EIDE BAILLY LLP 5929 FASHION POINT DR., STE. 300 OGDEN, UT 84403-4684

> FRIENDS OF GUADALUPE 1385 N 1200 W SALT LAKE CITY, UT 84116

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CLIENT'S COPY



**CPAs & BUSINESS ADVISORS** 

May 12, 2022

Friends of Guadalupe 1385 N 1200 W Salt Lake City, UT 84116

Friends of Guadalupe:

Enclosed is the 2020 Exempt Organization return, as follows...

2020 Form 990

2020 IRS E-File Signature Authorization For An Exempt Organization (Form 8879-EO)

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state that you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Chett Campbell, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

June 30, 2021

# **Prepared For:**

Friends of Guadalupe 1385 N 1200 W Salt Lake City, UT 84116

# **Prepared By:**

Eide Bailly LLP 5929 Fashion Point Dr., Ste. 300 Ogden, UT 84403-4684

# Amount Due or Refund:

Not applicable

# Make Check Payable To:

Not applicable

# Mail Tax Return and Check (if applicable) To:

Not applicable

# Return Must be Mailed On or Before:

Not applicable

# **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022

		46-3984	009
Name and title of officer or person subject to tax			
KORRY KIEFFER			
PRESIDENT			
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 application			bu
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the	-		
blank, then leave line <b>1b</b> , <b>2b</b> , <b>3b</b> , <b>4b</b> , <b>5b</b> , <b>6b</b> , or <b>7b</b> , whichever is applicable, blank (do not ent		d -0- on the	
return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Pa			
1a Form 990 check here 🕨 🔟 b Total revenue, if any (Form 990, Part VIII, column (			
2a Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)			
3a Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, line 22)			
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-			
5a Form 8868 check here <b>b</b> Balance due (Form 8868, line 3c)			
6a Form 990-T check here <b>b</b> Total tax (Form 990-T, Part III, line 4)		6b	
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	<u> </u>	7b	
Part II Declaration and Signature Authorization of Officer or Perso			
Under penalties of perjury, I declare that X I am an officer of the above organization or			
(name of organization), of the 2020 electronic return and accompanying schedules and statements, and, to the best			have examined a copy
to receive from the IÂS (a) an acknowledgement of receipt or reason for rejection of the trans processing the return or refund, and (c) the date of any refund. If applicable, I authorize the I Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution to software for payment of the federal taxes owed on this return, and the financial institution to a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than (settlement) date. I also authorize the financial institutions involved in the processing of the el confidential information necessary to answer inquiries and resolve issues related to the paym identification number (PIN) as my signature for the electronic return and, if applicable, the con <b>PIN: check one box only</b>	J.S. Treasury and its des account indicated in the debit the entry to this ac 2 business days prior to lectronic payment of tax tent. I have selected a po	signated Financi tax preparation count. To revok the payment es to receive ersonal	ial
-			
	to		
ERO firm name			Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated v a state agency(ies) regulating charities as part of the IRS Fed/State program, I also PIN on the return's disclosure consent screen.			•
As an officer or person subject to tax with respect to the organization, I will enter m electronically filed return. If I have indicated within this return that a copy of the	urn is being filed with a s	state agency(ies	2020
	urn is being filed with a s	state agency(ies	2020
electronically filed return. If I have indicated within this return that a copy of the return	urn is being filed with a s	state agency(ies	2020
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax	urn is being filed with a s	state agency(ies	2020
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax  Part III Certification and Authentication	urn is being filed with a s	state agency(ies sent screen.	2020
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification	urn is being filed with a s e return's disclosure con	state agency(ies sent screen.	2020
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax  Part III Certification and Authentication	urn is being filed with a s	state agency(ies sent screen.	2020
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification	urn is being filed with a set return's disclosure conservations of the set of	tate agency(ies sent screen. 	m
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax  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. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronic that I am submitting this return in accordance with the requirements of Pub. 4163, Moderniz	urn is being filed with a sereturn's disclosure con 87395707807 Do not enter all zeros cally filed return indicated	tate agency(ies sent screen. 	m
electronically filed return. If I have indicated within this return that a copy of the return regulating charities as part of the IRS Fed/State program, I will enter my PIN on the Signature of officer or person subject to tax  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. I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronic that I am submitting this return in accordance with the requirements of Pub. 4163, Moderniz IRS <i>e-file</i> Providers for Business Returns.	urn is being filed with a set return's disclosure conservations disclo	babove. I confir ion for Authorize	m

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning  $\underline{JUL}$  1 , 2020, and ending  $\underline{JUN}$  30 , 20 $\underline{21}$ 

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

► Go to www.irs.gov/Form8879EO for the latest information.

Internal Revenue Service Name of exempt organization or person subject to tax

# FF

Form 8879-EO

Department of the Treasury

OMB No. 1545-0047

2020

Taxpayer identification number

46-	39	984	68	9

Form	990
Form	990

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

.... \_ iritv ımhe -av be i de public.



Do not enter social security numbers on this form as it may be made public to the public security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection		
A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, 2021							
Β	heck if	C Name o	C Name of organization D Employer identifi				
	Address Change FRIENDS OF GUADALUPE						
	Name		usiness as		46-398468	9	
	Initial			Room/suite			
	Final Final	1385	N 1200 W	1100m/suite	801-531-6	100	
	termir ated		own, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	160,574.	
	Amen	SALI	LAKE CITY, UT 84116		H(a) Is this a group ret	urn	
	Applie diam		nd address of principal officer: KORRY KIEFFER		for subordinates?	Yes X No	
	pendi	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No	
<u> </u> ]	ax-ex	empt status:	X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1)	or 🗌 527	If "No," attach a l	ist. See instructions	
		te:►N/A			H(c) Group exemption	number 🕨	
KF	orm o		X Corporation	L Year	of formation: 2013 M	State of legal domicile: $UT$	
Pa	art I	Summary					
<b>n</b>	1		e the organization's mission or most significant activities: $\underline{\mathrm{TO}}$	ARRY (	OUT THE PURPO	SES OF	
Governance		GUADALU	PE CENTER EDUCATIONAL PROGRAMS, IN	iC.			
rna	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net asse	ets.	
ove	3	Number of vot	ting members of the governing body (Part VI, line 1a)			5	
	4		lependent voting members of the governing body (Part VI, line 1b)			5	
Activities &	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a) $\dots$			0	
<u>viti</u>	6	Total number	of volunteers (estimate if necessary)			5	
Acti						0.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
					Prior Year	Current Year	
ē	8		and grants (Part VIII, line 1h)		0.	79,547.	
ent	9	•	ce revenue (Part VIII, line 2g)		0.	0.	
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)		119,330.	81,027.	
_			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.	
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		119,330.	160,574.	
	1		nilar amounts paid (Part IX, column (A), lines 1-3)		95,474.	6,844,338.	
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.	
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.	
XI			ing expenses (Part IX, column (D), line 25)	0.	E 047	E 472	
	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		5,047.	5,472.	
	1		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		100,521.	6,849,810.	
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		18,809.	<u>-6,689,236.</u>	
Net Assets or Fund Balances		Total accests /			eginning of Current Year 7,512,471.	End of Year 991,216.	
\sse Bala	20	Total assets (F			651,340.	651,340.	
let ⊿ Ind	21		(Part X, line 26)		6,861,131.	339,876.	
	art II	Signature	fund balances. Subtract line 21 from line 20		0,001,1010	559,070.	

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.

	<b>N</b>						
Sign	Signature of officer		Date				
Here	KORRY KIEFFER, PRESIDE	INT					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Paid	CHETT CAMPBELL, CPA	CHETT CAMPBELL, CPA	05/12/22 self-employed P01301037				
Preparer	Firm's name <b>FIDE BAILLY LLP</b>		Firm's EIN ▶ 45-0250958				
Use Only	Firm's address 5929 FASHION PO	INT DR., STE. 300					
	OGDEN, UT 84403-	-4684	Phone no.801-621-1575				
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
032001 12-2	LHA For Paperwork Reduction Act Not	ice, see the separate instructions.	Form <b>990</b> (2020)				

Form	990 (2020) FRIENDS OF GUADALUPE	46-3984689 <sub>P</sub>	age <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	FRIENDS OF GUADALUPE OPERATES EXCLUSIVELY FOR THE	BENEFIT OF, TO	
	PERFORM THE FUNCTIONS OF, AND/OR TO CARRY OUT THE		
	GUADALUPE CENTER EDUCATIONAL PROGRAMS, INC.		
2	Did the organization undertake any significant program services during the year which were not liste	ed on the	
-	prior Form 990 or 990-EZ?		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 progra	m services?	No
3			
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	tions to others, the total expenses, and	
	revenue, if any, for each program service reported.	0	
4a			)
	FRIENDS OF GUADALUPE (FOG) ASSISTED WITH THE FINAN		
	CONSTRUCTION OF EDUCATIONAL FACILITIES UTILIZING N		
	CREDITS. FOG RECEIVED A GRANT FROM GUADALUPE CENTE		
	PROGRAMS, INC. (GCEP) TO FUND A LEVERAGE LOAN TO A		
	WHICH INVESTED IN GUADALUPE HOLDING COMPANY (GHC),		
	ORGANIZATION FOR GCEP. GHC IS CONSTRUCTING THE EDU		
	AND WILL LEASE THEM TO GCEP UNDER A NET LEASE FOR	A 30-YEAR TERM.	
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 6,844,338.	/	
		Form 990	(0000)

Form	990	(2020)

