STE 316 FORT LAUDERDALE, FL 33306	65-0304731		15,000.	0.			GENERAL DONATION
2 Enter total number of section 501(c)(3) ar	-						26.
3 Enter total number of other organizations	s listed in the line	l table					0.

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEARWATER FREE CLINIC							
1218 COURT ST							
CLEARWATER, FL 33756	59-1852871	501(C)(3)	32,000.	0.			GENERAL DONATION
COMMUNITY DENTAL CLINIC							
1008 WOODLAN ST							
CLEARWATER, FL 33756	45-3340613	501(C)(3)	15,000.	0.			GENERAL DONATION
CUP							
P.O. BOX 10249							
CLEARWATER, FL 33679-0249	87-3296836	501(C)(3)	20,000.	0.			GENERAL DONATION
			,				
FIFTH CIRCUIT PUBLIC GUARDIAN							
500 NE 8TH AVE							
OCALA, FL 34470	59-3706138	501(C)(3)	35,000.	0.			GENERAL DONATION
FLORIDA GUARDIAN AD LITEM							
FOUNDATION, INC 600 SOUTH							
CALHOUN ST, SUITE 265 -							
TALLAHASSE, FL 32339	45-0501348	501(C)(3)	30,000.	0.			GENERAL DONATION
FLORIDA'S CHILDREN FIRST, INC.							
1801 N UNIVERSITY DR, 3RD FLOOR							
CORAL SPRINGS, FL 33071	52-2372998	501(C)(3)	30,000.	0.			GENERAL DONATION
COMMINSTALL STATE	32 2372330	301(0)(3)	30,000.	••			DEMENTED DOMITTON
FOUNDATION FOR YOUTH DEVELOPMENT							
13014 N DALE MABRY HWY #20							
TAMPA, FL 33618	59-3498430	501(C)(3)	6,700.	0.			GENERAL DONATION
GIGI'S PLAYHOUSE TAMPA							
2350 W HIGGINS ROAD							
HOFFMAN ESTATES, IL 60169-1339	20-0058563	501(C)(3)	15,000.	0.			GENERAL DONATION
GUARDIANSHIP OFFICE OF THE TENTH							
CIRCUIT, INC GUARDIANSHIP							
OFFICE OF THE 10TH CIRCUIT, INC							PARTICIPATING
P.O. BOX 1150 - WINTER HAVEN, FL	90-0413256	501(C)(3)	27,785.	0.			ORGANIZATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY							
13355 49TH ST. N							
CLEARWATER, FL 33762	91-1914868	501(C)(3)	25,000.	0.			GENERAL DONATION
LIGHTHOUSE OF PINELLAS							
6925 112TH CIRCLE NORTH NO 103							
LARGO, FL 33773	23-7042938	501(C)(3)	10,000.	0.			GENERAL DONATION
LUTHERAN SERVICES 12TH AND 13TH							
CIRCUITS - 5104 N LOCKWOOD RIDGE							
RD SUITE 307, - SARASOATA, FL							
34234	59-2198911	501(C)(3)	20,000.	0.			GENERAL DONATION
			,				
LUTHERAN SERVICES 1ST CIRCUIT							
3627 WEST WATERS AVENUE							
TAMPA, FL 33614	59-2198911	501(C)(3)	20,000.	0.			GENERAL DONATION
OFFICE OF PUBLIC GUARDIAN - NORTH							
FLORIDA - 1425 EAST PIEDMONT DRIVE							
SUITE 201-B - TALLAHASSE, FL 32808	16-1652866	501(C)(3)	30,000.	0.			GENERAL DONATION
OFFICE OF PUBLIC GUARDIAN - NORTH							L
FLORIDA - 1425 EAST PIEDMONT DRIVE	16 1650066	504 (5) (0)					PARTICIPATING
SUITE 201-B - TALLAHASSE, FL 32808	16-1652866	501(C)(3)	89,942.	0.			ORGANIZATION
QUEST							
1301 2ND AVE SW STE 101							
LARGO, FL 33770	16-1387862	501(C)(3)	25,000.	0.			GENERAL DONATION
	10 1307002		25,000.	<u> </u>			DOMATION
RECONNECTIONS EDUCATION CENTER							
2114 SEVEN SPRINGS BLVD STE 200							
NEW PORT RICHEY, FL 34655	82-5108869	501(C)(3)	10,000.	0.			GENERAL DONATION
	22 210000		10,000.	<u> </u>			
SAGES THEATER, INC.							
2618 COVE CAY DRIVE SUITE 207							
CLEARWATER, FL 33760	83-4113218	501(C)(3)	15,000.	0.			GENERAL DONATION

