Form	99	0
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** 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	
Internal Revenue Service	

ΑF	or the	e 2024 calendar year, or tax year beginning and end	ding		
B c	heck if pplicabl	C Name of organization		D Employer identifica	ation number
	Addre chang	GUARDIAN TRUST FOUNDATION INC			
	Name chang			04-362577	1
	Initial return		om/suite	E Telephone number	
				727-210-1	185
	termin ated			G Gross receipts \$	5,047,803.
	Amenorial	CLEARWAIER, FL 55750-5010		H(a) Is this a group ret	urn
	Applic tion	F Name and address of principal officer: INAVIS FINCTION		for subordinates?	Yes X No
	pendir	SAME AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No
<u> </u> T	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a li	st. See instructions
	Vebsi			H(c) Group exemption	
			L Year c	of formation: 2002 M	State of legal domicile: FL
Pa	rt I	Summary GEE COL		E O	
é	1	Briefly describe the organization's mission or most significant activities: SEE SCI	HEDUI	JE O	
Governance	•			0.50/	
/ern		Check this box if the organization discontinued its operations or disposed of			^{ts.} 5
Go		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		·······	<u> </u>
Š		Total number of individuals employed in calendar year 2024 (Part V, line 2a)			3
ities		Total number of volunteers (estimate if necessary)			3
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
6	8	Contributions and grants (Part VIII, line 1h)		787,545.	1,144,706.
nue	9	Program service revenue (Part VIII, line 2g)		3,911,014.	3,903,097.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,698,559.	5,047,803.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		872,745.	1,266,200.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		266,838.	278,305.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Exp		Total fundraising expenses (Part IX, column (D), line 25) 0		3,498,273.	3,592,463.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,637,856.	5,136,968.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	····	60,703.	-89,165.
SS SS		1 16 VETILE 103 CAPETISES. OUDLIAUL IITE TO ITUITI IITE 12	Bec	jinning of Current Year	End of Year
ets c ancé	20	Total assets (Part X, line 16)		203,179.	81,657.
Assu Bal	21	Total liabilities (Part X, line 26)		32,357.	0.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		170,822.	81,657.
Pa	rt II	Signature Block		• 1	·
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and	d statemei	nts, and to the best of my k	nowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer h	nas any knowledge.	

Sign	Signature of off	icer	Ind title Preparer's signature Date Check PTIN ROCHE CORINNE LAROCHE 05/01/25 if P01500189 MES MOORE & CO., P.L. Firm's EIN 59-3204548 59-3204548 31 NW 1ST PL INESVILLE, FL 32607-2063 Phone no.352-378-1331 n with the preparer shown above? See instructions X Yes No			
Here	TRAVIS 1	FINCHUM, PRESIDENT				
	Type or print na	ime and title				
	Preparer's nam	е	Preparer's signature	Date	Check	PTIN
Paid	CORINNE	LAROCHE	CORINNE LAROCHE	05/01	/25 self-employed	P01500189
Preparer	Firm's name	JAMES MOORE & CO.	, P.L.		Firm's EIN 59-	-3204548
Use Only	Firm's address	5931 NW 1ST PL				
		GAINESVILLE, FL 3	2607-2063		Phone no. 352-	378-1331
May the IF	RS discuss this	return with the preparer shown abo	ove? See instructions			X Yes No
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24 Form 990 (2024)					

	990 (2024) GUARDIAN TRUST FOUNDATION INC 04-3625771 Page 2 t III Statement of Program Service Accomplishments
Fai	
	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 CONTRACTOR OF A CONTRACT OF
	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?
4	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 \$4,655,704. including grants of \$1,266,200.) (Revenue \$3,903,097.) 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 \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,655,704.
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 Form 990 (2024)
 GUARDIAN
 TRUST
 FOUNDATION
 INC

 Part IV
 Checklist of Required Schedules
 FOUNDATION
 INC

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
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		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	
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 Form 990 (2024)
 GUARDIAN
 TRUST
 FOUNDATION
 INC

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04-	Schedule J	23		
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	04-		x
L	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
200	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			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	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			
	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			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		
D	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 social 512/b)(13)2. If IVes II secondate Onted to D. Datt I/ line 0.	35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
30		36		x
37	If "Yes," complete Schedule R, Part V, line 2 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?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2024) GUARDIAN TRUST FOUNDATION INC	04-3625	5771	Р	age 5
Par	t 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	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
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	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
	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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	·- · - 	7c		x
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 or		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
Ŭ	a construction being a construction beneficiated believes at any time during the construction	-	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		30		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
			-		
11	Section 501(c)(12) organizations. Enter:	440			
	Gross income from members or shareholders	11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
10-	amounts due or received from them.)	11b	- 10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-		
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the	405			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.			000	
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Form 990	(2024)
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GUARDIAN TRUST FOUNDATION INC

