

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**Department of the Treasury
Internal Revenue ServiceFor calendar year 2010, or fiscal year beginning 7/01, 2010, and ending 6/30, 20 11

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

▶ See instructions on back.

TAX
CO

OMB No. 1545-1878

2010

Name of exempt organization

GUARDIANSHIP & TRUSTS CORPORATIONEmployer identification number
58-1454706

Name and title of officer

**DORA MITCHELL
EXECUTIVE DIRECTOR****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	330,453
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize CPA CONSULTING GROUP PLLC to enter my PIN 54706 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Date ▶ 11/15/11**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

62103470654

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Cathy Weston

Date ▶

11/30/11

**ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2010)

Form

990Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2010**Open to Public
Inspection****A** For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11****B** Check if applicable:☒ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization**GUARDIANSHIP & TRUSTS CORPORATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

95 WHITE BRIDGE ROAD, STE 330

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE**TN 37205****F** Name and address of principal officer:**DORA MITCHELL****D** Employer identification number**58-1454706****E** Telephone number**615-259-3610****G** Gross receipts \$**330,453****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **N/A****H(c)** Group exemption number ▶**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1981****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	GUARDIANSHIP & TRUSTS CORPORATION SERVES IN VARIOUS FIDUCIARY CAPACITIES TO PERSONS WHO HAVE MENTAL DISABILITIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	14
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	68,260	71,161
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	263,660	259,152
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	142	140
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	332,062	330,453
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,230	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	257,506	224,494
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	93,233	93,495
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	351,969	317,989
	19 Revenue less expenses. Subtract line 18 from line 12	-19,907	12,464
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	199,974	73,399
	22 Net assets or fund balances. Subtract line 21 from line 20	21,172	25,883
		178,802	47,516

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign
Here**

Signature of officer

DORA MITCHELL

Date

EXECUTIVE DIRECTOR

Type or print name and title

Paid**Preparer****Use Only**

Print/Type preparer's name

CATHY WERTHAN

Preparer's signature

Cathy Werthan

Date

11/30/11Check ☒ if PTINself-employed **P00070654**Firm's name ▶ **CPA CONSULTING GROUP PLLC**Firm's EIN ▶ **62-1836110**Firm's address ▶ **1720 W END AVE STE 403****NASHVILLE, TN 37203**Phone no. **615-322-1225**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

GUARDIANSHIP & TRUSTS CORPORATION SERVES IN VARIOUS FIDUCIARY CAPACITIES TO PERSONS WHO HAVE MENTAL DISABILITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **242,108** including grants of \$) (Revenue \$)

PROVIDE CONSERVATOR, GUARDIANSHIP, ATTORNEY IN FACT AND TRUSTEE SERVICES TO CLIENTS WITH MENTAL ILLNESS OR OTHER IMPAIRMENT OF INTELLECT WHO ARE UNABLE TO MAKE INFORMED AND RATIONAL DECISIONS. THE GOAL OF ALL SERVICES PROVIDED IS TO PROVIDE A RELIABLE CONTINUITY TO MAXIMIZE RESOURCES AND QUALITY OF LIFE FOR THE CLIENT AND THEIR FAMILIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► **242,108**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; 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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c 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		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	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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 Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b 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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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	5	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒ **X**

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	13			
b Enter the number of voting members included in line 1a, above, who are independent		13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Does the organization have members or stockholders?	6			X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a 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 in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **DORA MITCHELL** 95 WHITE BRIDGE RD, STE 330
NASHVILLE TN 37205 615-259-3610

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SEE ATTACHED BOARD OF DIRECTORS LIST VARIOUS	1.00	X						0	0	0
(2) DORA MITCHELL EXECUTIVE DIRECTOR	40.00			X				51,923	0	1,038
(3) PAULA REED COO	25.00			X				29,075	0	582
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								80,998		1,620
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								80,998		1,620

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4		X
----------	--	----------

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5		X
----------	--	----------