Part II Continuation of Grants and Other	er Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENINT C FOD FILM							
ENNIS FOR FUN 822 BUTTERFIELD ST							
IVERVIEW, FL 33578	82-1030690	501(C)(3)	10,000.	0.			GENERAL DONATION
1.11.11.11.1.			20,000:	•			
MCA OF THE SUNCOAST							
469 ENTERPRISE RD							
LEARWATER, FL 33763	59-0810731	501(C)(3)	35,000.	0.			GENERAL DONATION
			1				

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
THE FOUNDATION CONDUCTS RESEARCH AN	ND EXAMIN	ATION INTO	EACH ORGA	NIZATION	
THAT RECEIVES SUPPORT. THE FOUNDAT:	ION MAINT	AINS CONTA	ACT WITH VA	RIOUS	
RECIPIENT ORGANIZATIONS TO ENSURE	THAT FUND	S ARE BEIN	NG USED PRO	PERLY.	

SCHEDULE L

(Form 990)

Part I

(1) (2) (3) (4) (5) (6)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

Name	of	the	ora	aniz	atio

Department of the Treasury

Internal Revenue Service

GUARDIAN TRUST FOUNDATION, INC **Employer identification number**

04-3625771

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Loans to and/or From Interested Persons Part II

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization

reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		an to or the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Approved by board or committee?		(i) Written agreement	
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)			·										
Tota	<u> </u>	<u> </u>	<u> </u>			\$	·		·				

Grants or Assistance Benefiting Interested Persons Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

(a) N	(a) Name of interested person					veen interest	ed	(c) Amount of	(d) Description of	(e) Sha organiz	
				person	and the c	organization		transaction	transaction	reven	ues?
(1)ELITE	TRUST	SERVICES,	IN	ENTITY	100%	OWNED	В	2,932,748.	MANAGEMENT	165	No X
		SERVICES,		ENTITY					REIMBURSEME		Х
(3)											
(4)											
<u>(5)</u> <u>(6)</u>											
(7)											
(8)											
(9)											
(10) Part V S	Suppleme	ntal Information	1								
	• •	ional information for		onses to ques	stions on	Schedule L.	See	instructions.			
SCH L,	PART I	V, BUSINESS	5 T	RANSACI	IONS	INVOL	7IN	G INTERESTE	ED PERSONS:		
(A) NAM	E OF PI	ERSON: ELI	re '	TRUST S	SERVI	CES, IN	īC.				
(B) REL	ATIONS	HIP BETWEED	1 I	NTEREST	ED P	ERSON A	ND	ORGANIZATI	ON:		
ENTITY	100% OT	WNED BY TRA	AVI	S FINCH	IUM, I	PRESIDE	INI	ı			
(C) AMO	JNT OF	TRANSACTIO	ON	\$ 2,932	2,748						
(D) DES	CRIPTIO	ON OF TRANS	SAC'	TION: M	IANAGI	EMENT E	EE	IS			
	-										
(E) SHA	RING O	F ORGANIZA	OI	N REVEN	WES?	= NO					
(A) NAM	E OF P	ERSON: ELI	CE '	TRUST S	SERVI	CES, IN	1C •				
(B) REL	ATIONS	HIP BETWEEN	1 I	NTEREST	ED P	ERSON A	ND	ORGANIZATI	ON:		
ENTTTV	TITY 100% OWNED BY TRAVIS FINCHUM, PRESIDENT										
					-	ппотрі	71/1				
(C) AMO	UNT OF	TRANSACTIO	ON :	\$ 49,54	. 8						
(D) DES	CRIPTIO	ON OF TRANS	SAC'	TION: F	REIMBU	JRSEMEN	1T	OF OPERATIN	G AND OCCUP.	ANCY	
	~										
EXPENSE	5										
(E) SHA	RING O	F ORGANIZA	CIO	N REVEN	IUES?	= NO					