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

Section A. Governing Body and Management

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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. X

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?		3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asse	its?	5		X
6	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 app	point one or			
	more members of the governing body?		7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise t	o conflicts?	12b		X
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es," describe			
	on Schedule O how this was done		12c		X
13	Did the organization have a written whistleblower policy?		13	Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
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 arrangem	ent 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	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organiz	zation's			
	exempt status with respect to such arrangements?		16b		
	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $[FL]$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T (section 501(c)(3	B)s only)	availat	ole
	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)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	nd financ	cial	
	statements available to the public during the tax year.				
	.	s and records			
20	State the name, address, and telephone number of the person who possesses the organization's book				
20	THE ORGANIZATION - 727-210-1185				
20					

F

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.

• 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.

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

Name and title Average hours per week, (ist any below bine Openation to the and attracts instead (organization below bine Reportable compension rom related organization (W-2/1099-MISC) Estimated autout of tom the organization (W-2/1099-MISC) (1) KOLE LON0 20.00 X X 100,000 0. 33,546. (1) KOLE LON0 20.00 X X 100,000 0. 33,546. (1) KOLE LON0 20.00 X X 100,000 0. 0. (1) KOLE LON0 20.00 X X 100,000 0. 33,546. (1) KOLE LON0 20.00 X X 100,000 0. 0. (1) KOLE LON0 20.00 X X 100,000 0. 33,546. (1) KOLE LON0 X X X 100,000 0. 0. (1) KOLE LON0 X X 100,000 0. 0. (1) KOLE LON0 X X 100,000 0. 0. (2) TRATIS FINCHUM 20.00 X X 125,000 0. 0. (3) ROB BARLINGS 1.00 X X 0. 0. 0. (3) ROB BARLINGS 1.00 X 0. 0. 0. (3) ROB BARLINGS<	(A)	(B)			(0	C)			(D)	(E)	(F)
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	1 990 (20	24) GUARDIAN	TRUST F	JOU	JND)AT	ΊC)N	IN	1C	04-36	<u>525</u>	771	Page 8
Pa	rt VII _S	ection A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
		(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck ss per	C) itior more rson i		one 1 an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	(F Estim amou oth	ated nt of
			(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)	organization (W-2/1099-MIS 1099-NEC)	SC/	comper from organiz and re organiz	the zation lated
				-										
				-										
				-										
				-										
1b	Subtot	al							. /	225,000.		0.	33,	546.
		om continuation sheets to Part VI add lines 1b and 1c)								0. 225,000.		0.	33,	<u>0.</u> 546.
2	Total n	umber of individuals (including but n nsation from the organization								eceived more than \$100	000 of reportable	;		1
3	Did the	organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	phest compensated emp	loyee on		Ye	s No
4		If "Yes," complete Schedule J for s individual listed on line 1a, is the su											3	X
	and rela	ated organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4	X
5		person listed on line 1a receive or a d to the organization? If "Yes," com					-			•	dual for services		5	x
Sec		ndependent Contractors	piete Scheaule	<u>e J T</u>	or sl	icn į	bers	<u>on</u> .				<u></u>		
1		te this table for your five highest co anization. Report compensation for	-									oensat	tion from	
	<u>une eng</u>	(A)				<u>.</u>				(B)			(C)	
		Name and business RUST SERVICES, 901		TTM	C				_	Description of s		C	compensa	tion
		, CLEARWATER, FL 3		01	5	т,				FEES	MGMI	2	,944,	909.
		GRANT & CO., INC.		AD	IS	ON	S	т,						
		300, SYRACUSE, NY							_	INVESTMENT M	GMT FEES		257,	996.
		NC., 4849 GREENVII ALLAS, TX 75206	LE AVE,	5	01	ΤE				PROFESSIONAL SERVICES PRO	VIDER		122,	275.
2		umber of independent contractors (i 00 of compensation from the organi	•	ot lin	niteo	d to		se lis 3	ted	above) who received m	ore than			
													Form 99	0 (2024)