 Form 990 (2020)
 FRIENDS OF GUADALUPE

 Part IV
 Checklist of Required Schedules

# 1 Star organization required interct outlical campaign activities on behalf of or in opposition to candidate for public official # "yes," complete Schedule 0, Part #       2       X         3 Did the organization engage in direct o indirect obtical campaign activities on behalf of or in opposition to candidate for outling the tax year? # Yes," complete Schedule C, Part #       3       X         4 Section 50(kg) organizations. Did the organization mapage in loobying activities, or have a section 50(kg) eglecitation activities of 10(kg) eglecitation that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98:197 # Yes," complete Schedule C, Part #       4       X         5 Did the organization marking and yoon adviced times or any similar functs or accounts? # Yes," complete Schedule D, Part #       5       X         6 Did the organization marking and yoon adviced times or any similar functs or accounts? # Yes," complete Schedule D, Part #       6       X         7 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in Part X, line 21, for escrow or custodial account liability, serve as a custodian services? # Yes," complete Schedule D, Part W       7       X         10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # Yes," complete Schedule D, Part W       10       X         11 The organization report an amount for intessets in Part X, line 10? # Yes," complete Schedule D, Part W       10       X         10 Did the organization report an amount for intersets in Part X, li				Yes	No
2         Is the organization required to complete Schedule 0, Schedule of Contributor?         2         X           3         Did the organization request is checkele 0, Part 1         3         X           4         Section 501(b)(2) organizations. Did the organization engage in kobying activities, or have a section 501(b) election in effect during the taxy end? If Yes, "complete Schedule C, Part II         4         X           5         Is the organization as offered in Revenue Procedure B179 if Yes, "complete Schedule C, Part II         5         X           6         Did the organization on investment of anomults in sch1 Minds or accounts? If Yes, "complete Schedule D, Part I         6         X           7         Did the organization resolve of hold a conservation easement, including easements to preserve open space, the environment, historic land acces, or historic structures? If Yes, "complete Schedule D, Part I         7         X           9         Did the organization report an amount in Part X, line 21, for escrow or cuistodial account liability, serve as a cuistodian for anounts not listed in Part X, or provide cardit counseling, detti management, condit repativity, or detti counseling         9         X           10         Ith organization report an amount for form land, buildings, and equipment in Part X, line 107, If Yes, "complete Schedule D, Part V         10         X           10         Ith organization report an amount for investments - other securities in Part X, line 107, If Yes, "complete Schedule D, Part V         11	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidate for public officit <i>μ</i> 'ves, 'complete Schedule C, Part I</li> <li>Section 50(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(by election in effect during the tax year' <i>H</i> 'ves, 'complete Schedule C, Part II</li> <li>Is the organization assection 501(b)(3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 19:197 <i>H</i> 'ves, 'complete Schedule C, Part II</li> <li>Did the organization calculation or investment of amounts in such funds or accounts? <i>H</i> 'ves, ' complete Schedule D, Part I</li> <li>Did the organization maintain and or any similar during sacements to preserve open space.</li> <li>T X</li> <li>Did the organization maintain cellation strols of the organization that receives are utility, serve as a custodian for amount in bart X, line 21, for escrow or custodial account liability, serve as a custodian for amount in bart X, line 21, for escrow or custodial account liability, serve as a custodian for amounts in the state in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts in the tax's line 21, for escrow or custodial account liability, serve as a custodian for amounts in the state in Part X, line 21, for escrow or custodial account liability, serve as a custodian services?</li> <li>H''''se, 'complete Schedule D, Part V</li> <li>Did the organization report an amount for interestments - other securities in Part X, line 107 <i>H</i> 'ves, 'complete Schedule D, Part V</li> <li>Did the organization report an amount for interestments - other securities in Part X, line 107 <i>H</i> 'ves, 'complete Schedule D, Part V</li> <li>Did the organization report an amount for interestments - organization factor and amount for interestments - organization schedule account for the securitis in Part X, line 107 <i>H</i> 'v</li></ul>					
a Sectors OF(c)(3) cognizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy year? // 'Yes, ' complete Schedule C, Part II.         a         X           5 Is the organization a section 501(b)(3), 6501(b)(3) organization that receives membership dues, assessments, or similar amounts as defined in Hervine Proceedure 96-197. // 'Yes, ' complete Schedule C, Part II.         a         X           6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land ease, or historic attructures? // 'Yes, ' complete Schedule D, Part II.         a         X           7 Did the organization mapped means, or historic attructures? // 'Yes, ' complete Schedule D, Part II.         a         X           8 Did the organization export an amount in Part X, line 11, for sercow or custodial account liability, serve as a custodian for amounts not listed in Part X, vier, ' complete Schedule D, Part IV.         a         X           9 Did the organization export an amount for investments - other securities in Part X, line 12, for secow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine '', 'res, 'complete Schedule D, Part VI.         b           9 Did the organization report an amount for investments - other securities in Part X, line 12, for list 15% or more of list total assest: reported in Part X, line 13, for list 16% or more of list total assest: reported in Part X, line 13, 'res, 'complete Schedule D, Part VII.           11 Did the organization report an amount for investments - other securities in Part X, line 15% or more of list total assest: reported	2		2	<u>X</u>	
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // **es, "complete Schedule (2, Parl // Did the organization markina and during of the section 50 (h) election in effect provide advice on the distribution or investment of amounts in such funds or accounts? // **es, "complete Schedule D, Parl // Did the organization markina and during organization that receives membership dues, assessments, or similar amounts an distribution or investment of amounts in such funds or accounts? // **es, "complete Schedule D, Parl // B Did the organization report an amount in Parl X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not liade in Parl X, or provide credit consoling, deth management, credit negation, serve as a custodian for amounts not liade in Parl X, or provide road it consoling, deth management, credit negation service? // **es, * complete Schedule D, Parl // Did the organization report an amount for through a related organization, hold assets in donor-restricted endowments or in quasi endowment? // *yes, * complete Schedule D, Part V         10         X           10         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 10? // *yes, * complete Schedule D, Part W         11         X           10         Did the organization report an amount for threatastism marks, line 15% reference of its total assets reported in Part X, line 17 // *yes, * complete Schedule D, Part X         11         X           11         Did the organization report an amount for threatastistisments to the tax year?         11         X           12	3				
during the tax yea? If Yes,* complete Schedule C, Part II         4         X           5         is the organization a sector Stol(k), 501(k), 50			3		
5         Is the organization a sectors 501(c)(4), 501(c)(6), or 501(c)(6) organization that neclives membership dues, assessments, or similar amounts as defined in Revenue Proceedure BB 187 if Yes, "complete Schedule C, Part II         5         X           6         Did the organization markan any doorn advested funds or any similar funds or accounts? If Yes," complete Schedule D, Part II         8         X           7         X         8         Did the organization nearbox in subtro: structures? If Yes," complete Schedule D, Part II         7         X           8         Did the organization nearbox in station: structures? If Yes," complete Schedule D, Part II         7         X           9         Did the organization any and any doorn advested or any instance structures? If Yes," complete Schedule D, Part II         7         X           9         Did the organization is nown through a related organization, hold assets in donor restricted endowments or in quasi endowments? If Yes," complete Schedule D, Part V         9         X           9         Did the organization is nown to runot, braind, buildings, and equipment in Part X, line 10? If Yes, "complete Schedule D, Part VI         10         X           10         Did the organization report an amount for investments - other securities in Part X, line 13% or more of its total assets reported in Part X, line 13? If Yes, "complete Schedule D, Part VI         10         X           11         Did the organization report an amount for thrinvestments - orongram related in Part X, line 13?	4				
similar amounts as defined in Revenue Procedure 99:19 // Yes," complete Schedule C, Part II         5         X           6         Did the organization maintain any donra divised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // Yes," complete Schedule D, Part I         6         X           7         Did the organization maintain collections of works of art, historical treasures, or other similar assets? // Yes," complete Schedule D, Part IV         7         X           8         Did the organization report an amount in Part X, line 21, for escrow or cutodial account liability, serve as a cutodian for amounts not listed in Part X, or provide credit cousseling, debt management, credit repair, or debt negotiation service? // yes," complete Schedule D, Part IV         8         X           10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // trys," complete Schedule D, Part IV         10         X           11         If the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part IV         10         X           12         Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part X         11         X           13         bid the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part X         11         X			4		
6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes,' complete Schedule D, Part // Tes,' complete Schedule D, Part //	5				
provide advice on the distribution or investment of amounts in such funds or accounts? II "Yes," complete Schedule D, Part II         6         X           7         Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II         6         X           8         Did the organization maintain collections of works of art, historical treasures, or other similar assets? II "Yes," complete Schedule D, Part II         8         X           9         Did the organization report an amount in Part X, line 21, for escrow or custolail account liability, serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt management, credit repair, or debt negotiation services?         9         X           10         Id the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? II'''res," complete Schedule D, Part VI.         10         X           11         the organization report an amount for lawstmess other securities in Part X, line 10? II''res," complete Schedule D, Part VI         11         X           12         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? II''res," complete Schedule D, Part YIII         11         X           13         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			5		
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8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete</i> Schedule <i>D, Part III</i> 8       X         9       Did the organization, operat an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> 9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i> 10       X         11       If the organization, report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 <i>If 'Yes,' complete Schedule D, Part VI</i> 11a       X         12       Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 <i>If 'Yes,' complete Schedule D, Part VII</i> 11a       X         13       Did the organization report an amount for investments - program related in Part X, line 167 <i>If 'Yes,' complete Schedule D, Part XI</i> 11e       X         14       X       11d       X       11e       X         14       X       11e       X       11e       X         15       Did the organization separate independent audited financial statements fo	7				
Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         9       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V       10       X         11       the organization report an amount for industions is 'Yes,' then complete Schedule D, Part V, vas a spplicable.       10       X       10       X         b Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part V       11a       X         b Did the organization report an amount for investments - other assets 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 V       11a       X         c Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X       11d       X         c Did the organization included innoicial statements for the tax year?       11t       X         112       Did the organization separts in dependent audited financial statements for the tax year?       11t       X         113       X       11d       X       11d       X       11d <t< th=""><td>_</td><td></td><td>7</td><td></td><td></td></t<>	_		7		
9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         10       Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? // *Yes,* complete Schedule D, Part V       10       X         11       If the organization's answerts and the following questions is "Yes," then complete Schedule D, Part V, II, VII, VII, VII, VII, VII, VII, V	8				
amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         If 'Yes," complete Schedule D, Part IV       10       X       10         Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes, "complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VII       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes," complete Schedule D, Part X       11e       X         f Did the organization is slowed or complete Schedule D, Part X       11e       X       11e       X         11d       X       11d       X       11e       X         11d       X       11d       X       11e       X         11d       <	_		8		
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or in quasi endowments? // "Yes," complete Schedule D, Part V     10     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.     11a     X       a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI     11a     X       b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII     11b     X       c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X     11d     X       d Did the organization report an amount for other assets in Part X, line 25? // "Yes," complete Schedule D, Part X     11d     X       e Did the organization signation seport an amount for other liabilities in Part X, line 25? // "Yes," complete Schedule D, Part X     11d     X       12     Did the organization separate, independent audited financial statements for the tax year? include a footnote that addresses the organization include in consolidated, independent audited financial statements for the tax year?     11t     X       13     Is the organization maintain an office, employees, or agents outside of the United States?     13d     X       14a     Did the organization maintain an office, employees, or agents outside of the United States?     14a     X   <			9		
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<ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>c Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part X</i></li> <li>d Did the organization separat an amount for other sets in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>d Did the organization separate or consolidated financial statements for the tax year? <i>If "Yes," complete Schedule D, Part X</i></li> <li>d Did the organization aschool described in section 1700(b/1)(A)(iii)? <i>If "Yes," complete Schedule D, Part X and XII</i></li> <li>b Did the organization aschool described in section 1700(b/1)(A)(iii)? <i>If "Yes," complete Schedule E</i></li> <li>d Did the organization aschool described in section 1700(b/1)(A)(iii)? <i>If "Yes," complete Schedule E</i></li> <li>d Did the organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for organization report on Part X, column (A), line 3, more than \$5,000 of grants or other assistance to or for organization report on Part X, complete Schedule <i>F</i>, Parts II and IV</li> <li>D Did the organization report more than \$15,000 of e</li></ul>	11				
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<ul> <li>bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization 's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X</li> <li>111 X</li> <li>12a Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII</li> <li>b Was the organization included in consolidated, independent audited financial statements for the tax year?</li> <li>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>112 b X</li> <li>114 Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>114 Did the organization navered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li> <li>114 Did the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li> <li>114 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>115 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV</li> <li>16 X</li> <li>17 Did the organization report more than \$15,000 of gross income and contributions on Part IX, column (A), line 3, more than \$15,000 of aggregate grants or other assistance to or for foreign indiv</li></ul>	d				- v
f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         13       Is the organization a school described in section 170(b)(1/A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14a       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule G, Part I       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or				v	
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					<u> </u>
		domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	

