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

GUADALUPE HOLDING COMPANY 1385 N 1200 W SALT LAKE CITY, UT 84116

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CLIENT'S COPY



May 12, 2022

Guadalupe Holding Company 1385 N 1200 W Salt Lake City, UT 84116

Guadalupe Holding Company:

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 F	For:
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Guadalupe Holding Company 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

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL~1~, 2020, and ending JUN~30~, 20 21~

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

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax Taxpayer identification number GUADALUPE HOLDING COMPANY 46-3985736 Name and title of officer or person subject to tax PHILIP JEFFS PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here \blacktriangleright X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b b Total revenue, if any (Form 990-EZ, line 9) _____ 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _____ 3b b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 990-T check here **b Total tax** (Form 4720, Part III, line 1) ... 7a Form 4720 check here Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🛛 I am an officer of the above organization or 🔝 I am a person subject to tax with respect to (name of organization) , (EIN) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize EIDE BAILLY LLP to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 87395707807 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 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ▶ CHETT CAMPBELL, CPA Date ▶ 05/12/22 **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

ΑI	For the 2	2020 calendar year, or tax year beginning $$ JUL 1 , $$ 2020 $$ and ending	g JU	N 30, 20	21				
В	Check if applicable:	C Name of organization	ı	D Employer ide	entific	cation number			
Г	Address	GUADALUPE HOLDING COMPANY							
Ē	Name change	Doing business as		46-398	57	36			
	Initial return		ed to street address) Room/suite E Telephone						
	Final return/ termin-	1385 N 1200 W		801-53	1-				
	ated Amended	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		9,921,875.			
Ļ	return Applica-	SALI LAKE CITE, OF 84110		H(a) Is this a gro					
L	tion pending	F Name and address of principal officer: PHILIP JEFFS				? Yes X No			
_	-	SAME AS C ABOVE	_			cluded? Yes No			
		ppt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.) $4947(a)(1)$ or N/A	527			list. See instructions			
				H(c) Group exen		N State of legal domicile: UT			
		Summary	real of	ioiiialioii. 201	. J IV	A State of legal domicile, O 1			
	_	riefly describe the organization's mission or most significant activities: TO CONST	rruc	T. OWN A	ND	LEASE A			
Se	s S	CHOOL BUILDING TO GUADALUPE CENTER EDUCATION							
Governance	2 CI	neck this box if the organization discontinued its operations or disposed of							
Ver	3 N	umber of voting members of the governing body (Part VI, line 1a)			3	3			
Ö	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	3			
တ္တ	5 To	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			5	0			
/itie	6 To	otal number of volunteers (estimate if necessary)			6	3			
Activities &	7 a To	otal unrelated business revenue from Part VIII, column (C), line 12			7a	0.			
_	b N	et unrelated business taxable income from Form 990-T, Part I, line 11			7b	0.			
				Prior Year		Current Year			
<u>o</u>	8 C	ontributions and grants (Part VIII, line 1h)			0.	9,758,406.			
enc	9 Pr	ogram service revenue (Part VIII, line 2g)		132,50		163,469.			
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.			
_	יין וין	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		132,50	$\overline{}$	9,921,875.			
	1	rants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.			
	1	enefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
ses	15 Sa	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.			
Expenses	16a Pi	ofessional fundraising fees (Part IX, column (A), line 11e)			•	0.			
ă	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		482,64	9.	360,256.			
	"	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		482,64		360,256.			
	1	evenue less expenses. Subtract line 18 from line 12		-350,14	9.	9,561,619.			
- JC		Syonde 1886 expenses. Subtract line 16 front line 12	Begi	nning of Current Y	$\overline{}$	End of Year			
ets (20 To	otal assets (Part X, line 16)		7,938,04		6,523,522.			
ASS	21 To	otal liabilities (Part X, line 26)		9,750,78		4,785.			
Net Assets or	22 N	et assets or fund balances. Subtract line 21 from line 20	_	1,812,74		6,518,737.			
Pa		Signature Block							
Und	ler penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and st	tatement	ts, 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 pre	eparer ha	as any knowledge.					
Sig	n J	Signature of officer		Date					
Her	e	PHILIP JEFFS, PRESIDENT							
		Type or print name and title	Da	to Oho	a). [PTIN			
		rint/Type preparer's name Preparer's signature		:4					
Paid		HETT CAMPBELL, CPA CHETT CAMPBELL, CPA	<u>1</u> 05	5/12/22 self-					
	_	irm's name ► EIDE BAILLY LLP irm's address ► 5929 FASHION POINT DR., STE. 300		Firm's EIN	V	45-0250958			
USE	Only F	OGDEN, UT 84403-4684		Dhono no	8 N	1-621-1575			
Mar	the IDS	discuss this return with the preparer shown above? See instructions		I Fliotie No	.00	X Yes No			
ivid	y tite ino	uiocuoo uiio retutti witi tile preparet ottowit above? See itistructions				[42] 163 [NO			