432008 12-10-24

orm	990 ((2024) GUARDIAN TRUS	T FOUNDA	TION INC		04-3625	771 Page 9
Par	t VII	Statement of Revenue					
		Check if Schedule O contains a response	or note to any lir			(2)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 51
ន ខ	1 a	Federated campaigns 1a					
		Membership dues 1b					
ž,		Fundraising events 1c]			
ar A		Related organizations 1d					
s, s inil	е	Government grants (contributions) 1e					
rion S	f	All other contributions, gifts, grants, and					
Dthe			144,706.				
	g	Noncash contributions included in lines 1a-1f		1 144 706			
ة כ	h	Total. Add lines 1a-1f	Business Code	1,144,706.			
	0.0	TRUSTEE FEES		3 903 097	3,903,097.		
	2 a b		525520	5,905,097.	5,905,097.		
Ser,	с С						
	d						
Be	e						
2	f	All other program service revenue					
	g			3,903,097.			
	3	Investment income (including dividends, intere					
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a						
	b						
	С						
		Net rental income or (loss)	(ii) Other				
	<i>i</i> a						
	h	assets other than inventory 7a Less: cost or other basis					
å	D D	and sales expenses					
	с	Gain or (loss)					
		Net gain or (loss)					
Other I		Gross income from fundraising events (not including \$ of					
Ŭ		contributions reported on line 1c). See					
		Part IV, line 18					
	b						
	с	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b					
	с	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
4	С	Net income or (loss) from sales of inventory					
s			Business Code				
leor	11 a						
llan (ent	b						
Miscellaneous Revenue	c						
Ϊ		All other revenue					
		Total. Add lines 11a-11d		5,047,803.	3 903 007	0.	0
	12 12-10	Total revenue. See instructions		, v - i , v v J •			Form 990 (202

12450501 789407 203925.1

9

GUARDIAN TRUST FOUNDATION INC Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,266,200.	1,266,200.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	258,546.		258,546.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	807.		807.	
0	Payroll taxes	18,952.		18,952.	
1	Fees for services (nonemployees):				
a	Management	2,944,909.	2,944,909.		
b	Legal				
~	Accounting	193,852.		193,852.	
d		19370321		19970921	
u	Lobbying Professional fundraising services. See Part IV, line 17				
e f		320,219.	320,219.		
f	Investment management fees	520,215.	520,215.		
g	Other. (If line 11g amount exceeds 10% of line 25,		, 		
~	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	9,107.		9,107.	
13	Office expenses	59,922.	59,922.	9,107.	
14	Information technology	J9,944.			
15	Royalties	28,485.	20 105		
6		3,241.	<u>28,485</u> . 3,241.		
7	Travel	3,241.	3,241.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance	29,289.	29,289.		
4	Other expenses. Itemize expenses not covered 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 0.)				
а	OPERATING EXPENSE	3,000.	3,000.		
b	TRUST REIMBURSEMENT	409.	409.		
С	MEALS AND ENTERTAINMENT	30.	30.		
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	5,136,968.	4,655,704.	481,264.	0
6	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)				

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Form 990 (2024)

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33

Total liabilities and net assets/fund balances

203,179.

33

81,657.

Form 990 (2024)

GUARDIAN	TRUST	FOUNDATION	INC

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

(A) Beginning of year (B) End of year 203,179. 81,657. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 203,179. 81,657 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 32,357. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 32,357. 0. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 27 Net assets with donor restrictions 28 28 X Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 0. 0. 29 Capital stock or trust principal, or current funds 29 0. Paid-in or capital surplus, or land, building, or equipment fund 0. 30 30 170,822. 81,657. 31 31 Retained earnings, endowment, accumulated income, or other funds 81,657. 32 Total net assets or fund balances 170,822. 32

Form 990 (2024)
Part X Balance Sheet

Form	990 (2024) GUARDIAN TRUST FOUNDATION INC	04-36	25771	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,047		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,136		
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	170),82	22.
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,				<u>}</u>
	column (B))	10	81	L,65	57.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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	e 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 Sch	edule O.			
3a	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	μαη /	0004

Form **990** (2024)

432012 12-10-24

Department of the Treasury Internal Revenue Service

(Form 990)