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	71,161			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		71,161			
Program Service Revenue	2a CONSERV/GUARDIAN FEES	Busn. Code	202,596	202,596		
	b TRUSTEE FEES		46,321	46,321		
	c INSTITUTIONAL SERVICE FEES		10,235	10,235		
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		259,152			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		140	140	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less: rental exps.						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less: cost or other basis & sales exps.						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
b Less: direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		a				
b Less: direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		330,453	259,292	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	80,998	54,415	26,583	
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	104,934	84,299	20,635	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,859	2,287	572	
9 Other employee benefits	20,489	16,391	4,098	
10 Payroll taxes	15,214	11,350	3,864	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,275	3,765	2,510	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	5,559	4,447	1,112	
12 Advertising and promotion				
13 Office expenses	7,644	6,591	1,053	
14 Information technology				
15 Royalties				
16 Occupancy	34,580	27,664	6,916	
17 Travel	9,776	7,821	1,955	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,160	928	232	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	663	497	166	
23 Insurance	18,287	13,715	4,572	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TELEPHONE	4,067	3,254	813	
b LICENSES & PERMITS	2,012	1,610	402	
c EQUIPMENT RENTAL & MAINT.	1,215	972	243	
d EDUCATION & TRAINING	1,034	1,034		
e DUES & SUBSCRIPTIONS	846	761	85	
f All other expenses	377	307	70	
25 Total functional expenses. Add lines 1 through 24f	317,989	242,108	75,881	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	11,152	1	8,338
	2 Savings and temporary cash investments	50	2	48
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	170,342	4	55,243
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	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 62,241		
	b Less: accumulated depreciation	10b 60,163	10c	2,078
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	8,000	12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	7,692	15	7,692
	16 Total assets. Add lines 1 through 15 (must equal line 34)	199,974	16	73,399
Liabilities	17 Accounts payable and accrued expenses	761	17	2,001
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	20,411	25	23,882
	26 Total liabilities. Add lines 17 through 25	21,172	26	25,883
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	165,782	27	40,296
	28 Temporarily restricted net assets	5,020	28	7,220
	29 Permanently restricted net assets	8,000	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	178,802	33	47,516
	34 Total liabilities and net assets/fund balances	199,974	34	73,399

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	330,453
2	Total expenses (must equal Part IX, column (A), line 25)	2	317,989
3	Revenue less expenses. Subtract line 2 from line 1	3	12,464
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	178,802
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-143,750
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	47,516

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

GUARDIANSHIP & TRUSTS CORPORATION

Employer identification number

58-1454706**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	149,670	101,155	101,448	68,260	71,162	491,695
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	252,438	231,261	166,481	263,660	259,151	1,172,991
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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	402,108	332,416	267,929	331,920	330,313	1,664,686
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	30,010	28,230	18,770	25,100	25,300	127,410
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	30,010	28,230	18,770	25,100	25,300	127,410
8 Public support. (Subtract line 7c from line 6.)						1,537,276

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	402,108	332,416	267,929	331,920	330,313	1,664,686
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,017	660	474	142	140	3,433
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	2,017	660	474	142	140	3,433
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	404,125	333,076	268,403	332,062	330,453	1,668,119
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	92.16 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	92.87 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization

Employer identification number

GUARDIANSHIP & TRUSTS CORPORATION

58-1454706

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GUARDIANSHIP & TRUSTS CORPORATION

Employer identification number

58-1454706

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	STRATTON FOSTER FOUNDATION 424 CHURCH STREET, SUITE 2000 NASHVILLE TN 37219	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	COLLEEN MACLEAN ONE CHURCH STREET, SUITE 300 101 CHURCH STREET NASHVILLE TN 37201-1609	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	PEGGY AND CARTER STEELE 3618 EAST VALLEY ROAD NASHVILLE TN 37215	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	HALVERSTADT FOUNDATION 2503 SHARONDALE DRIVE NASHVILLE TN 37215	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	UNITED WAY 250 VENTURE CIRCLE NASHVILLE TN 37228	\$ 24,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010Open to Public
Inspection