Form 990 (2020)

Form	990	(2020)
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 Form 990 (2020)
 FRIENDS
 OF
 GUADALUPE

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	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			x
L	Schedule K. If "No," go to line 25a	24a		_ <u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
Ь	any tax-exempt bonds?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
~~	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	550		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a 1a 1b</b>			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4.		
	(yan bin y) winnings to prize winners:	1c	I	1

Part V       Statements Regarding Other IRS Filings and Tax Compliance (continued)         2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.       2a       0         bit at least one is exported on the 2, did the organization file all required tederal employment tax returns?       2a       0         bit at least one is exported on the 2, did the organization file all required tederal employment tax returns?       2a       0         bit 74%="/">" that it field a form 90-1 for this year? (1 %0' to line 2b, provide an explanation on Schedule O       3a       3a         bit 74%="/">" there the name of the orgen country (such as a bank account, securities account, or other financial account)?       4a         bit 74%=" to line 5a or 5b, did the organization file form 82b877       5a         bit 74%=" to line 5a or 5b, did the organization file form 82b877       5a         Did avangization have enall gross receipts that are ornally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?       5a         bit 74%=" to line 5a or 5b, did the organization file form 82b877       5a         Did the organization nave enall gross receipts that are nomally greater than \$100,000, and did the organization solicit any contributions under section 170(c).       5b         Did the organization nave enall gross receipts that are nomally greater than \$100,000, and did the organization file form 82b2 fi	age <b>5</b>
22       Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.       2a       0         b       If at least one is reported on line 2a, did the organization file al required federal employment tax returns?       2b         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions)       3a         b       If "Yes," hast If tied a Form 990-T for this yea? // the'r to line 3b, provide an explanation on Schedule O       3b         b       If "Yes," hast If tied a Form 990-T for this yea? // the'r to line 3b, provide an explanation on Schedule O       3b         b       If Yes," that If tied a Form 990-T for this yea? // the'r to line 3b, provide an explanation on Schedule O       3b         b       If Yes," teat the name of the foreign country (such as a bark account, securities account, or other financial Accounts (FBAR).       5a         5e       Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization select any contributions for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5e       Ded any taskeb party notify the organization have an uag ross receipts that are normally greater than \$100,000, and did the organization select any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible?       5a         6       If Yes," fold the organization have addica dispose of tanguibe personal property for which it was required to the form 82822. Tied during the year?	No
The dor the calendary pair ending with or within the year covered by this return     Image: Construction of the superformation in 2a, dd the organization file all required federal employment tax returns?     Image: Construction Science	
b       If at least one is reported on line 2a, did the organization file all required federal employment tax returns?       2b         Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e</i> -file (see instructions)       3a         b       If "Yes," has it filed a Form 990.1 for this year? If "No' to line 3b, provide an explanation on Schedule O       3b         d       At any time during the calendary year, did the organization have an interest (n, or a signature or other authority over, a francoial account) with a foreign ocurity (such as a bank account, securities account, or other financial account)?       4a         d       H''Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?       5a         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         D dary taxable party neithy the organization have party to a prohibited tax shelter transaction?       5b         for Yes," other the name of the dorign ocurity (such as a bank account, securities account, or other financial account is (FBAR).       5a         d       Dota by taxable party neithy the organization name any accores comparison have any accores that are normally greater than \$100,000, and did the organization naice any contributions that ware not aps to a porthibiticat an shelt transaction?       5c         d       Tyes," did the organization naice aps of \$51 made parts as contributions or gifts were not tax deductible contributions or dives ont 70(c).       7c	
Note: If the sum of lines 1a and 2a is greater than 250, you may be nequired to <i>e-fig</i> (see instructions)         3a           3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?         3a           bit 1*ves, 'neat filted a Form 800 Tor this year? If 'No' to ite 8, provide ar explanation on Schedule O         3b           bit 1*ves, 'neater the name of the foreign country low as a bank account, a scuritly account, is activity to a prohibited tax shelter transaction at any time during the tax year?         5a           bit 1*ves, 'neater the name of the foreign country low as or is a park to a prohibited tax shelter transaction?         5b           cold any taxable party notify the organization that it was or is a park to a prohibited tax shelter transaction?         5a           cold any taxable party notify the organization the low serves statement that 100,000, and did the organization solict ary contributions that were not tax deductible as charitable contributions?         5a           cold any taxable party receive deductible contributions under section 170(c).         0b         6a           bit 1*ves, 'id the organization include with every solicitation an appress provided?         7a         7a           f 1* doe organization include with every solicitation and partly for goods and services provided?         7a           f 1* doe organization include with every solicitation an eprosenal benefit contract?         7a           f 1* doe organization include with every solicitation an epresonal benefit contract?         7a     <	
3a     Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a       bit "Yes," has if lied a Form 990-T for this year? If "No' to line 3b, provide an explanation on Schedule 0     3b       chart and the organization and year, did the organization have an interest in, or a signature or other authority over, a     an       chart and the organization approximation and sequences account, or other financial accounts (FBAR).     5a       5a     bit "Yes," that if the organization the sequences account, or other authority over, a     financial accounts (FBAR).       5a     bit any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5a       5a     Dost the organization approximation on line form 88861?     5a       6a     Dost the organization name annual gross receives that are normally greater than \$100,000, and did the organization solicit     6a       7b     Dragnization saft the organization and sequences attement that such contributions or gifts were not tax deductible as charitable contributions?     6a       7c     Vasnization solicit with every solicitation an express statement that such contributions or gifts were not tax deductible?     7a       7b     Did the organization notie, device adductible as charitable contributions?     7a       7c     If "Yes," to did the organization solicit did the dragnization and partly for podds and services provided to the payor?     7a       7c     Did the organization neaves of Si75 made parth as a co	
b       If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0       3b         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 or other financial account?       4a         b       If "Yes," enter the name of the foreign country b	x
4a At any time during the calendar year, did the organization have an interset in, or a signature or other authority over, a financial account i, securities account, or other financial account)?       4a         b       If "Yes," enter the name of the foreign country ▶       See instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account; (FBAR).       5a         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction ?       5b.         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-T?       5a         Des the organization nave annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions include with every soliditation an express statement that such contributions or gifts were not tax deductible as charitable contributions flag any contributions that way or other with every soliditation and partly for goods and services provided to the payor?       7a         7       Organization solid any apprentil nexcess of \$7, made partly as a contribution and partly for goods and services provided to the payor?       7a         7       Did the organization notide with every soliditation an express statement that such contributions flag serguired?       7a         7       Organization secie as pay fund, directly or indirectly, to pay premiums on a personal benefit contract?       7c         7       Did the organization neceive any fund, directly or indirectly, to pay premiums on a personal benefit contract?       7t         7	
fmmodel account in a foreign country Isoch as a bank account, securities account, or other financial account?       4a         b       if Yes," enter the name of the foreign country Isoch as a bank account, securities account, or other financial accounts (FBAR).       5a         5a       Was the organization a party to a prohibited tax shelet transaction at any time during the tax year?       5a         5a       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelet transaction?       5b         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 as charitable contributions?       5c         6b       Tyres," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a         7b       If Yes," did the organization notify the door of the value of the goods or services provided?       7a         7b       If Yes," indicate the number of Forms 8282 filed during the year       7d       7a         7b       Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7a         7b       If the organization maintaining door advised funds.       9a       9a         7c       If the organization maintaining door advised funds.       9a       9a       9a         9a	
b       If "Yes," enter the name of the foreign country         See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5b         So Ud any taxable party notify the organization file form 8886-17.       5c         Ga Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a         B       If "Yes," (id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a         D       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?       7a         D       Did the organization necive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a         D id the organization necive apyment in excess of \$75 made partly as a contribution of a partly for goods and services provided 7       7b         D id the organization neceive apy funds, directly or indirectly, to pay premiums on a personal benefit contract?       7c         T       T       T       T         D id the organization receive apy funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t <t< td=""><td>x</td></t<>	x
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c         c If 'Yes' to line 5a or 5b, did the organization file Form 8886-17       5c         a 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 as chantable contributions?       6a         b If 'Yes,' did the organization include with every solicitation an express statement that such contributions provided to the pary?       7a         7 Organization selve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the pary?       7a         7 Did the organization notify the door or the value of the goods or services provided?       7b         7 Did the organization selve, any note, or otherwise dispose of tangible personal property for which it was required to file Form 8829.       7c         7 Did the organization receive a payment in directly or indirectly, to pay premiums on a personal benefit contract?       7c         7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7ft         7 If the organization nore exect a contribution of cars, boats, airplanes, or other vehicles, did the o	
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a         b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         cf       Yes' to line 5a or 5h, id the organization file Form B886-F?       5c         Ga       Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions for the state organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization notify the donor of the value of the goods or services provided?       7c         b       Did the organization receive a payment in excess of \$75 made party as a continuon and party for which it was required to file Form 8282?       7c         c       Did the organization notify the donor of the value of the goods or services provided?       7d         c       Did the organization neceive a payment in excess of \$75 made party to a prohibited tax shells that such contract?       7d         d       If "Yes," indicate the number of Forms 8282 filed during the year       Crd       7d         f       Did the organization neceive a payment in excess to fargible presonal benefit contract?       7e       7f <t< td=""><td></td></t<>	