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
2024
Open to Public

Inspection Employer identification number

Name of the	organization
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Nam			הדאא הסוומה	FOUNDATION 3	INC				4-3625771
Pa	rt I	Reason for Public C				ic nort) C		0	4-3023771
							ee instructions.		
1 1	organ	zation is not a private founda A church, convention of chu							
2		A school described in secti)(A)(I)-		
2		A hospital or a cooperative				(h)(1)(A)(ii	i)		
4	\square	A medical research organiza						Enter	the hospital's name
4		city, and state:			acsenbea	in Sectio		. Enter	the hospital s hame,
5		An organization operated for	or the benefit of a col	leae or university owner	l or operate	ed by a do	vernmental unit o	describe	ed in
Ű		section 170(b)(1)(A)(iv). (C		logo or anivorony owned	or operation	bu by u go			
6		A federal, state, or local gov		ental unit described in	section 17	0(h)(1)(A)	(v)		
	X	An organization that normal	-					eneral r	public described in
•		section 170(b)(1)(A)(vi). (Co	-		onna gove	innentar	and of normale g		
8		A community trust describe		1)(A)(vi), (Complete Par	t II)				
9	\square	An agricultural research org			-	ed in coniu	nction with a lan	d-grant	college
•		or university or a non-land-g							
		university:						conogo	
10	\square	An organization that normal	llv receives (1) more	than 33 1/3% of its supp	ort from co	ontribution	s, membership fe	ees. and	d aross receipts from
		activities related to its exem							
		income and unrelated busin		-					-
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functior	ns of, or to carry o	out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section 509	(a)(3). C	Check the box on
		lines 12a through 12d that of	describes the type of	f supporting organizatior	n and com	olete lines	12e, 12f, and 12g	g.	
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its supp	orted orga	anization(s), typic	ally by g	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees o	of the su	ipporting
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s)	, by hav	ing
		control or management of	f the supporting orga	anization vested in the sa	ame persoi	ns that cor	ntrol or manage t	he supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally integ					-	ntegrate	d with,
	_	its supported organization		-					
d		Type III non-functionally						-	
		that is not functionally inte			-		-	attentiv	reness
	_	requirement (see instructi							
е		Check this box if the orga					Type I, Type II, T	ype III	
	Ento	functionally integrated, or r the number of supported o				ation.			
f		ide the following information	•	d organization(s)					
9) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of mo	onetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see instru	uctions)	support (see instructions)
				above (see instructions))					
	7								
<u>Tota</u>	l								

Schedule A (Form 990) 2024

Part II

GUARDIAN TRUST FOUNDATION INC

04-3625771 Page 2

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.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 573,917.458,950.385,000.787,545.1144706.339 2 Tax revues levide for the organization's benefit and either paid to or expended on its behalf 573,917.458,950.385,000.787,545.1144706.339 3 The value of services or facilities furnished by a governmental unit to the organization without charge 573,917.458,950.385,000.787,545.1144706.339 5 The portion of total contributions by each person (other than a governmental unit or publicly support. Subtract line 5 from line 4. 573,917.458,950.385,000.787,545.1144706.339 6 Public support. Subtract line 5 from line 4. 573,917.458,950.385,000.787,545.1144706.339 7 Amounts from line 4 6(a) 2020 6 Public support. Subtract line 5 from line 4. 573,917.458,950.385,000.787,545.1144706.339 7 Amounts from line 4 573,917.458,950.385,000.787,545.1144706.339 6 ross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on securities loans, rents, royatiles, and income from interest, dividends, payments received on secure from interest, dividends, whether or not the b	
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Schedule A (Form	<u></u>

432022 01-14-25

Schedule A					FOUNDATION	
Part III	Support	Schedule	for Organization	ons Desci	ribed in Section	n 509(a)(2)

GUARDIAN TRUST FOUNDATION INC

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
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			6			
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
alendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Public	c Support Per	centage				
15 Public support percentage for 2024 (lir	ne 8, column (f), d	ivided by line 13, o	column (f))		15	(
16 Public support percentage from 2023				·····	16	(
	tment Income	e Percentage				
Section D. Computation of Invest		nn (f) divided hy li	ne 13, column (f))		17	
· · · · · · · · · · · · · · · · · · ·	24 (line 10c, colun	ini (i), aiviaca by ii				
17 Investment income percentage for 202					18	
Investment income percentage for 202Investment income percentage from 2	023 Schedule A,	Part III, line 17				
Investment income percentage for 202Investment income percentage from 2	2023 Schedule A, organization did n	Part III, line 17	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	
 Section D. Computation of Invest Investment income percentage for 202 Investment income percentage from 2 19a 33 1/3% support tests - 2024. If the more than 33 1/3%, check this box and b 33 1/3% support tests - 2023. If the example of the support tests - 2023. 	2023 Schedule A, organization did n d stop here. The	Part III, line 17	on line 14, and line fies as a publicly s	e 15 is more than 3 supported organiza	3 1/3%, and line 1	7 is not
 17 Investment income percentage for 202 18 Investment income percentage from 2 19a 33 1/3% support tests - 2024. If the more than 33 1/3%, check this box and 	2023 Schedule A, organization did n d stop here. The organization did n	Part III, line 17 ot check the box organization quali ot check a box on	on line 14, and line fies as a publicly s I line 14 or line 19	e 15 is more than 3 supported organiza a, and line 16 is mo	3 1/3%, and line 1 tion re than 33 1/3%, a	and

GUARDIAN TRUST FOUNDATION INC

1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

Yes No

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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 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.)