Pai	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:
	CONSTRUCT AND PROVIDE A LOCATION FOR GUADALUPE CENTER EDICATIONAL
	PROGRAMS TO PERFORM ITS PROGRAM FUNCTIONS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 291,410 • including grants of \$) (Revenue \$ 163,469 •)
	GUADALUPE HOLDING COMPANY (GHC) CONSTRUCTED EDUCATIONAL FACILITIES FOR
	GUADALUPE CENTER EDUCATIONAL PROGRAMS INC. (GCEP) UTILIZING NEW MARKETS
	TAX CREDITS. FRIENDS OF GUADALUPE (FOG) ANOTHER SUPPORTING ORGANIZATION
	FOR GCEP, RECEIVED A GRANT FROM GCEP TO FUND A LEVERAGE LOAN TO AN
	INVESTMENT FUND WHICH INVESTED IN GHC. GHC WILL LEASE THE BUILDING TO
	GCEP UNDER A NET LEASE FOR A 30-YEAR TERM.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
-r u	
10	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 291,410 •
40	Total program service expenses 291,410.

Form 990 (2020) GUADALUPE HOLDING COMPANY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	-
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		1
16		16		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ ′°		<u> </u>
19	,	19		x
20-	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
Z 1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	democre government on tractive, detailing ye, into the life test, complete officerule it, Faits Land II			

Form 990 (2020) GUADALUPE HOLDING COMPANY
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			
	Schedule J	23	Х	
24 a	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			
		24a		X
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
		200		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
-	N + AU = 000 ft	38	Х	
Pai		, 55		
	Check if Schedule O contains a response or note to any line in this Part V			
	S. S. S. Sociodado o contanto a respenso or floto to dify into in this fact v		Voc	No
4	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2020) GUADALUPE HOLDING COMPANY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
				3a		<u> </u>			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)'?	4a		X			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ar	000110	+o (EDAD)						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (FBAH).	5a		х			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
any contributions that were not tax deductible as charitable contributions?									
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	$ Did the organization \ receive \ a \ payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ services \ $	vices p	provided to the payor?	7a		X			
				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			3,7			
_	to file Form 8282?	1		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	٠,		v			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ť?	7e 7f		X			
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		90 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?									
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:		1						
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	I						
11	Section 501(c)(12) organizations. Enter:	١	I						
a	Gross income from members or shareholders	11a							
О	Gross income from other sources (Do not net amounts due or paid to other sources against	111							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	7	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	In the constitution is a second to be a second to be a like a large to second the second to the second to be a			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b Enter the amount of reserves the organization is required to maintain by the states in which the									
organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand	13c				X			
14a Did the organization receive any payments for indoor tanning services during the tax year?									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
excess parachute payment(s) during the year?									
40	If "Yes," see instructions and file Form 4720, Schedule N.	L :	0	40		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOR	ne?	16		A			
	If "Yes," complete Form 4720, Schedule O.				-				

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.