Name of the organization

Employer identification number

GUARDIANSHIP & TRUSTS CORPORATION**58-1454706****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ %
 b Permanent endowment ▶ %
 c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		62,241	60,163	2,078
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				2,078

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description		(b) Book value
(1)	TEMPORARILY RESTRICTED ASSET	4,920
(2)	SECURITY DEPOSIT	2,772
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		7,692

Part X Other Liabilities. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
(1)	Federal income taxes	
(2)	WAGES PAYABLE	13,622
(3)	ACCRUED VACATION	8,333
(4)	ACCRUED PAYROLL TAXES	1,680
(5)	ACCRUED EMPLOYER CONTRIBUTION	247
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		23,882

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	330,453
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	317,989
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	12,464
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	12,464

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	394,021
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	63,568
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	63,568
3	Subtract line 2e from line 1	3	330,453
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	330,453

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	381,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	63,568
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	63,568
3	Subtract line 2e from line 1	3	317,989
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	317,989

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

IN PRIOR YEARS, THE ORGANIZATION RECOGNIZED ALL COLLECTIBLE AND BILLABLE TIME AS ACCOUNTS RECEIVABLE REGARDLESS OF WHETHER A FEE MOTION HAD BEEN FILED WITH THE COURTS OR AN INVOICE SENT FOR COLLECTION. DURING THE YEAR ENDED JUNE 30, 2011, THE BOARD MADE THE DECISION TO ONLY RECOGNIZE RECEIVABLES ACTUALLY INVOICED OR FILED WITH THE COURTS. THE RESTATEMENT UNDER THIS NEW PRINCIPLE RESULTED IN AN ACCOUNTING DECREASE IN NET ASSETS

Part XIV Supplemental Information (continued)

OF \$143,752. THIS NEW METHOD OF ACCOUNTING RESULTS IN A SIGNIFICANT
DECREASE IN NET ASSETS FROM THE PRIOR YEAR NET ASSETS SHOWN ON THE 990.

SCHEDULE O
 (Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

 Complete to provide information for responses to specific questions on
 Form 990 or 990-EZ or to provide any additional information.
 ▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

 Open to Public
 Inspection

Name of the organization

GUARDIANSHIP & TRUSTS CORPORATION

 Employer identification number
 58-1454706

FORM 990, PART I, LINE 6

GTC HAS AN ATTORNEY WHO PROVIDES LEGAL SERVICES TO SUPPORT THE ORGANIZATION AND ITS CLIENTS. IN ADDITION, A PROFESSIONAL PROVIDES TRUST OFFICER SERVICES TO THE ORGANIZATION AND ITS CLIENTS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
 THE COO REVIEWS A DRAFT OF THE RETURN AND THEN SHARES A COPY WITH THE
 EXECUTIVE COMMITTEE OF THE BOARD. ONCE APPROVED, THE E-FILE AUTHORIZATION
 FORM IS SIGNED BY THE EXECUTIVE DIRECTOR AND SUBMITTED TO THE CPA TO FILE
 ELECTRONICALLY.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
 COMMUNICATED WITH EMPLOYEES ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
 REVIEWED PERIODICALLY BY THE EXECUTIVE COMMITTEE OF THE BOARD. OTHER
 EMPLOYEE COMPENSATION IS REVIEWED PERIODICALLY BY THE CEO.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 CEO SALARY IS REVIEWED PERIODICALLY BY THE EXECUTIVE COMMITTEE OF THE
 BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
 CHARTER AND AMENDMENTS TO CHARTER ARE AVAILABLE TO THE PUBLIC ON THE
 TENNESSEE SECRETARY OF STATE WEBSITE.