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Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 GUARDIAN TRUST FOUNDATION INC

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? <i>If "No," describe in</i> Part VI <i>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 organization operate for the benefit of any supported organization other than the supported organization(s)</i> that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in</i>	1		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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	tion 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			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations		I	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
-	entity (see instructions).			
2	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 organization(s) to which the organization was responsive? If res, there in rest activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	20		
b				
	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	OL.		
~	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
-	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

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3b

Sectio	on 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			
1	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		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
i	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b,	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
ď	Total (add lines 1a, 1b, and 1c)	1d		
e	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		
Sectio	on 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		

GUARDIAN TRUST FOUNDATION INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

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Schedule A (Form 990) 2024

Part

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\$ Schedule A (Form 990) 2024

GUARDIAN TRUST FOUNDATION INC

Distributions to attentive supported organizations to which the organization is responsive

(provide details in Part VI). See instructions.

Section E - Distribution Allocations (see instructions)

Line 8 amount divided by line 9 amount

Distributable amount for 2024 from Section C, line 6

Schedule A (Form 990) 2024 rrent Year Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6.

(i)

Excess Distributions

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	tion D - Distributions	-	Cur					
1	Amounts paid to supported organizations to accomplish exempt purposes	1						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity	2						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5						
_								

Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 b Excess from 2021 c Excess from 2022 d Excess from 2023 e Excess from 2024

(iii)

Distributable

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(ii)

Underdistributions

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
028 01-14-2	Schedule A (Form 990) 20

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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

Department of the Treasury Internal Revenue Service Name of the organization

Organization type (check one):

(Rev. December 2024)

Schedule B

(Form 990)

OMB No. 1545-0047

Employer identification number

04-	3	6	2	5	7	7	1
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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(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

Check if your organization is covered by the General Rule or a Special Rule.

GUARDIAN TRUST FOUNDATION INC

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Employer identification number

(d)

(d)

(d)

(d)

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(d)

X

X

X

X

X

Schedule B (Form 990) (Rev. 12-2024) Name of organization GUARDIAN TRUST FOUNDATION INC 04-3625771 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 22,106. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 Person Payroll 166,138. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 Person Payroll 147,165. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll Noncash 144,378. \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Person Payroll 111,095. Noncash (Complete Part II for noncash contributions.) (b) (c) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution

> X Person Payroll 104,406. Noncash (Complete Part II for noncash contributions.)

> > Schedule B (Form 990) (Rev. 12-2024)

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Employer identification number

Name of organization GUARDIAN TRUST FOUNDATION INC 04-3625771 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 81,394. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 Person Payroll 75,765. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 Person Payroll 74,785. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Person Payroll Noncash 74,205. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Person Payroll 71,795. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 Person Payroll 71,474. Noncash \$

Schedule B (Form 990) (Rev. 12-2024)

(Complete Part II for noncash contributions.)

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Employer identification number

04-3625771

GUARDIAN TRUST FOUNDATION INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	α
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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Name of or	rganization		Employer identification number					
GUARDI	IAN TRUST FOUNDATION INC		04-3625771					
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) the	rough (e) and the following line entry. itable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Parti								
			_					
		(e) Transfer of gift						
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No.								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	· · · · · · · · · · · · · · · · ·							
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
ſ	, , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
			_					
ŀ		(e) Transfer of gift						
		(c) manaler of girt						
ŀ	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
(a) No.								
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
\rightarrow								
		(e) Transfer of gift						
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee					
Γ								

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Schedule B (Form 990) (Rev. 12-2024)

SCHEDULE I (Form 990) (Rev. December 2024)	Governments, and Individuals in the United States									
Department of the Treasury	-	-	Attach to Form				Open to Public			
Internal Revenue Service	Go	o to www.irs.gov/For	m990 for instructi	ons and the lates	t information.		Inspection			
Name of the organization GUARDIAN TRUST FOUNDATION INC Employer identification number 04-3625771										
Part I General Information on Grants and	nd Assistance									
 Does the organization maintain records t criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?				-		on X Yes No			
Part II Grants and Other Assistance to I recipient that received more than \$	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "Y	′es" on Form 990, Parl	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 33 AVENUE 1 SE WINTERHAVEN, FL 33880	86-1709051	501(C)(3)	50,000.	0.			PARTICIPATING ORGANIZATION			
AGING SOLUTIONS 19001 SUNLAKE BLVD LUTZ, FL 33558	04-3987500	501(C)(3)	100,000.	0.			PARTICIPATING ORGANIZATION			
ARC FLORIDA 2898 MAHAN DRIVE, SUITE 1 TALLAHASSEE, FL 32308	59-0830741	501(C)(3)	50,000.	0.			GENERAL DONATION			
ARC MARION, INC. 2800 SE MARICAMP ROAD OCALA, FL 34471	59-3246094	501(C)(3)	20,000.	0.			GENERAL DONATION			
ARC TAMPA BAY FOUNDATION 1501 N BELCHER RD, SUITE 244 CLEARWATER, FL 33765	59-2174961	501(C)(3)	50,000.	0.			GENERAL DONATION			
BROWARD COUNTY GUARDIANSHIP ASSOC. 2881 E OAKLAND PARK BLVD STE 316 FORT LAUDERDALE, FL 33306	65-0304731	501(C)(3)	25,000.	0.			GENERAL DONATION			
 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations 			e line 1 table				<u> </u>			