	Check if Schedule O contains a response or note to any line in this Part VI			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 3										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 3										
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		x							
b											
	persons other than the governing body?	7b		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b		Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c									
13	Did the organization have a written whistleblower policy?	13		X							
14	Did the organization have a written document retention and destruction policy?	14		X							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a		X							
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶UT										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
	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 books and records JAMES CARTER - 801-531-6100										
	1385 N 1200 W, SALT LAKE CITY, UT 84116										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, di	rector, or trustee.			
(A)	(B)			_ (0	C)			(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee) Odlicer Highest combensated Highest combensated employee but her both and the both and		Reportable	Reportable	Estimated					
	hours per	box			oox, unless person is both an					compensation	compensation	amount of
	week (list any	_					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			from the	from related organizations	other compensation
	hours for	direct				- -		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
	related	tee or				ensate			,	organization		
	organizations	al trus	nal trı		loyee	ompic e				and related		
	below	lividu	In stit utio nal tru stee	Officer	Key employee	hest	Former			organizations		
(1) RICHARD PATER	line) 1.00	<u>ii</u>	Ë	₩	ş.	불'등	굔					
EXECUTIVE DIRECTOR	39.00			х				0.	157,065.	21,850.		
(2) PHILIP JEFFS	1.00			^				0.	157,005.	21,030.		
PRESIDENT	3.00	Х		х				0.	0.	0.		
(3) SCOTT GROW	1.00	Λ		^				0.	0.	0.		
SECRETARY	3.00	Х		Х				0.	0.	0.		
(4) MATT LAMBERT	1.00							•	•	•		
BOARD MEMBER	3.00	Х						0.	0.	0.		
									•			
		-										
		1										
		L		L	L							

032007 12-23-20 Form **990** (2020)

Name and title Average hours per week (list any) hours for related organizations below line) In Subtotal To Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Average hours per week (list any) hours for related organizations below line) In Subtotal Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Average hours per week (list any) hours for related organizations below line) In Subtotal Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Average hours per week (list any) hours for related organizations below line) In Subtotal Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) A Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	ı aı	Section A. Officers, Directors, Trus	itees, Key Em	<u> oloy</u>	<u>ees,</u>	and	<u>jiH t</u>	ghes	st C	ompensated Employee	S (continued)				
Total form continuation sheets to Part VII, Section A 0. 157, 065. 21, c Total from continuation from the organization is and related organization from the organization from the organization and related organizations and related organizations and related organizations and related organizations from the organization organization from the organization organization from the organization organization from the organization organization organization organization from the organization organization from the organization organiz			Average	Position (do not check more than one						Reportable	Reportable		Est		
th Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye Yes, "complete Schedule J for such individual				offic						from	from related	d		other	tion
th Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye Yes, "complete Schedule J for such individual			hours for	or direc	ee			ated		organization	•		fro	m the	Э
th Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1 to and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye Yes, "complete Schedule J for such individual			organizations	trustee	nal trust		oyee	sompens		(W-2/1099-MISC)			•		
1b Subtotal 1 c Total from continuation sheets to Part VII, Section A 1 d Total form continuation sheets to Part VII, Section A 2 Total anumber of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2 Total number of individual Section A 0 0 1 157, 065 21, 21, 22 2 2 2 2 2 2 2 2 2			1	Individua	In stit utio	Officer	Key empl	Highest c employee	Former				orgai	nizatio	วทร
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Ye										0.		0.			0.
Compensation from the organization Ye S Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1		Total (add lines 1b and 1c)							<u> </u>		-		21	. , 8 !	50.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation from the organization of services compens	2		ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	Э			0
line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	_	Did the averagination list any former officer	alia.a.b.a.u. ba.b	1		1			la ! a.	h t				Yes	No
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services 2 Total number of independent contractors (including but not limited to those listed above) who received more than	3	j	•		•		•		_	•	•	<u>[</u>	3		Х
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation for the calendar year ending with or within the organization of services Compensation for the calendar year ending with or within the organization of services Compensation from the organization of services Compen	4	•	•							·	•			v	
rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address NONE Description of services Compensation from the organization is tax year. (D) (E) (D) (C) (D) (D) (D) (D) (D) (D	5				•							h	4		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation for the calendar year ending with or within the organization's tax year. (B) (C) Compensation for the calendar year ending with or within the organization's tax year. (B) (C) Compensation for the calendar year ending with or within the organization's tax year.	Sec		nplete Schedul	e J fo	or su	ıch r	oers	on .			<u></u>		5		X
(A) Name and business address NONE Description of services Compensa		Complete this table for your five highest co										pensati	on fro	m	
Name and business address NONE Description of services Compensation of the			the calendar ye	<u>ear e</u>	enair	ng w	ith c	or wi	thin		ear.		(C)	
•		Name and business	address	NC	ONI	3			4	Description of s	ervices	Co	ompen	satior	1
•															
•															
•															
•															
•															
00	2			ot lin	nited	d to t	thos (se lis)	ted	above) who received mo	ore than				

