Form 990

Return of Organization Exempt From Income Tax

Under section 501(c)(3), 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.

A For the 2019 calendar year, or tax year beginning , 2019, and ending

B Check if applicable:
   Address change
   Name change
   Initial return
   Final return/terminated
   Amended return
   Application pending

C

JORDAN'S GUARDIAN ANGELS
1121 L STREET #100
SACRAMENTO, CA 95814

D Employer identification number

90-1022228

E Telephone number

(916) 441-6222

F Name and address of principal officer:JOSEPH LANG

SAME AS C ABOVE

G Gross receipts $ 762,923.

H(a) Is this a group return for subordinates? Yes X No

H(b) Are all subordinates included? Yes X No

H(c) Group exemption number

I Tax-exempt status: 501(c)(3) 501(c) ( ) □ (insert no.) 4947(a)(1) or 527

J Website: WWW.JORDANSGUARDIANANGELS.ORG

K Form of organization: X Corporation Trust Association Other □

L Year of formation: 2013 M State of legal domicile: CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

JORDAN'S GUARDIAN ANGELS CHARITABLE PURPOSES ARE TO ENGAGE IN CHARITABLE GIVING FOR THE BENEFIT OF NEEDY CHILDREN AND FAMILIES AND TO PROVIDE SUPPORT FOR MEDICAL RESEARCH.

2 Check this box □ 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).

4 Number of independent voting members of the governing body (Part VI, line 1b).

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a).

6 Total number of volunteers (estimate if necessary).

7a Total unrelated business revenue from Part VIII, column (G), line 12.

b Net unrelated business taxable income from Form 990-T, line 39

Prior Year Current Year

1,796,081. 762,923.

Revenue

8 Contributions and grants (Part VIII, line 1h).

9 Program service revenue (Part VIII, line 2g).

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).

12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).

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).

16a Professional fundraising fees (Part IX, column (A), line 11e).

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

Signature of officer JOSEPH LANG Date PRESIDENT

Type or print name and title

Paid Preparer Use Only

PRINT OR TYPE PREPAREER'S NAME OSCAR URIBE, CPA

PREPAREER'S SIGNATURE OSCAR URIBE, CPA

DATE 01/21/20

Check □ if self-employed PTIN P02251249

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