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

Schedule I (Form 990) (Rev. 12-2024)

GUARDIAN TRUST FOUNDATION INC

		NDATION INC					04-3625771 Page
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sche	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)	50,000.	0.			GENERAL DONATION
COMMUNITY DENTAL CLINIC							
LOOS WOODLAWN ST							
CLEARWATER, FL 33756	45-3340613	501(C)(3)	25,000.	0.			GENERAL DONATION
CUP, INC							
P.O. BOX 10249							PARTICIPATING
CLEARWATER, FL 33679-0249	87-3296836	501(C)(3)	25,000.	0.			ORGANIZATION
FIFTH CIRCUIT PUBLIC GUARDIAN							
PO BOX 4985							
DCALA, FL 34478	59-3706138	501(C)(3)	50,000.	0.			GENERAL DONATION
LORIDA GUARDIAN AD LITEM							
FOUNDATION, INC 600 SOUTH							
CALHOUN ST, SUITE 274 -							
FALLAHASSE, FL 32301	45-0501348	501(C)(3)	50,000.	0.			GENERAL DONATION
		• C					
FLORIDA'S CHILDREN FIRST, INC.							
L801 N UNIVERSITY DR, 3RD FLOOR	50.0050000		50.000				
CORAL SPRINGS, FL 33071	52-2372998	501(C)(3)	50,000.	0.			GENERAL DONATION
FREEDOM SAILING CAMP OF FLORIDA							
CNC 1730 LOMBARDY DR -							
CLEARWATER, FL 33755	46-2219305	501(C)(3)	10,000.	0.			GENERAL DONATION
DEARWATER, FL 55755	40-2219303	501(0)(5)	10,000.	0.			GENERAL DONATION
RIENDS OF TACACHALE							
.621 NE WALDO RD							
GAINESVILLE, FL 32609	33-1112045	501(C)(3)	10,000.	0.			GENERAL DONATION
	00 1112040		10,000.				Service Domition
GIGI'S PLAYHOUSE TAMPA FOR CHEER							
EMS - 2350 W HIGGINS ROAD -							
OFFMAN ESTATES, IL 60169	20-0058563	501(C)(3)	25,000.	0.			GENERAL DONATION

Schedule I (Form 990)

GUARDIAN TRUST FOUNDATION INC Schedule I (Form 990) ation of Gra .

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(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,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
REAT EXPLORATIONS CHILDREN'S							
AUSEUM - 1925 4TH STREET NORTH -		E01(G)(2)	15 000	0			CENEDAL DONAUTON
ST PETERSBURG, FL 33704	59-2763359	501(C)(3)	15,000.	0.			GENERAL DONATION
IABITAT FOR HUMANITY							
.3355 49TH ST. N, SUITE B							
LEARWATER, FL 33762	91-1914868	501(C)(3)	25,000.	0.			GENERAL DONATION
· · ·							
LIFE CONCEPTS, INC. DBA QUEST, INC							
1509 E COLONIAL DR STE 300							
TAMPA, FL 33770	59-2013160	501(C)(3)	50,000.	0.			GENERAL DONATION
EARNING INDEPENDENCE FOR							
TOMORROW, INC - 1005 S. HIGHLAND							
AVENUE, - CLEARWATER, FL 33756	46-1088977	501(C)(3)	40,000.	0.			GENERAL DONATION
LIGHTHOUSE OF PINELLAS 6925 112TH CIRCLE NORTH SUITE 103							
LARGO, FL 33773	23-7042938	501(C)(3)	25,000.	0.			GENERAL DONATION
LUTHERAN SERVICES 12TH AND 13TH	23 7042550	501(0/(5/	25,000.	••			GENERAL DONATION
CIRCUITS - 5104 N LOCKWOOD RIDGE							
RD SUITE 307, - SARASOATA, FL							
34234	59-2198911	501(C)(3)	50,000.	0.			GENERAL DONATION
			,				
LUTHERAN SERVICES 1ST CIRCUIT							
3627 WEST WATERS AVENUE							
TAMPA, FL 33614	59-2198911	501(C)(3)	50,000.	0.			GENERAL DONATION
OFFICE OF PUBLIC GUARDIAN - NORTH							
FLORIDA - 1425 PIEDMONT DRIVE EAST							PARTICIPATING
- TALLAHASSE, FL 32808	16-1652866	501(C)(3)	50,000.	0.			ORGANIZATION
NEW TAMPA PLAYERS, INC - PENGUIN							
PROJECT - P.O. BOX 48502 - TAMPA,	20 5422506	F01(C)(2)	15 000	0.			CENEDAL DONAUTON
FL 33646	20-5433506	DOT(C)(2)	15,000.	U.			GENERAL DONATION