		Check if Schedule O	contai	ns a respor	nse oi	note to any lin	ne in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
				Ι. Ι						300010113 0 12 0 14
nts							-			
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues					-			
s, (Am	С	Fundraising events		1c			-			
a ii	d	Related organizations		1d	6,7	724,000.				
s, (mi	е	Government grants (contr	ibutio	ns) 1e						
Sign	f	All other contributions, gifts,	grants	, and						
bet E		similar amounts not included			3,0	34,406.				
Ĕξ	а	Noncash contributions included in		-1f 1a \$	6.7	724,000.				
Σď	_	Total. Add lines 1a-1f					9,758,406.			
0 6		Total. Add lines 1a-11				Business Code	7,730,400.			
	_	DENIMAT TNCOME			-	531120	163,469.	162 460		
<u>:</u>					— ⊦	331120	103,403.	163,469.		
er v	b				— ⊦					
S	С				_					
ev ev	d				_					
Program Service Revenue	е				L					
Ā	f	All other program service	reven	ue	L					
		Total. Add lines 2a-2f					163,469.			
	3	Investment income (includ								
	_	other similar amounts)								
	4	Income from investment of								
	5	Royalties			·····	(ii) Personal				
			I. F	(i) Real		(II) Personal	-			
	6 a	Gross rents	6a				-			
	b	Less: rental expenses	6b				-			
	С	Rental income or (loss)	6с							
	d	Net rental income or (loss)))				
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other				
		assets other than inventory	7a							
	h	Less: cost or other basis								
ø	-	and sales expenses	7b							
Ĭ.	_	Gain or (loss)	7c		-		-			
Revenue										
		Net gain or (loss)				·····				
ther	8 a	Gross income from fundraisin	•	•						
0		including \$								
		contributions reported on		,						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fundra	aising even	ts .)				
	9 a	Gross income from gamin	g acti	vities. See						
		Part IV, line 19			9a					
	h	Less: direct expenses			9b					
		Net income or (loss) from				>				
		Gross sales of inventory, I			<u>'''''</u>					
	iu a				40-					
		and allowances 10a				-				
		Less: cost of goods sold			10b					
	С	Net income or (loss) from	sales	of inventor						
S					L	Business Code				
on e	11 a				_					
ane	b				_ L					
Miscellaneous Revenue	С				_ [
<u>iš</u>	d	All other revenue								
2		Total. Add lines 11a-11d								
		Total revenue. See instruction					9,921,875.	163.469.	0.	0.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'	· ·	•
-	and domestic governments. See Part IV, line 21				
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):	النبيد			
а	Management	16,111.		16,111.	
b	Legal	1 = 000		1 - 22	
С	Accounting	17,000.		17,000.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	1 705		1 705	
	column (A) amount, list line 11g expenses on Sch O.)	1,785.		1,785.	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	·	67,206.	60,501.	3,859.	2,846.
20 21	Payments to affiliates	01,200	00,001	5,055•	2,040
22	Depreciation, depletion, and amortization	256,493.	230,909.	14,728.	10,856.
23	Insurance	1,661.		1,661.	
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.)				
а					
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	360,256.	291,410.	55,144.	13,702.
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)				

Form 990 (2020)