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b         c       ft "Yes" to line a or 5b, did the organization file Form 8886-1?       Sc         B       Does the organization have annual gross chaitable contributions?       Sc         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga         7       Organization reale a payment in excess of 3/5 made party as a contribution and party for goods and services provided to the payor?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization receive any functi, screeces of 3/5 made party as a contribution and party for goods and services provided to the payor?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year pay permiums, on a personal berefit contract?       7t         f       Did the organization, receive a contribution of qualified intellectual property, did the organization file Form 8282?       7d         f       Did the organization maintaining door advised funds.       1d alonor advised fund       7d         g       Sponsoring organization make any taxable distributions under section 4966?	x
c       If "Yes" to line 5a or 5b, did the organization file Form 8886-T?       5c         Ge       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions and there not tax deductible as charitable contributions?       5c         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a         c       Organizations that may receive deductible contributions under section 170(c).       7a         d)       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a         d)       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c         d)       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       7c         f)       If the organization aduing, directly or indirectly, to pay premiums on a personal benefit contract?       7f         f)       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       8         Sponsoring organizations maintaining door advised funds.       Did the organization file a Form 1098-C?       7g         f)       If the organization make axcess business holdings at any time during the year?       8       8         Sponsoring organizations maintaining door advised funds.	x
Ga       Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit       ga         b If "Nes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga         7       Organization receive apayment in excess of \$75 madep atly as a continibution and party for goods and services provided to the payor?       Ta         b If "Nes," did the organization necelves of \$75 madep atly as a continibution and party for goods and services provided to the payor?       Ta         c Did the organization receives of \$75 madep atly as a continibution and party for goods and services provided?       Ta         c Did the organization receives of \$75 madep atly as a continibution and party for goods and services provided?       Ta         c Did the organization receive any funds, directly or indirectly, to pay premiums, directly or a personal benefit contract?       Te         d If "Yes," indicate the number of Forms 8282 filed during the year       Td       Te         g Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       Te         f Did the organization receive any trunds, directly or indirectly, on a personal benefit contract?       Te         g If the organization neceive any trunds, directly or indirectly, on a personal benefit contract?       Te         g If the organization neceive any trunds difficient funds.       Bo         S Sponsoring organization make a	<u> </u>
any contributions that were not tax deductible as charitable contributions?     6a       b If "Yes," did the organization include with every solicitation an express statement that such contributions or gitts     6b       7 Organizations that may receive deductible contributions under section 170(c).     6b       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 payo?     7a       b If "Yes," did the organization notify the donor of the value of the goods or services provided?     7b       c Did the organization neeve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7a       c Did the organization neeve a payment in excess of \$75 made partly as a contribution and partly for which it was required to file Form 8282?     7c       d If 'Yes," indicate the number of Forms 8282 filed during the year     2d       f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7f       f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7f       g H the organization mathaining donor advised funds.     9a       g Sponsoring organization make any taxable distributions under section 4966?     9a       g Did the sponsoring organization make a distribution to a donor advised, rom advised form 100     11a       l Dad the sponsoring organization make a distribution to a donor advised rom 100     10a	
b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         7       Organizations that may receive deductible contributions under section 170(c).       6b         a       Did the organization statin preceive apyment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7a         b       If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file organization receive any funds, directly or indirectly, on a personal benefit contract?       7e         d       If "Yes," indicate the number of Forms 8282 filed during the year       2d       7d         f       Pot the organization receive any funds, directly or indirectly, on a personal benefit contract?       7r         f       If the organization smaintaining door advised funds.       7a         sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make a distribution sunder section 4966?       9a         10       the sponsoring organization make a distribution sunder section 4966?       9a         11       Section 501(c)(7) organizations. Enter:       10a       10a	x
were not tax deductible?     6b       7     Organizations that may receive deductible contributions under section 170(c).     6       9     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?     7a       c     Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7d       d     ft "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?     7e       f     Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?     7g       f     H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?     7g       g     If the organization received a contribution of advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?     9a       9     Sponsoring organizations maintaining donor advised funds.     10a     10a       10     Did the sponsoring organization make any taxable distributions under section 4966?     9a       9     Did the sponsoring organizations included on Part VIII, line 12     10a       10     Initiation fees and capital contributions included on Part VIII, line 12     10a </td <td></td>	
7       Organizations that may receive deductible contributions under section 170(c).       a)         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?       7a         b)       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c)       Did the organization seli, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d)       If "Yes," indicate the number of Forms 8282 filed during the year       Td       7c         f)       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f         g)       If the organization received a contribution of qualified intellectual property, did the organization file Form 8889 as required?       7a         g)       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7b         8       Sponsoring organizations maintaining door advised funds.       1d a donor advised funds.       8         a)       Did the sponsoring organization make any taxable distributions under section 4966?       9a       9b         9       Sponsoring organizations. Enter:       10a       10a       10b       10b       11a       10a       10a       10b <t< td=""><td></td></t<>	
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?       7a         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c         d       Did the organization, during the year, pay premiums, directly or indirectly, to pay presonal benefit contract?       7t         g       Ib the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g         A       The sponsoring organization make any taxable distributions under section 4966?       9a         9       Sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         11       Section 501(c)(2) organizations. Enter:       10b       11a       12a         12       orgas income from other sources (Do not net amounts due or paid to other sources against amounts due or sorshareholders       11a <t< td=""><td></td></t<>	
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         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?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         h       If the organization meeived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g         8       Sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organizations. Enter:       10a         10       Section 501(c)(7) organizations. Enter:       10b         a       Gross income from members or shareholders       11a         11b       11b       11b         12a       Mer Yes," hold the darom of the a	Х
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       7e         f       Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7f         g       If the organization received a contribution of cars, boats, ariphanes, or other vehicles, did the organization file AFOrm 1098-C?       7n       7         8       Sponsoring organization make any taxied funds. Did a donor advised fund maintained by the sponsoring organization make any taxied listibutions under section 4966?       9a       9         9       Sponsoring organization make any taxied listibutions under section 4966?       9a       9b       9b         10       the sponsoring organizations. Enter:       10a       10b       10b       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10c       10c       11c       12a       10b       10b       10b       1	
to file Form 8282?       7c         d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, on a personal benefit contract?       7t         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7g         8 Sponsoring organizations maintaining donor advised funds.       Did d a donor advised fund maintained by the sponsoring organization nake excess business holdings at any time during the year?       8         9 Sponsoring organizations maintaining donor advised funds.       8       8         10 bid the sponsoring organizations make a distributions under section 4966?       9a         b Did the sponsoring organizations. Enter:       10a       10b         a Gross income from members or shareholders       11a       10b         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       12b       12b       12a         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         14       12b       12a       12a         14 Yes, "netre the amount of reserves the organization	
d If "Yes," indicate the number of Forms 8282 filed during the year       Td         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       Te         f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       Tg         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       Th         8 Sponsoring organizations maintaining door advised funds.       B       B         a Did the sponsoring organization make any taxable distributions under section 4966?       B       B         b Did the sponsoring organizations. Enter:       10a       10b       B         a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11a       10a       11a         12a       Section 501(c)(12) organizations included on acrued during the year       12b       12a       12a         13 Section 501(c)(212) organizations. Enter:       11a       10b       11a       12a       12a         14 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       13a       13a     <	x
e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e         f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1889 as required?       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds.       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         0       Did the sponsoring organizations. Enter:       10a       10a         a       Initiation fees and capital contributions funded on Part VIII, line 12       10a       10b         1       Section 501(c)(7) organizations. Enter:       10b       10b       11b         a       Gross income from members or shareholders       11a       10b       12a         2       Section 501(c)(2) organizations. Enter:       10b       11b       12a         a       Gross income from them sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12       Section 501(c)(29)	
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h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organization maintaining donor advised funds.       8         9       Sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11b       11b         a       Gross income from members or shareholders       11a       12a         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         12a       11b       11b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a	X
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organizations maintaining donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Gross income from members or shareholders       10b       11a       10b         11       Section 501(c)(12) organizations. Enter:       a       11a       11b       12a         a       Gross income from members or shareholders       11a       11b       12a         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         12a       b       f "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       a       Is the organization licensed to issue qualified health plans in mo	
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<u> </u>
	x
If "Yes," see instructions and file Form 4720, Schedule N.	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <b>16</b>	x
If "Yes," complete Form 4720, Schedule O.	