Schedule I (Form 990)

Schedule I (Form 990) GUARDIAN TRUST FOUNDATION INC

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(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
READY FOR LIFE							
2300 TALL PINES DR 100							
LARGO, FL 33771	26-4032979	501(C)(3)	10,000.	0.			GENERAL DONATION
	20 4032575	501(0)(3)	10,000.	••			GENERAL DONATION
RECONNECTIONS EDUCATION CENTER							
2114 SEVEN SPRINGS BLVD STE 200							
NEW PORT RICHEY, FL 34655	82-5108869	501(C)(3)	10,000.	0.			GENERAL DONATION
NEW FORT RICHET, FL 54055	02-5100005	501(0)(3)	10,000.	0.			GENERAL DONATION
SAGES THEATER, INC.							
2618 COVE CAY DRIVE SUITE 207							
CLEARWATER, FL 33760	83-4113218	501(C)(3)	25,000.	0.			GENERAL DONATION
CHEARWATER, FL 55700	05-4115210	501(0)(3)	25,000.	0.			GENERAL DONATION
SOUTH FLORIDA GUARDIANSHIP							
3601 W COMMERCIAL BLVD							
FT. LAUDERDALE, FL 33309	65-0306024	501(C)(3)	50,000.	0.			GENERAL DONATION
TI. HADERDADE, TE 55505	05 0500024	501(0)(3)	50,000.	0.			GENERAL DONATION
TENNIS FOR FUN							
5822 BUTTERFIELD ST							
RIVERVIEW, FL 33578	82-1030690	501(C)(3)	25,000.	0.			GENERAL DONATION
KIVERVIEW, FE 55576	02-1050090	501(0/(3)	25,000.	0.			GENERAL DONATION
YMCA OF THE SUNCOAST							
2469 ENTERPRISE RD							
CLEARWATER, FL 33763	59-0810731	501(C)(3)	50,000.	0.			GENERAL DONATION
CHEARWATER, FE 55765	55 0010751	501(0)(3)	50,000.	••			GENERAL DONATION
	· ·						

Schedule I (Form 990)

Schedule I (Form 990) (Rev. 12-2024) GUARDIAN TRUST FOUNDATION INC

04-3625771

Page 2

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

 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.
 Part III can be duplicated if additional space is needed.

(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
		Guorigian			
				0.	
			5		
			D		
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	UD EVAMIN			ΝΤΖΛΠΤΟΝ	
THAT RECEIVES SUPPORT. THE FOUNDATE					
RECIPIENT ORGANIZATIONS TO ENSURE '					

SCHEDULE L

(Form	990)
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Part I

(Rev. December 2024) Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

OMB No. 1545-0047

Open to Public

•	28b, or	28c;	or F	orm 9	90-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.

Inspection Employer identification number

Name of the organization

GUARDIAN TRUST FOUNDATION INC

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.

1	(a) Name of disgualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corr	
	., .	person and organization		Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under		
	section 4958	-		\$	
3	Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organiza	tion	\$	

Part II Loans to and/or From Interested Persons

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		(d) Lo fron	an to or n the	(e) Original principal amount	(f) Balance due	(g) defa) In ault2	(h) Ap by bo	proved ard or	(i) W agreer	ritten ment?
		inter or gamzation	oriouri		zation? From	principal amount		Yes		comm Yes		Yes	
(1)					110111			100		100	110	100	110
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota	l					\$							

Part III Grants or Assistance Benefiting Interested Persons

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) (Rev. 12-2024)