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

GUARDIAN TRUST FOUNDATION, INC

Employer identification number 04-3625771

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO PROMOTE, FURTHER AND SUPPORT SELECTED CHARITABLE ACTIVITIES AND
ORGANIZATIONS THAT PROVIDE GOODS, SERVICES OR FUNDING FOR INDIVIDUALS
THAT MEET THE SOCIAL SECURITY DEFINITION OF DISABLED (42 USC
1382(C)(A)(3)); TO FORM AND SERVE AS TRUSTEE OF A POOLED TRUST AS THAT
TERM IS DEFINED IN 42 USC 1396P(D)(4)(C) TO SERVE DISABLED INDIVIDUALS;
TO RECEIVE, ACCEPT, HOLD, INVEST, REINVEST AND ADMINISTER ANY GIFTS,
BEQUESTS, DEVISES AND PROPERTY OF ANY SORT WITHOUT LIMITATION AS TO
AMOUNT OR VALUE AND USE, DISBURSE OR DONATE THE INCOME OR PRINCIPAL
THEREOF EXCLUSIVELY FOR CHARITABLE PURPOSES BY SUPPORTING ORGANIZATIONS
SERVING DISABLED INDIVIDUALS; TO RAISE FUNDS AND SOLICIT DONATIONS FROM
INTERESTED PERSONS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC
ORGANIZATIONS AND FOUNDATIONS AND TO EXPEND SUCH FUNDS IN FURTHERANCE
OF THE CORPORATE GOALS AND PURPOSES.
FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBERS TRAVIS FINCHUM AND KOLE LONG HAVE A BUSINESS RELATIONSHIP.
FORM 990, PART VI, SECTION A, LINE 3:
THE BOARD PRESIDENT, TRAVIS FINCHUM, IS OWNER OF ELITE TRUST SERVICES, INC.
(ETS). ETS PROVIDES TRUST AND ADMINISTRATION MANAGEMENT SERVICES TO
GUARDIAN TRUST FOUNDATION.
FORM 990, PART VI, SECTION A, LINE 6:
THE OPCINITION HIS MEMBERS

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** GUARDIAN TRUST FOUNDATION, INC 04 - 3625771FORM 990, PART VI, SECTION A, LINE 7A: EACH MEMBER ENTITLES THE HOLDER TO ONE VOTE. IN THE ELECTION OF DIRECTORS, A PLURALITY OF THE VOTES CAST SHALL ELECT. ANY OR ALL OF THE MEMBERS OF THE BOARD OF DIRECTORS MAY BE REMOVED WITH OR WITHOUT CAUSE BY VOTE OF THE MEMBERS OF THE CORPORATION. FORM 990, PART VI, SECTION B, LINE 11B: THE FOUNDATION BOARD OF DIRECTORS WAS FURNISHED WITH A COPY OF THE FORM 990 FOR REVIEW PRIOR TO THE FILING WITH FLORIDA AND THE IRS. FORM 990, PART VI, SECTION B, LINE 12: ALL TRANSACTIONS RESULTING IN POTENTIAL OR PERCEIVED CONFLICTS OF INTEREST MUST BE FULLY DISCLOSED TO THE BOARD OF DIRECTORS UPON DISCOVERY AND SHALL AT ALL TIMES REMAIN AVAILABLE TO THE BOARD FOR EXAMINATION. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD REVIEWS AND APPROVES COMPENSATION FOR THE ORGANIZATION'S OFFICERS. FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** GUARDIAN TRUST FOUNDATION, INC 04-3625771 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 901 CHESTNUT ST, C return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEARWATER, FL 33756-5618 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 901 CHESTNUT ST STE C - CLEARWATER, FL 33756 Telephone No. 727-210-1185 Fax No. _ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.