Form <b>99</b>	<b>O</b> (2020)
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Form 990 (2020)
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# FRIENDS OF GUADALUPE

46-3984689 Page 6

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

						X
Sec	tion A. Governing Body and Management					
			_		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5			
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, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	····	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asse		····	5		X
6	Did the organization have members or stockholders?		····	6		X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap		F			
74	more members of the governing body?			7a		х
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto		···	74		
D				7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		···	75		
				8a	x	
a b				oa 8b	X	
9			···	uo		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			9		21
000	tion Brit onoted (This Section B requests information about policies not required by the internal Rev	<u>enue Coae.)</u>			Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?		ſ	10a	165	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha		F	IUa		- 23
D		• • •		10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form	·····   2	11a	x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	before ming the form	· I	110		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			12a		х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		····	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " $\gamma_i$		····	120		
C		,		12c		
13	in Schedule O how this was done Did the organization have a written whistleblower policy?		ŀ	13		х
13 14			F	14		X
15			····	14		
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
~	The organization's CEO, Executive Director, or top management official			15a		Х
			···	15a		X
IJ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			155		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a				
104				16a		х
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		F	104		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi					
				16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ UT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (Section 501)	c)(3)s	onlv)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J		
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, cor	,	and	financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
	JAMES CARTER - 801-531-6100					
	1385 N 1200 W, SALT LAKE CITY, UT 84116					

032007 12-23-20

	- Fm	nlovees an	d Independe	ont C	ontrad	ntore			
	Co	mpensation	of Officers,	Dire	ctors,	Trustees,	Key Employees,	Highest	Compensate
1	(2020)	)	FRIENDS	OF	GUAI	DALUPE			46

# Employees, and independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organ

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position		Reportable	Reportable	Estimated				
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar I	ndad I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	tional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD PATER	1.00		-		-	1				
EXECUTIVE DIRECTOR	39.00	1		x				0.	157,065.	21,850.
(2) KORRY KIEFFER	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(3) SCOTT GROW	1.00									
SECRETARY	3.00	Х		Х				0.	0.	0.
(4) MATT LAMBERT	1.00									
BOARD MEMBER	3.00	Х						0.	0.	0.
(5) PHILIP JEFFS	1.00									-
BOARD MEMBER	3.00	Х						0.	0.	0.
(6) SHELBY HERROD	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
		1								
		1								
										= 000 (2222)

Page 7

Form 990 (2020)

form 990 (2020) FRIENDS OF GUADALUPE 46-3984689 Page							age <b>8</b>						
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	<b>(B)</b> Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) (E) Reportable Reportable compensation compensa from from relat		on			of			
	(list any hours for related organizations below line)	In dividual trustee or director In stitutional trustee Officer Key em ployee Enployee Former		the organization (W-2/1099-MISC)	organization (W-2/1099-MK	I	fr org and	pensa om th anizat d relat anizati	ie tion ted				
			_		×	- 0	-						
		-											
		-											
		-											
1b Subtotal								0.	157,0		2	1,8	50.
c Total from continuation sheets to Part V								0.	157,0	0.	2	18	<u>0.</u> 50.
d Total (add lines 1b and 1c)         2 Total number of individuals (including but in the second se							o re				<u> </u>	1,0	50.
compensation from the organization												Vee	0 No
3 Did the organization list any former officer	, director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated emp	loyee on	ſ		Yes	NO
line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> <b>4</b> For any individual listed on line 1a, is the s											3		X
and related organizations greater than \$15	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>cor</i>	-				-			-			5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	's th	nat received more than \$	100.000 of com	pensat	ion fro	om	
the organization. Report compensation for (A)											(0		
	Name and business address     NONE     Description of services     Compensa						n						
2 Total number of independent contractors ( \$100.000 of compensation from the organ	•	ot lir	niteo	d to t	thos (		ted	above) who received mo	ore than				

		(2020) FRIENDS OF GU	JADALUPE			46-3984	689 Page <b>9</b>
Pa	rt VI	III Statement of Revenue					
		Check if Schedule O contains a response	or note to any line		(B)	(C)	(D)
				<b>(A)</b> Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a					
Gra	k	b Membership dues 1b					
ts,	C	c Fundraising events <u>1c</u>	70 547				
Gif İlar	C	d Related organizations 1d	79,547.				
ns, Sim	e	e Government grants (contributions) 1e					
er S	f	f All other contributions, gifts, grants, and					
-th		similar amounts not included above 1f					
onti od (	ç	g Noncash contributions included in lines 1a-1f					
<u>a Č</u>	ł	h Total. Add lines 1a-1f		79,547.			
			Business Code				
ce	2 8	a					
ervi	k	b					
gram Ser Revenue	c	c					
ran Sev	C	d					
Program Service Revenue	e	e					
ā		f All other program service revenue	-				
	ç	g Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter		01 005			04 005
		other similar amounts)		81,027.			81,027.
	4	Income from investment of tax-exempt bond	· · · · · ·				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	c	c Rental income or (loss) 6c					
	C	d Net rental income or (loss)	🕨				
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	k	b Less: cost or other basis					
ne		and sales expenses <b>7b</b>					
venue	c	c Gain or (loss) 7c					
Rev	c	<b>d</b> Net gain or (loss)	►				
Other	8 8	a Gross income from fundraising events (not					
đ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a				
	k	b Less: direct expenses 8	<b>b</b>				
	c	c Net income or (loss) from fundraising events	►				
		a Gross income from gaming activities. See					
		Part IV, line 19	a				
	k	b Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities	►				
		a Gross sales of inventory, less returns					
		and allowances 10	a				
	k	b Less: cost of goods sold 10					
		c Net income or (loss) from sales of inventory					
		· · · · · · · · · · · · · · · · · · ·	Business Code				
snc	11 a	a					
nec	-	~b					
scellaneo Revenue	-	~ c					
Miscellaneous Revenue	-	d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		160,574.	0.	0.	81,027.

Form 990 (20)	20) FRIENDS	OF	GUADALUPE				
Part IX S	tatement of Functional Ex	pen	ses				
Section 501(c	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other org						
	Check if Schedule O contains a	respo	onse or note to any line in	this I			
	le amounts reported on lines 6b, nd 10b of Part VIII.		<b>(A)</b> Total expenses	F			
	nd other assistance to domestic organi estic governments. See Part IV, line 2		s 6,844,338.	(			

rganizations must complete column (A).

Do	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	<b>(C)</b> Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,844,338.	6,844,338.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	825.		825.	
d	Lobbying				
е				2.266	
f	Investment management fees	3,366.		3,366.	
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 001		1 001	
а		1,281.		1,281.	
b					
С					
d					
е		6 940 910	6 944 220	E 470	
25	Total functional expenses. Add lines 1 through 24e	6,849,810.	6,844,338.	5,472.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

032010 12-23-20

ENDS (	DF GU	ADALUP	E
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Fai		Dalance Greet				
		Check if Schedule O contains a response or no	ote to any line in this Part X		T	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1	18,782.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the	ese persons		5	
	6	Loans and other receivables from other disqua				
		under section 4958(f)(1)), and persons describe	ed in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		6,724,000.	7	
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		788,471.	11	972,434.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must eq		7,512,471.	16	991,216.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	e Part IV of Schedule D		21	
S	22	Loans and other payables to any current or for	mer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
iabi		controlled entity or family member of any of the	ese persons		22	
	23	Secured mortgages and notes payable to unre	lated third parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third parties		24	
	25	Other liabilities (including federal income tax, p	ayables to related third			
		parties, and other liabilities not included on line	es 17-24). Complete Part X	<b>674 0 40</b>		
		of Schedule D		651,340.	25	651,340.
	26			651,340.	26	651,340.
s		Organizations that follow FASB ASC 958, ch	eck here 🕨 🔀			
ICe		and complete lines 27, 28, 32, and 33.		C 0 C 1 1 2 1		220 050
alar	27			6,861,131.	27	339,876.
β	28				28	
un		Organizations that do not follow FASB ASC	958, check here 🕨 🔛			
Σ		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29	
sse	30	Paid-in or capital surplus, or land, building, or			30	
jt A	31	Retained earnings, endowment, accumulated i		6 961 121	31	220 076
ž	32	Total net assets or fund balances		6,861,131.	32	<u>339,876.</u> 991,216.
	33	Total liabilities and net assets/fund balances		7,512,471.	33	<u>991,210.</u>

Form **990** (2020)

# Form 990 (2020) Part X Balance Sheet

	FRIEND
an Chant	

Form	990 (2020) FRIENDS OF GUADALUPE	46-39	84689	Pad	<sub>ge</sub> 12
Pa	t XI Reconciliation of Net Assets				<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	160	, 5'	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,849	, 81	10.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,689	, 23	36.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,861	.,1:	31.
5	Net unrealized gains (losses) on investments	5	167	',98	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	339	, 8'	76.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	200	L

Form **990** (2020)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name	of the	organization
------	--------	--------------