Name of the organization

GUARDIANSHIP & TRUSTS CORPORATION

Employer identification number

58-1454706

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

IN PRIOR YEARS, THE ORGANIZATION RECOGNIZED ALL COLLECTIBLE AND BILLABLE TIME AS ACCOUNTS RECEIVABLE REGARDLESS OF WHETHER A FEE MOTION HAD BEEN FILED WITH THE COURTS OR AN INVOICE SENT FOR COLLECTION. DURING THE YEAR ENDED JUNE 30, 2011, THE BOARD MADE THE DECISION TO ONLY RECOGNIZE RECEIVABLES ACTUALLY INVOICED OR FILED WITH THE COURTS. THE RESTATEMENT UNDER THIS NEW PRINCIPLE RESULTED IN AN ACCOUNTING DECREASE IN NET ASSETS OF \$143,752. THIS NEW METHOD OF ACCOUNTING RESULTS IN A SIGNIFICANT DECREASE IN NET ASSETS FROM THE PRIOR YEAR NET ASSETS SHOWN ON THE 990.

FORM 990, PART XII, LINE 1 - CHANGE IN ACCOUNTING METHOD EXPLANATION

IN PRIOR YEARS, THE ORGANIZATION RECOGNIZED ALL COLLECTIBLE AND BILLABLE TIME AS ACCOUNTS RECEIVABLE REGARDLESS OF WHETHER A FEE MOTION HAD BEEN FILED WITH THE COURTS OR AN INVOICE SENT FOR COLLECTION. DURING THE YEAR ENDED JUNE 30, 2011, THE BOARD MADE THE DECISION TO ONLY RECOGNIZE RECEIVABLES ACTUALLY INVOICED OR FILED WITH THE COURTS. THE RESTATEMENT UNDER THIS NEW PRINCIPLE RESULTED IN AN ACCOUNTING DECREASE IN NET ASSETS OF \$143,752. THIS NEW METHOD OF ACCOUNTING RESULTS IN A SIGNIFICANT DECREASE IN NET ASSETS FROM THE PRIOR YEAR NET ASSETS SHOWN ON THE 990.

Form **4562**Department of the Treasury
Internal Revenue Service

(99)

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2010Attachment
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

GUARDIANSHIP & TRUSTS CORPORATIONIdentifying number
58-1454706

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	663

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	663
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2010)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