LHA 432131 01-15-25

Schedule L (Form	1 990) (Rev	. 12-2024)	GUARDIAN	TRUST	FOUNDATION	INC
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Part IV Business Transactions Involving Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a)		rested person) Relatior	nship betw	veen interest	-		r 28c. (c) Am	noun	t of	(d) Description of		aring of zation's
				person	and the o	rganization			trans	actio	on	transaction	rever	iues?
(1) ET. T TT	י יידוכיי	SERVICES,	אים תד	ᢧᡎ᠊᠇᠊ᠬᢦ	100%	OWNED	P	2	9.1	4 0	909	MANAGEMENT	Yes	No X
						OWNED		<u> </u>				REIMBURSEME	:	X
(3)	111001				1000					- / ·	105.			
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
Part V		ntal Information												
		ional information for re												
		V, BUSINESS							TNT	ER.	ESTE	D PERSONS:		
<u> </u>		ERSON: ELIT: HIP BETWEEN								NTT	7 7 10 1	ON		
		WNED BY TRAY							кGА	N T .	LAII	ON:		
		TRANSACTIO					214 1			-				
		ON OF TRANS					नत्र	lS.						
<u> </u>		F ORGANIZAT:												
<u>(</u> <u></u>) <u></u>		0110111111	_ 0_1											
(A) NAM	E OF P	ERSON: ELIT	E TR	UST S	SERVIC	CES, IN	IC.							
		HIP BETWEEN						_	RGA	NI	ZATI	ON:		
		WNED BY TRAY				RESIDE	ENT	1						
(C) AMO	UNT OF	TRANSACTIO	N\$	31,48	35.									
		ON OF TRANS	ACTI	ON: F	REIMBU	JRSEMEN	1Т	OF	OP	ER	ATIN	IG AND OCCUP	ANCY	
EXPENSE														
(E) SHA	RING O	F ORGANIZAT	ION	REVEN	IUES?	= NO								

Schedule L (Form 990) (Rev. 12-2024)

432132 01-15-25

SCHEDULE O (Form 990) (Rev. December 2024) Department of the Treasury	Supplemental Information to Form 990 or 990 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 instructions and the latest information.	-EZ	OMB No. 1545-0047 Open to Public Inspection
Internal Revenue Service Name of the organization	-	Employer	identification number
	GUARDIAN TRUST FOUNDATION INC		625771
	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS		
	FURTHER AND SUPPORT SELECTED CHARITABLE ACTIVI		
ORGANIZATION	S THAT PROVIDE GOODS, SERVICES OR FUNDING FOR E SOCIAL SECURITY DEFINITION OF DISABLED (42 U		DUALS
$\frac{11}{1382(C)(A)(3)}$	· · · · · ·		S THAT
TERM IS DEFI			
	ACCEPT, HOLD, INVEST, REINVEST AND ADMINISTER		
BEQUESTS, DE	VISES AND PROPERTY OF ANY SORT WITHOUT LIMITAT	ION AS	ТО
	LUE AND USE, DISBURSE OR DONATE THE INCOME OR		
	JSIVELY FOR CHARITABLE PURPOSES BY SUPPORTING		
	BLED INDIVIDUALS; TO RAISE FUNDS AND SOLICIT D	ONATIO	NS FROM
	ERSONS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC S AND FOUNDATIONS AND TO EXPEND SUCH FUNDS IN		<u></u>
	RATE GOALS AND PURPOSES.	FURINE	RANCE
FORM 990, PA	RT VI, SECTION A, LINE 2:		
BOARD MEMBER	S TRAVIS FINCHUM AND KOLE LONG HAVE A BUSINESS	RELAT	IONSHIP.
FORM 990, PA			
THE BOARD PR			
<u> </u>	ROVIDES TRUST AND ADMINISTRATION MANAGEMENT SE	RVICES	ТО
GUARDIAN TRU	ST FOUNDATION.		
FORM 990, PAL THE ORGANIZA	RT VI, SECTION A, LINE 6: FION HAS MEMBERS.		
FORM 990, PA	RT VI, SECTION A, LINE 7A:		
	ENTITLES THE HOLDER TO ONE VOTE. IN THE ELECTI		DIRECTORS,
A PLURALITY			BERS OF THE
	ECTORS MAY BE REMOVED WITH OR WITHOUT CAUSE BY HE CORPORATION.	VOTE	OF THE
MEMBERS OF I	HE CORPORATION.		
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
	ON BOARD OF DIRECTORS WAS FURNISHED WITH A COP	Y OF T	HE FORM 990
	RIOR TO THE FILING WITH FLORIDA AND THE IRS.		
	• • • •		
	RT VI, SECTION B, LINE 12:		
	IONS RESULTING IN POTENTIAL OR PERCEIVED CONFL		
	Y DISCLOSED TO THE BOARD OF DIRECTORS UPON DIS		AND SHALL
AT ALL TIMES	REMAIN AVAILABLE TO THE BOARD FOR EXAMINATION	•	
FORM 990 PAT	RT VI, SECTION B, LINE 15:		
	VIEWS AND APPROVES COMPENSATION FOR THE ORGANI	ZATION	'S
OFFICERS.			
	RT VI, SECTION C, LINE 19:		
	ON MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF		EST POLICY,
AND FINANCIA	L STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST	
For Paperwork Reduct	on Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	edule O (Fo	orm 990) (Rev. 12-2024)

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LHA 432211 01-15-25