PRIENDS OF GUADALUPE         46-3984689           Print         Reason for Public Charly Status, All organizations must complete this part.) See instructions.           The organization is not a private function because its (for lines 1 through 12, check only one box).         A church and an accentration complete this part.) See instructions.           The organization is not a private function of parts de discribed in section 170b(11/0A(N)).         A school described in section 170b(11/0A(N)).         End of an accentration operated in conjunction with a hospital described in section 170b(11/0A(N)).         End of accentration operated in conjunction with a hospital described in section 170b(11/0A(N)).         End of accentration operated in conjunction with a hospital described in section 170b(11/0A(N)).         End of accentration operated in acceltration described in section 170b(11/0A(N)).         End of accentration described in section 170b(11/0A(N)).           A community trust described in section 170b(11/0A(N)).         Complete Part II.         A community trust described in section 170b(11/0A(N)).           A community trust described in section 170b(11/0A(N)).         Complete Part II.         A community trust described in section 170b(11/0A(N)).         End of a support for a conjunction with a land-grant college or university or anon-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or anon-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university (complete Part II.)         A community trust describes (1) more then 33 170% of its support for organization described on genestatis and the none	Name of	the organization							Identification number
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of druches, or association of churches described in section 1700()(1)(A)(0). A church, convention of druches, or association of churches described in section 1700()(1)(A)(0). A church, convention of druches, or association of churches described in section 1700()(1)(A)(0). A chock described in section 1700()(1)(A)(1)(	Dort								6-3984689
1       A church, convention of churches, or association of churches described in section 1700(b)(1)(A)(iii).         2       A school described in section 1700(b)(1)(A)(iii).         3       A hospital or a cooperative hospital service organization described in section 1700(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 1700(b)(1)(A)(iv).         6       A federal, state, or local government unit described in section 1700(b)(1)(A)(v).         7       An organization datarcomally receives a substantial part of its support from a governmental unit of nom the general public described in section 1700(b)(1)(A)(v).         8       A community fusit described in section 1700(b)(1)(A)(v).       Compate Part II.)         9       An agnicultural research organization described in section 1700(b)(1)(A)(v).       Compate Part II.)         9       An agnicultural research organization described in section 1700(b)(1)(A)(v).       Compate Part II.)         9       An agnicultural research organization described in section 1700(b)(1)(A)(v).       Compate Part II.)         9       An agnicultural research organization described in section 1700(b)(1)(A)(v).       Compate Part II.)         9       An agnicultural research organization described in section 1700(b)(1)(A)(v).       Compate Part II.)         10       An organization organization described in section 509(a)							see instruction	S.	
2       A school described in section TO(b)(1)(A)(B).       A modulal research organization described in described in section TO(b)(1)(A)(B).         3       A hospital or a cooperative hospital service organization described in section TO(b)(1)(A)(B).         4       A medical research organization operated in conjunction with a hospital described in section TO(b)(1)(A)(B).         4       A medical research organization operated part (1 is support from a governmental unit described in section TO(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 TO(b)(1)(A)(V).         8       A community trust described in section TO(b)(1)(A)(V).       Complete Part II.)         9       An agricultural research organization described in section TO(b)(1)(A)(V) operated in name, div, and state of the college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its secupion that job mosines stateab income (less section 509(a)(2).         11       An organization organizated and operated exclusively to test for public safety. See section 509(a)(3). Check the public safety. See section 509(a)(4).         12       An organization organizated and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines is table portion goranization organization described in section TOS(a)(2). See section 509(a)(3). Check the box in lines is ta thos of the carrey see is supported organizati									
<ul> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, ety, and state:</li> <li>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)(ii). Complete Part II)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(i). (Complete Part II)</li> <li>A roganization that normally receive as substanial part of 18 support form a governmental unit of norm the general public described in section 170(b)(1)(A)(i). (Complete Part II)</li> <li>A community trust described in section 170(b)(1)(A)(i). (Complete Part II)</li> <li>An arginization that normally receives as substanial part of 18 support from contributions, membership fees, and gross receipts from antohytic reserves and parts college of agriculture (see instructions). Enter the name, city, and state of the college or university:</li> <li>An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from antohytic section 590(a)(2. Complete Part II)</li> <li>An organization organized and operated exclusively to test for public safety. See section 590(a)(2.). Check the box in lineone and unrelated business taxable income (ess section 511 tax) from businesses acquired by the organization and completed exclusively to test of public safety. See section 590(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12a, 12d, and 12g, a</li></ul>		·					1)(A)(i).		
4       A medical reserve organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:         5       A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).         7       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)(v).         7       An organization that normally receives a substantial part of its support from a governmental unit of from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described Part II.)         9       An organization that normally receives (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to its swappote Part II.)         9       An organization that normally receives (1) more than 33 13% of its support from contributions, membership fees, and gross receipts from activities related to its swappote Part II.)         11       An organization organized and operated exclusively to the to public safety. See section 509(a)(4).         12       XA norganization organized and operated exclusively for the brenefit or, to perform the functions 509(a)(4).         12       XA norganization operated, supporting organization accepted organizations (6)(a)(a), check the box in lines 52 to through 120 the organization opera									
<ul> <li>city, and state:</li></ul>			· · ·						
§Arroganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)(A)(iv).         8Arroganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b) (1)(A)(iv).         7Arroganization 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)(iv). (Complete Part II.)         8Accommunity trust described in section 170(b) (1)(A)(iv) operated in conjunction with a land grant college or university.         10A noganization 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 staxible income (less section 511 tax) from businesses acquired by the organization activities related to its exempt functions, subject to certain seceptions, and (2) no more than 33 1/3% of its supported organization activities related and operated exclusively for test for public safety. See section 509(a)(4).         12 X An organization organization activities related exclusively for test for public safety. See section 509(a)(2). Cleck the box in line 122 athrough 120 tatt described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Cleck the tox in line 122 athrough 120 tatt describes the type of supporting organization activities related and operated exclusively for test for public safety. See section 509(a)(3). Cleck the tox in line 122 athrough 120 three described in connection with its supported organizations(4), by lawing toreganization operated. Supporting or	4	-	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,
section 1700(b)(1)(A)(b). (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)(v). (Complete Part II.)         8       A community true described in section 170(b)(1)(A)(V). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(V). (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 carrial exceptions, and (2) no more than 33 1/3% of its support from gosi investment income and unrelated business taxable income (ses section 501(a)) or secretine 500(a)(A).         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization spanization (1) portions of, or to carry out the purposes of one or more publicly supported organizations described in section 500(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization againzation spanization spanization (1) by subported organization(1), by giving the supported organization is supporting organization againzation(1), by giving the supported organization (1) wester and a difference organization (1) by giving the supporting organization spanization (1) by subported organization(1), by giving organization (1) wester and a difference organization (1) by giving the supporting organization su									
	5			lege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
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)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). Operated in conjunction with a land-grant college or university:         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its evenpt functions, subject to carried in exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (eas section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Coex of the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization apprated, supporting organization and organizations) is prover to regularly appoint or elect a majority of the directors or trustees of the supporting organization supporting organization experised or connection with its supported organization(s), typically by giving the supporting organization experised or connection with its supported organizations) is proverised or controlled in connection with its supported organizations ore to exported organization supportis deserise the accuration ope									
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 agricultural researched in section 170(b)(1)(A)(vi). (Complete Part II.)         10       An organization described in section 170(b)(1)(A)(vi). (Complete Part II.)         10       An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxabile income (ess section 501(a)).         10       An organization organization described in income (ess section 501(a)).         12       An organization organization organization and exclusively to test for public safety. See section 509(a)(2). Check the box in lines 124 strough 124 that describes the type of supporting organization and complete Insection 509(a)(2). Check the box in lines 124 strough 124 that describes the type of supporting organization sologial(2). Check the box in lines 124 strough 124 that describes the type of supporting organizations is supported organization(3). typically by giving the supporting organization sperated, supervised, or controlled by its supported organization(3). Upically by giving the supporting organization sperated, supervised, or controlled by its supported organization(3). by having control or managem of the supporting organization sperated in connection with its supported organization(3). Type II, supporting organization operated in connection with supported organization(4). Type III not-functionally integrated. A supporting organization operated in connection with and functionally integ	6	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
<ul> <li>A community frust described in section 170(b)(1)(A)(v). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or anonadorg mat college of agriculture (see instructions). Enter the name, city, and state of the college or university.</li> <li>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 (ses section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). Complete Part III.)</li> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12, and 12g.</li> <li>Type I. A supporting organization elected. A add by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> <li>Type II. A supporting organization supervised or controlled in connection with its supported organization(s). Type III functionally integrated. A supporting organization organization with a supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</li> <li>Type III functionally integrated. A supporting organization organization and by related in with its supported organization(s) that is not functionally integrated. A supporting organization equirement and an attentiveness requirement (see instructional), integrated supported organization from the IRS that it is a Type I, Type III thorectonally integrated. A s</li></ul>	7 📖	-	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
9 → An agricultural research organization described in section 170(b)(1)(A)(x) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:         10 → An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support form gross investment income and unrelated business taxable income (less section 501(a)(3). To more than 33 1/3% of its support for granization after June 30, 1975. See section 509(a)(2). Complete Part III)         11 → An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box in lines 12 a through 120 that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a → Type I. A supporting organization operated, supervised, or controlled by its supported organization(s) the purposes of one or more publicly supported organization supervised or controlled by its supported organization(s), typically by giving the supporting organization supervised, or controlled by its supported organization(s), the supporting organization supervised or controlled in connection with its supported organization(s). The supporting organization supervised or controlled in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.         b X Type II. A supporting organization operated in connection with, and functionally integrated with, its is supported organization(s). You must complete Part IV, Sections A and C.         c Type III functionally integrated. A supporting organization operated i		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	8 📃	A community trust describe	ed in section 170(b)(	(1)(A)(vi). (Complete Parl	t II.)				
university:	9	An agricultural research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	unction with a	land-grant	college
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See section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(4).         12       X       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 organization operated, supervised, or controlled by its supported organization (5). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         a       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization (5) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in connection with and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with and functionally integrated with, its supported organization(s) exploration of (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated. The organization (See instructions) in the organization (Geserinder Integrated supporting organization.         generative supported       (I) Type III non-functionally integrated supporting organization.       1         generati		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fr	rom gross investment
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c       Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organizations). You must complete Part IV, Sections A, D, and E.         d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       X       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations       1         g       Provide the following information about the supported organization(s).       (iv) Type of organization (iv) Type of organization isoptic described on lines 1-10 discribed lines (see instructions)       (v) Amount of other support (see instructions)         GUADALUPE CENTER       BOUCATIONAL PROGRAM 87-0299521       7       X       120,338.       6,724,000.         Total       Integrated       Integrated       Integrated       Integrated,0000.       Int		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d □ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iii) the erganization ited (ii) your governing document? GUADALUPE CENTER EDUCATIONAL PROGRAM 87-0299521 7 X 120,338. 6,724,000. Total		_ organization(s). You mus	t complete Part IV,	Sections A and C.					
d       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.         e       X       Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization.       1         f       Enter the number of supported organizations       1         g       Provide the following information about the supported organization(s).       (i) Name of supported organization (iii) Type of organization (iv) support (see instructions)       (v) Amount of monetary support (see instructions)         g       (i) Name of supported       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)       (v) Amount of other support (see instructions)         gUADALUPE CENTER       EDUCATIONAL PROGRAM 87-0299521       7       X       120,338.       6,724,000.         Total       1	c	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). f UN ame of supported organization g Provide the following information about the supported organization (iii) Type of organization (described on lines 1-10) above (see instructions)) GUADALUPE CENTER EDUCATIONAL PROGRAM 87-0299521 7 X 120,338. 6,724,000. Total	_	its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ections A,	D, and E.		
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e          e       Image: Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.       1         f       Enter the number of supported organization about the supported organization (ii) Type of organization organization (iii) Type of organization (iiii) Type of organiz	d	Type III non-functionally	<pre>/ integrated. A supp</pre>	orting organization oper	ated in co	nnection v	vith its suppor	ted organiz	ation(s)
e       X       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.       1         f       Enter the number of supported organizations       1         g       Provide the following information about the supported organization(s).       (ii) Site organization listed organization supported organization (described on lines 1.10)       (v) Amount of monetary support (see instructions)         GUADALUPE CENTER       EDUCATIONAL PROGRAM 87-0299521       7       X       120,338.       6,724,000.         Total       I       I       I       I       III 20,338.       6,724,000.		-	•		•		-	an attentiv	reness
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f Enter the number of supported organizations       1         g Provide the following information about the supported organization (s).       (ii) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)         GUADALUPE CENTER EDUCATIONAL PROGRAM 87-0299521       7       X       120,338.       6,724,000.         Total       1       120,338.       6,724,000.	e X	_ 0					Туре I, Туре	II, Type III	
g Provide the following information about the supported organization (ii) Rame of supported organization about the support of organization (iii) EIN       (iii) Type of organization (iii) Type of organization (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization listed in your governing document?       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         GUADALUPE CENTER       generation about the support of the organization (see instructions)       Type of the organization (see instructions)       (vi) Amount of other support (see instructions)         GUADALUPE CENTER       generation (see instructions)       Type of the organization (see instructions)       (vi) Amount of the support (see instructions)         GUADALUPE CENTER       generation (see instructions)       Type of the organization (see instructions)       (vi) Amount of the support (see instructions)         GUADALUPE CENTER       generation (see instructions)       Type of the organization (see instructions)       (vi) Amount of the support (see instructions)         GUADALUPE CENTER       generation (see instructions)       (vi) Amount of the organization (see instructions)       (vi) Amount of the organization (see instructions)         GUADALUPE CENTER       generation (see instructions)       (see instructions)       (see instructions)         Guadation (see instructions)       generation (see instructions)       (see instructions)       (see instructions)         Guadation				nally integrated supportir	ng organiz	ation.			
(i) Name of supported organization       (ii) EIN       (iii) Type of organization (described on lines 1-10 above (see instructions))       (iv) Is the organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         GUADALUPE CENTER       EDUCATIONAL PROGRAM 87-0299521       7       X       120,338.       6,724,000.         Image: Contract of the organization organization of the organization of the organization above (see instructions))       Image: Contract of the organization of the organizatio organizatio organizatio organization of the organization of the			-						
In your governing document?     In your governing document     In your governing document     In your governing document <thin document<="" governing="" th="" your="">       GUADALUP<!--</td--><td></td><td></td><td></td><td></td><td>(iv) Is the ora</td><td>anization listed</td><td></td><td>monetany</td><td>(vi) Amount of other</td></thin>					(iv) Is the ora	anization listed		monetany	(vi) Amount of other
GUADALUPE CENTER       B7-0299521       7       X       120,338.       6,724,000.         EDUCATIONAL PROGRAM       87-0299521       7       X       120,338.       6,724,000.         Image: Contract of the set of					in your govern	ing document?	_ · ·	-	
EDUCATIONAL PROGRAM 87-0299521 7 X 120,338. 6,724,000.		5		above (see instructions))	Yes	NO			
Total				7			1.00	220	
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	Totol						120	338	6 724 000
		Paperwork Reduction Act N	lotice see the Instri	uctions for Form 990 or	990_F7	032021 01		-	

## Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF GUADALUPE Part II Support Schedule for Organizations Described in S

46-3984689 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 202	20 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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.						
-	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 202	20 <b>(f)</b> Total
	Amounts from line 4						
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9							
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	nes)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
.0	organization, check this box and stop	U					
See	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		14	%
	Public support percentage from 2019		•			15	%
	<b>33 1/3% support test - 2020.</b> If the o					· · · · ·	
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2019.</b> If the o		-				
-	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances test		•••••				····· ►
	and if the organization meets the fact						
	meets the facts-and-circumstances te		-	•			
F	10% -facts-and-circumstances test	•			•		► □
	more, and if the organization meets the						
	organization meets the facts-and-circl						
10	-		•			-	
10	Private foundation. If the organization	in alla not check a		a, 100, 17a, 01 171	D, UNCON THIS DOX 2		

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF GUADALUPE Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	) (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
~	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support	<del>.                                    </del>	1	1	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	D (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					L	
14	First 5 years. If the Form 990 is for the	0		-			
80	check this box and stop here ction C. Computation of Publi						<b>&gt;</b>
				(f)		45	
	Public support percentage for 2020 ( Public support percentage from 2019		•			15 16	<u> </u>
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	a 33 1/3% support tests - 2020. If the					<u> </u>	
.56	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2019.</b> If the	e organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	structions	

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	Х	
	2		Х
	3a		X
	3b		
ł	3c		
	4-		х
	<u>4a</u>		<u> </u>
	4b		
	4c		
	5a		X
	5b		
	5c		
	6		X
	7		Х
	~		Х
	8		<u> </u>
	9a		Х
ļ	9b		Х
	9c		X
	10a		X
	10b		

	rt IV Supporting Organizations (continued)	550400		iye J
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in line 11a above?	11b		Х
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	,		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	Х	
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No " explain in Part VI how			

organization(s) or (ii) serving on the governing body of a supported organization? *If* "*No*," *explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).* **3** By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization's*

supported organizations played in this regard.

# Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how	you supported a governmenta	al entity (see instruction <u>s).</u>
-----	---	-------------------------	-----------------------------	---------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes." *describe in* **Part VI** *the role played by the organization in this regard.*

2

3

2a

2b

3a

3b

Yes No

# Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF GUADALUPE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-			· <del>-</del> · · · ·	

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

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF GUADALUPE

Par	t v   Type III Non-Functionally Integrated 509	(a)(s) Supporting Organ	nizations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	;	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			_	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			_	
	any. Subtract lines 3g and 4a from line 2. For result greater			_	
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
-					

Schedule A (Form 990 or 990-EZ) 2020

# Schedule A (Form 990 or 990-EZ) 2020 FRIENDS OF GUADALUPE

Schedule A	(Form 990 or 990-EZ) 2020 FRIENDS OF GOADALOPE 40-3904009 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

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

Name of the organization

Organization type (check one):

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

46-3984689

FRIENDS	OF	GUADALUPE

<b>o</b> <i>n</i> (	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

## Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;
or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

# Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

46-3984689

# FRIENDS OF GUADALUPE

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	GUADALUPE CENTER EDUCATIONAL PROGRAMS 1385 N 1200 W SALT LAKE CITY, UT 84116	\$ <u>79,54</u> 7.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				

FRIENDS OF GUADALUPE

Name of organization

Employer identification number

46-3984689

Part II	<b>II Noncash Property</b> (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Page **4** 

Name of org	ganization		Employer identification number
FRIEND	S OF GUADALUPE		46-3984689
Part III		through (e) and the following line en haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	 Transferee's name, address, an	(e) Transfer of gif	t Relationship of transferor to transferee

(Forr	SCHEDULE D       Supplemental Financial Statements         Form 990)       Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.         Department of the Treasury Internal Revenue Service       Attach to Form 990.         Go to www.irs.gov/Form990 for instructions and the latest information.					20	1545-0047	
							oloyer identificati	
	-	FRIENDS OF GUADALU					46-3984	689
Pa	rt I Organiz	ations Maintaining Donor Advise	d Funds or Oth	ner S	imilar Funds or A	ccoun	its. Complete if	the
	organizatio	on answered "Yes" on Form 990, Part IV, lin						
			(a) Donor a	advise	d funds	( <b>b)</b> Fund	ds and other acco	ounts
1	Total number at e	end of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		at end of year						
5	-	ion inform all donors and donor advisors in	-					
6		on's property, subject to the organization's ion inform all grantees, donors, and donor a					Yes	└── No
0	•	poses and not for the benefit of the donor of	•	•				
		vate benefit?			• • •	-	Yes	No
Pa	rt II Conserv	vation Easements. Complete if the or	ganization answere	d "Ye	s" on Form 990, Part IV	, line 7.		
1		servation easements held by the organizati			· · · ·	,		
	Preservatio	n of land for public use (for example, recrea	tion or education)		Preservation of a hist	orically	important land ar	ea
	Protection of	of natural habitat			Preservation of a cert	ified his	storic structure	
	Preservatio	n of open space						
2	Complete lines 2a	a through 2d if the organization held a quali	fied conservation co	ontrib	ution in the form of a co	nservat	tion easement on	the last
	day of the tax yea						Held at the End of	the Tax Year
а		conservation easements				2a		
b		tricted by conservation easements				2b		
C		rvation easements on a certified historic str				2c		
a		rvation easements included in (c) acquired a nal Register				2d		
3		rvation easements modified, transferred, rel				<u> </u>	during the tax	
Ŭ	year ►		casca, extinguished	u, or t	ciriniated by the organ	12411011		
4		where property subject to conservation eas	sement is located	•				
5	Does the organiza	ation have a written policy regarding the per	riodic monitoring, in	nspect	ion, handling of			
	violations, and en	forcement of the conservation easements it	holds?		-		Yes	No No
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violatio	ns, ar	nd enforcing conservation	on ease	ments during the	year
	▶							
7	Amount of expension	ses incurred in monitoring, inspecting, hand	lling of violations, a	nd en	forcing conservation ea	sement	ts during the year	
_	▶\$							
8		rvation easement reported on line 2(d) abov						
0	and section 170(h	n)(4)(B)(ii)? ibe how the organization reports conservati						└── No
9	,	ind include, if applicable, the text of the footr						
		counting for conservation easements.	lote to the organiza	ation 5		al uesc		
Pa	rt III   Organiz	ations Maintaining Collections of	Art, Historical	l Tre	asures, or Other S	Similar	r Assets.	
		if the organization answered "Yes" on Form						
<b>1</b> a	If the organization	n elected, as permitted under FASB ASC 95	8, not to report in it	ts reve	enue statement and bal	ance sh	neet works	
	of art, historical tr	reasures, or other similar assets held for put	olic exhibition, educ	cation,	, or research in furthera	nce of p	oublic	
	service, provide ir	n Part XIII the text of the footnote to its finar	ncial statements that	at des	cribes these items.			
b	If the organization	n elected, as permitted under FASB ASC 95	8, to report in its re	evenue	e statement and balanc	e 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) Revenue included on Form 990, Part VIII, line 1							
~							\$	
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 FASB ASC 958 relating to these items: Revenue included on Form 990 Part VIII line 1

a	Revenue included on Form 990, Part VIII, line T	
	As a static should ship Farma 000 Davit V	