GUARDIANSHIP & TRUSTS CORPORATION
 58-1454706
 FYE: 6/30/2011

Federal Asset Report
Form 990, Page 1

Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
1	COMPUTER EQUIPMENT	6/01/95	2,778			2,778	7	HY S/L	2,778	0
2	HPLJ60 PRINTER	12/13/96	793			793	5	HY S/L	793	0
3	COMPUTER EQUIPMENT	6/27/97	5,715			5,715	5	HY S/L	5,715	0
4	LUCENT PHONE SYSTEM-AT&T LEAS	8/25/97	6,590			6,590	5	HY S/L	6,590	0
5	DESK & WORKSTATION	9/09/97	508			508	7	HY S/L	508	0
6	MISC USED FURNITURE FROM ARC	10/01/97	500			500	7	HY S/L	500	0
7	4-DRAWER LEGAL FILE CABINET	10/03/97	110			110	7	HY S/L	110	0
8	BROTHER PLAIN PAPER FAX	10/03/97	372			372	5	HY S/L	372	0
9	2 TECHMEDIA 166 WORKSTATIONS &	10/06/97	4,188			4,188	5	HY S/L	4,188	0
10	TECHMEDIA 166 WORKSTATION & AC	10/06/97	2,329			2,329	5	HY S/L	2,329	0
11	TECHMEDIA 166 WORKSTATION & AC	10/06/97	2,069			2,069	5	HY S/L	2,069	0
12	DESK CHAIR	10/08/97	162			162	7	HY S/L	163	0
13	DESK & WORKSTATION	10/15/97	699			699	7	HY S/L	699	0
14	DESK & WORKSTATION	10/15/97	581			581	7	HY S/L	581	0
15	HP 6L LASERJET PRINTER	10/22/97	400			400	5	HY S/L	400	0
16	DESK CHAIR	10/28/97	150			150	7	HY S/L	150	0
17	4 FILE CAB/1 BCASE/XEROX 1012/EQ C	12/23/97	700			700	7	HY S/L	700	0
18	COMPUTER UPGRADE	3/16/98	600			600	7	HY S/L	600	0
19	PAULA-DESK	3/31/98	316			316	7	HY S/L	316	0
20	WORKSTATION CHAIR	8/21/98	170			170	7	HY S/L	170	0
21	HP 842C PRINTER	5/10/00	150			150	5	MQ S/L	150	0
22	FAX MACHINE	2/16/00	200			200	5	MQ S/L	200	0
23	4 TABLE LAMPS W/GLASS SHADES	12/15/00	660			660	7	HY S/L	660	0
24	2 FLOOR LAMPS	12/15/00	338			338	7	HY S/L	338	0
25	2 USED DESKS	12/15/00	600			600	7	HY S/L	600	0
26	2 NEW CLOCKS	12/15/00	400			400	7	HY S/L	400	0
27	COAT RACK	12/15/00	119			119	7	HY S/L	119	0
28	DESK	12/15/00	225			225	7	HY S/L	225	0
29	CREDENZA	12/15/00	150			150	7	HY S/L	150	0
30	REFRIGERATOR	12/15/00	394			394	5	HY S/L	394	0
31	WALNUT BOOKCASE	12/15/00	260			260	7	HY S/L	260	0
32	DESK	12/15/00	185			185	7	HY S/L	185	0
33	CREDENZA	12/15/00	150			150	7	HY S/L	150	0
34	DESK & CREDENZA	12/15/00	250			250	7	HY S/L	250	0
35	CREDENZA	12/15/00	200			200	7	HY S/L	200	0
36	MAIL MACHINE	12/29/00	210			210	5	HY S/L	210	0
37	HP 842C DESKJET PRINTER	2/26/01	150			150	5	HY S/L	150	0
38	TABLE & CREDENZA	6/30/01	917			917	7	HY S/L	917	0
			35,288			35,288			35,289	0

Other Depreciation:

39	FILE CABINET	3/05/02	200			200	7	MO S/L	200	0
40	FILE CABINET	3/05/02	200			200	7	MO S/L	200	0
41	6 - Dell Desktop 4500S Computers	7/09/02	4,248			4,248	5	MO S/L	4,248	0
42	Dell Desktop 4500S Computer	7/09/02	782			782	5	MO S/L	782	0
43	2 - NEC Flat Screen Monitors	8/15/02	760			760	5	MO S/L	760	0
44	Printer	8/16/02	250			250	5	MO S/L	250	0
45	Cherry Wood Computer Desk	12/03/02	104			104	7	MO S/L	104	0
46	Leather Chair	1/20/03	130			130	7	MO S/L	130	0
47	Television/VCR Combo	1/27/03	129			129	5	MO S/L	129	0
48	Desk	1/27/03	119			119	7	MO S/L	119	0
49	Sonic Wall	2/28/03	450			450	5	MO S/L	450	0
50	2 - Flat Screen Monitors	3/04/03	760			760	5	MO S/L	760	0
51	Network Printer	4/22/03	1,150			1,150	5	MO S/L	1,150	0
52	Work Station	4/22/03	986			986	7	MO S/L	986	0
53	Server	4/22/03	5,260			5,260	5	MO S/L	5,260	0
54	Computer Equipment	4/22/03	4,325			4,325	5	MO S/L	4,325	0
55	Telephone System	9/11/02	842			842	5	MO S/L	842	0
56	FAX MACHINE	12/14/03	174			174	5	MO S/L	174	0
57	SAFE	6/09/04	1,000			1,000	5	MO S/L	1,000	0
58	PRINTER	9/13/05	252			252	5	MO S/L	244	8
59	BACKUP SYSTEM	11/15/05	460			460	5	MO S/L	439	21
60	FAX MACHINE	3/14/06	289			289	5	MO S/L	250	39
61	4 Recover Chairs	8/25/06	1,306			1,306	7	MO S/L	715	187
62	Fax Machine	4/16/07	200			200	5	MO S/L	127	40
63	Telephone Equipment	11/25/08	2,177			2,177	7	MO S/L	492	311
64	FURNISHINGS	2/20/09	400			400	7	MO S/L	76	57