\$ Schedule D (Form 990) 2020

▶ \$

►

032051 12-01-20

Sche	chedule D (Form 990) 2020 FRIENDS OF GUADALUPE 46-3984689 Page 2						age <b>2</b>		
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	nued)	
3									
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang					). Part IV. I	_		
	reported an amount on Form 990, Par		5			, , ,	,		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contribution	s or other assets not	included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
			0				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •		_		Ī
Par		f the organization and	wered "Yes" on Fo	orm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance	788,471.	755,562.	715,194.	6	22,436.			
b	Contributions					51,339.		600,	000.
с	Net investment earnings, gains, and losses	183,963.	35,940.	43,211.		41,419.		22,	436.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses		3,031.	2,843.					
g	End of year balance	972,434.	788,471.	755,562.	7	15,194.		622,	436.
2	Provide the estimated percentage of the curr	· ·	(line 1g. column (a)	)) held as:		•			
a	Board designated or quasi-endowment	4 0 0	%						
	Permanent endowment		_/0						
		/°							
•	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	, -							
3a	Are there endowment funds not in the posses	-	ion that are held ar	nd administered for t	he organiz:	ation			
	by:				ne erganizi		[	Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		x
h	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm								
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	see Form 990, Part X	, line 10.				
	Description of property	(a) Cost or ot				ed	(d) Boo	k valu <sup>,</sup>	e
		basis (investm	• • •		epreciation		.,==•		
<b>1</b> a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			İ					
	Other			İ					
	Add lines 1a through 1e. (Column (d) must ed		(. column (B) line 1	0c.)					0.
						Coho dulo	D /		0000

Schedule D (Form 990) 2020

# Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 (4)

(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	

# Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

# Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line	ne 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	

(2) INTERCOMPANY - GCEP	651,340.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Caluma (h) must actual Form 000, Part X, and (P) line 25.)	651.340.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Sche	edule D (Form 990) 2020 FRIENDS OF GUADALUPE			46-	3984689 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	•			
1	Total revenue, gains, and other support per audited financial statements			1	325,189.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	167,981.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	167,981.
3	Subtract line 2e from line 1			3	157,208.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,366.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	3,366.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. <u></u>	5	160,574.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			1	
1	Total expenses and losses per audited financial statements			1	6,846,444.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	. 2d			
е	Add lines <b>2a</b> through <b>2d</b>			2e	0.
3	Subtract line 2e from line 1			3	6,846,444.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a	3,366.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	3,366.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,849,810.
Pa	rt XIII Supplemental Information.				

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# PART V, LINE 4:

## ENDOWMENT HELD FOR THE BENEFIT OF GUADALUPE CENTER EDUCATIONAL PROGRAMS.

PART X, LINE 2:

GEP BELIEVES THAT EACH ENTITY HAS APPROPRIATE SUPPORT FOR ANY TAX

POSITIONS TAKEN AFFECTING THEIR ANNUAL FILING REQUIREMENTS AND, AS SUCH,

DO NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE

CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATIONS WOULD RECOGNIZE

FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS

# AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE

# INCURRED.

Supplemental mornation (continued)	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, and	nd Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Compl	ete if the organizatio	n answered "Yes" Attach to For		rt IV, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo		nation.		Inspection
Name of the organization FRIENDS	OF GUADALU	PE					Employer identification number 46-3984689
Part I General Information on Grants	and Assistance						
1 Does the organization maintain records criteria used to award the grants or ass							
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to	-				anization answered "	res" on Form 990, Part	IV, line 21, for any
recipient that received more than <b>1 (a)</b> Name and address of organization or government	(b) EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GUADALUPE CENTER EDUCATIONAL PROGRAMS INC - 1385 N 1200 W - SALT LAKE CITY, UT 84116	87-0299521	501(C)(3)	120,338.	0.			GENERAL SUPPORT OF GCEP PROGRAMS
GUADALUPE HOLDING COMPANY 1385 N 1200 W SALT LAKE CITY, UT 84116	46-3985736	501(C)(3)	0.	6,724,000.	VALUE OF LOAN	LOAN FORGIVENESS	FORGIVE OUTSTANDING LOAN BALANCE
i							
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> <li>LHA For Paperwork Reduction Act Notice</li> </ul>	ns listed in the line 1	l table	e line 1 table				2 .

# FRIENDS OF GUADALUPE

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

Schedule I (Form 990) 2020

THE BOARD RECEIVES A REPORT FROM THE ORGANIZATIONS THAT RECEIVE THE GRANTS

WITH ADDITIONAL INFORMATION TO SHOW THE GRANTS WERE SPENT FOR THE CORRECT

PURPOSE.

Page 2

CHEDULE J	Compensation Information		OMB No. 154	5-0047	
orm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2020		
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		202	<b>.</b> U	
partment of the Treasury	Attach to Form 990.		Open to I		
ernal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection		
ame of the organizat		Employer id		number	
	FRIENDS OF GUADALUPE ns Regarding Compensation	46-3	984689		
Part I   Questio					
		000		<u>es No</u>	
	briate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	charter travel Housing allowance or residence for perso				
Travel for co					
	fication and gross-up payments Health or social club dues or initiation fee				
Discretionar	y spending account Personal services (such as maid, chauffer	ur, chet)			
•	s on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, and official	cers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
handlanda substate to					
	any, of the following the organization used to establish the compensation of the organization's				
	rector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
·	sation of the CEO/Executive Director, but explain in Part III.				
·	on committee Written employment contract				
	compensation consultant				
Form 990 of	other organizations Approval by the board or compensation of	ommittee			
	lid any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	related organization:			v	
	nce payment or change-of-control payment?		<u>4a</u>		
•	eceive payment from a supplemental nonqualified retirement plan?			<u>X</u>	
	eceive payment from an equity-based compensation arrangement?		4c	X	
If "Yes" to any of	lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-	(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on the				37	
a The organization			. <u>5a</u>		
	ization?		. <b>5</b> b	X	
	or 5b, describe in Part III.				
	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on the					
	ization?		. 6b	X	
	or 6b, describe in Part III.				
	I on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	lines 5 and 6? If "Yes," describe in Part III		. 7	X	
-	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
			8	X	
	did the organization also follow the rebuttable presumption procedure described in				
	on 53.4958-6(c)?		. 9		

## 46-3984689

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) RICHARD PATER	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	157,065.	0.	0.	12,774.	9,076.	178,915.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# PART I, LINE 3:

GUADALUPE CENTER EDUCATIONAL PROGRAMS, THE ENTITY THAT COMPENSATES THE

# OFFICER, IS THE ORGANIZATION THAT USED THESE PROCEDURES.

SCHEDULE O

Internal Revenue Service Name of the organization

(Form 990 or 990-EZ) Department of the Treasury Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

FRIENDS OF GUADALUPE

Employer identification number 46-3984689

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE HAS BEEN GIVEN AUTHORITY TO ACT ON BEHALF OF THE

GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 2:

ALL INDIVIDUALS LISTED IN PART VII HAVE A BUSINESS RELATIONSHIP AS THE

BOARD MEMBERS SERVE ON THE BOARD OF A RELATED ORGANIZATION THAT EMPLOYS

RICHARD PATER.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS SUBJECT TO BOARD REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

### (1 0111 000)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 46 - 3984689

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF GUADALUPE

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
GUADALUPE CENTER EDUCATIONAL PROGRAMS INC -							
87-0299521, 1385 N 1200 W, SALT LAKE CITY,							
UT 84116	EDUCATION	UTAH	501(C)(3)	LINE 7	N/A		Х
GUADALUPE HOLDING COMPANY - 46-3985736							
1385 N 1200 W	REAL ESTATE HOLDING			LINE 12D,			
SALT LAKE CITY, UT 84116	COMPANY	итан	501(C)(3)	III-O	N/A		Х
	-						

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

Schedule R (Form 990) 2020

# Schedule R (Form 990) 2020 FRIENDS OF GUADALUPE

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?			Genera manag partne	or Percentage <sup>ng</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
	-										
	-										
										+	
	-										
	1										
	1										
	4										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
		country)		or addy		400010		Yes	No

# Schedule R (Form 990) 2020 FRIENDS OF GUADALUPE

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)			T
Dividends from related organization(s)			
Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)			
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)			_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses			_
Other transfer of cash or property to related organization(s)	1r		
Conter transfer of cash or property from related organization(s)	1s		

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) GUADALUPE CENTER EDUCATIONAL PROGRAMS INC	В	120,338.	FMV
(2) GUADALUPE CENTER EDUCATIONAL PROGRAMS INC	с	79,547.	FMV
(3) GUADALUPE HOLDING COMPANY	В	6,724,000.	LOAN FORGIVENESS
(4) GUADALUPE CENTER EDUCATIONAL PROGRAMS INC	D	651,340.	OUTSTANDING LOAN
(5)			
<u>(6)</u>			

# Schedule R (Form 990) 2020 FRIENDS OF GUADALUPE

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)			(f)	(g)	/	h)	(i)	(j)	(k)	
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile		(e) Are a	<b>i</b> ll	(I) Share of	(9) Share of		ropor-		(J) General (		
of entity	Frindry activity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	(3)	total	end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin		
or onaly		country)	excluded from tax under	Yes I		income			No	of Schedule K-1	Yes NC		
		,,,	3000013 0 12 0 14)	Yesr				Yes	NO		Yes NO	<u>'</u>	
					_								
				$ \vdash $	_								
	4												
												-	
					-								

Schedule R (Form 990) 2020

# FRIENDS OF GUADALUPE

# Schedule R (Form 990) 2020 FRIE Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.