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Total Other Depreciation		26,953				26,953		24,212	663
	Total ACRS and Other Depreciation		26,953				26,953		24,212	663
	Grand Totals		62,241				62,241		59,501	663
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		62,241				62,241		59,501	663

Depreciation Adjustment Report

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
There are no assets that meet the criteria of this report						

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	COMPUTER EQUIPMENT	6/01/95	2,778	0	0
2	HPLJ60 PRINTER	12/13/96	793	0	0
3	COMPUTER EQUIPMENT	6/27/97	5,715	0	0
4	LUCENT PHONE SYSTEM-AT&T LEASE	8/25/97	6,590	0	0
5	DESK & WORKSTATION	9/09/97	508	0	0
6	MISC USED FURNITURE FROM ARC	10/01/97	500	0	0
7	4-DRAWER LEGAL FILE CABINET	10/03/97	110	0	0
8	BROTHER PLAIN PAPER FAX	10/03/97	372	0	0
9	2 TECHMEDIA 166 WORKSTATIONS & ACC	10/06/97	4,188	0	0
10	TECHMEDIA 166 WORKSTATION & ACCES	10/06/97	2,329	0	0
11	TECHMEDIA 166 WORKSTATION & ACCES	10/06/97	2,069	0	0
12	DESK CHAIR	10/08/97	162	0	0
13	DESK & WORKSTATION	10/15/97	699	0	0
14	DESK & WORKSTATION	10/15/97	581	0	0
15	HP 6L LASERJET PRINTER	10/22/97	400	0	0
16	DESK CHAIR	10/28/97	150	0	0
17	4 FILE CAB/1 BCASE/XEROX 1012/EQ CT	12/23/97	700	0	0
18	COMPUTER UPGRADE	3/16/98	600	0	0
19	PAULA-DESK	3/31/98	316	0	0
20	WORKSTATION CHAIR	8/21/98	170	0	0
21	HP 842C PRINTER	5/10/00	150	0	0
22	FAX MACHINE	2/16/00	200	0	0
23	4 TABLE LAMPS W/GLASS SHADES	12/15/00	660	0	0
24	2 FLOOR LAMPS	12/15/00	338	0	0
25	2 USED DESKS	12/15/00	600	0	0
26	2 NEW CLOCKS	12/15/00	400	0	0
27	COAT RACK	12/15/00	119	0	0
28	DESK	12/15/00	225	0	0
29	CREDENZA	12/15/00	150	0	0
30	REFRIGERATOR	12/15/00	394	0	0
31	WALNUT BOOKCASE	12/15/00	260	0	0
32	DESK	12/15/00	185	0	0
33	CREDENZA	12/15/00	150	0	0
34	DESK & CREDENZA	12/15/00	250	0	0
35	CREDENZA	12/15/00	200	0	0
36	MAIL MACHINE	12/29/00	210	0	0
37	HP 842C DESKJET PRINTER	2/26/01	150	0	0
38	TABLE & CREDENZA	6/30/01	917	0	0
			<u>35,288</u>	<u>0</u>	<u>0</u>

Other Depreciation:

39	FILE CABINET	3/05/02	200	0	0
40	FILE CABINET	3/05/02	200	0	0
41	6 - Dell Desktop 4500S Computers	7/09/02	4,248	0	0
42	Dell Desktop 4500S Computer	7/09/02	782	0	0
43	2 - NEC Flat Screen Monitors	8/15/02	760	0	0
44	Printer	8/16/02	250	0	0
45	Cherry Wood Computer Desk	12/03/02	104	0	0
46	Leather Chair	1/20/03	130	0	0
47	Television/VCR Combo	1/27/03	129	0	0
48	Desk	1/27/03	119	0	0
49	Sonic Wall	2/28/03	450	0	0
50	2 - Flat Screen Monitors	3/04/03	760	0	0
51	Network Printer	4/22/03	1,150	0	0
52	Work Station	4/22/03	986	0	0
53	Server	4/22/03	5,260	0	0
54	Computer Equipment	4/22/03	4,325	0	0
55	Telephone System	9/11/02	842	0	0
56	FAX MACHINE	12/14/03	174	0	0
57	SAFE	6/09/04	1,000	0	0
58	PRINTER	9/13/05	252	0	0
59	BACKUP SYSTEM	11/15/05	460	0	0
60	FAX MACHINE	3/14/06	289	0	0
61	4 Recover Chairs	8/25/06	1,306	186	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
62	Fax Machine	4/16/07	200	33	0
63	Telephone Equipment	11/25/08	2,177	311	0
64	FURNISHINGS	2/20/09	400	57	0
Total Other Depreciation			<u>26,953</u>	<u>587</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>26,953</u>	<u>587</u>	<u>0</u>
Grand Totals			<u>62,241</u>	<u>587</u>	<u>0</u>

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
PAYROLL SERVICES	\$ 5,059	\$ 4,047	\$ 1,012	\$
CONSULTING	500	400	100	
TOTAL	\$ 5,559	\$ 4,447	\$ 1,112	\$ 0

Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
BANK CHARGES	\$ 281	\$ 211	\$ 70	\$
UNREIMBURSED CLIENT EXPEN	96	96		
TOTAL	\$ 377	\$ 307	\$ 70	\$ 0

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2006	2007	2008	2009	2010
CONTRIBUTIONS / GRANTS	\$ 30,010	\$ 28,230	\$ 18,770	\$ 25,100	\$ 25,300
TOTAL	\$ 30,010	\$ 28,230	\$ 18,770	\$ 25,100	\$ 25,300

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning 07/01/10, and ending 06/30/11

58-1454706

GUARDIANSHIP & TRUSTS CORPORATION

Net Asset / Fund Balance at Beginning of Year 178,802

Revenue

Contributions	<u>71,161</u>
Program service revenue	<u>259,152</u>
Investment income	<u>140</u>
Capital gain / loss	<u></u>
Special events:	
Gross revenue	<u></u>
Direct expenses	<u></u>
Net income	<u></u>
Other income	<u>0</u>

Total revenue 330,453

Expenses

Program services	<u>242,108</u>
Management and general	<u>75,881</u>
Fundraising	<u></u>

Total expenses 317,989

Excess / (deficit) 12,464

Other changes -143,750

Net Asset / Fund Balance at End of Year 47,516

Reconciliation of Revenue

Total revenue per financial statements 394,021

Less:

Unrealized gains	<u></u>
Donated services	<u>63,568</u>
Recoveries	<u></u>
Other	<u></u>

Plus:

Investment expenses	<u></u>
Other	<u></u>
Total revenue per return	<u><u>330,453</u></u>

Reconciliation of Expenses

Total expenses per financial statements 381,557

Less:

Donated services	<u>63,568</u>
Prior year adjustments	<u></u>
Losses	<u></u>
Other	<u></u>

Plus:

Investment expenses	<u></u>
Other	<u></u>
Total expenses per return	<u><u>317,989</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>199,974</u>	<u>73,399</u>	
Liabilities	<u>21,172</u>	<u>25,883</u>	
Net assets	<u><u>178,802</u></u>	<u><u>47,516</u></u>	<u><u>-131,286</u></u>

Miscellaneous Information

Amended return

Return / extended due date 02/15/12

Failure to file penalty