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,549.	1	99,779.
	2	Savings and temporary cash investments			18,111.	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial co	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
Ŋ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
¥	9	5				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,874,811.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,451,068.	7,866,239.	10c	6,423,743.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	44,142.	14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			7,938,041.	16	6,523,522.
	17	Accounts payable and accrued expenses	ı	785.	17	4,785.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
Liak		controlled entity or family member of any of the	•		9,750,000.	22	
_	23	Secured mortgages and notes payable to unrela			3,130,000.	23 24	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			9,750,785.	25 26	4,785.
	20	Organizations that follow FASB ASC 958, che	ck here	X	3713071031	20	177031
S		and complete lines 27, 28, 32, and 33.	on nore				
ğ	27				-1,812,744.	27	6,518,737.
3ali	28				, - ,	28	, , , , , , , , , , , , , , , , , , , ,
둳		Organizations that do not follow FASB ASC 9					
ᆵ		and complete lines 29 through 33.					
þ	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32				-1,812,744.	32	6,518,737.
	33				7,938,041.	33	6,523,522.
							202

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,			<u>75.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				56.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,	563	1,6	19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,	81:	2,7	44.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,	23	0,1	38.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	6,	518	3,7	37.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	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?		L	2 b	Х	
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require		it [
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GUADALUPE HOLDING COMPANY

Employer identification number 46-3985736

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) GUADALUPE CENTER EDUCATIONAL PROGRAM 87-0299521 291,410. X 0. 291,410 Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(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	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						
	The portion of total contributions						-
Ŭ	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,						
	. (2)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	(4) 2010	(6) 2017	(6) 2010	(4) 2013	(6) 2020	(i) rotai
	Gross income from interest.						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ata (aga inaturatio				12	-
	First 5 years. If the Form 990 is for th			fourth or fifth toy			-
13	organization, check this box and stop	•		•	•		▶□
Sec	ction C. Computation of Public			•••••			
	Public support percentage for 2020 (li			column (f))		14	%
	Public support percentage from 2019					15	/ 6
	33 1/3% support test - 2020. If the co						
	stop here. The organization qualifies						`
b	33 1/3% support test - 2019. If the co		•				
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te		•		raanization		
b	10% -facts-and-circumstances test	•	•				
_	more, and if the organization meets th	_					
	organization meets the facts-and-circu						
18	Private foundation. If the organization		-	• •			▶ □
	· · · · · · · · · · · · · · · · · · ·		,				

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	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves					 	
17	Investment income percentage for 20					17	%
18	Investment income percentage from					18	%
198	33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶□
k	33 1/3% support tests - 2019. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

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.)

	Yes	No
1	Х	
-	25	
2		_X_
За		Х
3b		
3с		
4a		Х
Ta		
4b		
4c		
Ea		Х
5a		
5b		
5c		
6		_X_
7		Х
		37
8		X
9a		Х
Ju		
01		Х
9b		Λ
9с		_X_
100		Х
10a		21
10b		
990 or 99	90-EZ)	2020

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described in line 11a above?	11b		X
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		X
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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	X	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
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.	3	Х	
Sec	tion 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 instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		<u> </u>
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.

Pal	t v Type III Non-Functionally integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see
	instructions).			,

Schedule A (Form 990 or 990-EZ) 2020

Par	t v Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	<u>ued) </u>	
Secti	on D - Distributions		,		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e 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		T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(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				
<u>a</u>	From 2015				
<u>b</u>	From 2016				
<u> </u>	From 2017				
<u>d</u>	From 2018				
<u> e </u>	From 2019				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	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. Excess distributions carryover to 2021. Add lines 3j				
7	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

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART I, LINE 12G
EXPENSES INCURRED ON BEHALF OF GUADALUPE CENTER EDUCATIONAL PROGRAMS TO
OPERATE THE BUILDING.
SECTION D, LINE 3
THE SUPPORTED ORGANIZATION HAS THE DISCRETION TO DETERMINE THE AMOUNT
OF SUPPORT THAT IS GIVEN DIRECTLY TO THE PARENT ORGANIZATION.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

46-3985736

2020

Name of the organization Employer identification number

Filers of:

Section:

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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.

GUADALUPE HOLDING COMPANY

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.

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;

Special Rules

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

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).

LHA 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 Employer identification number

GUADALUPE HOLDING COMPANY

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRIENDS OF GUADALUPE 1385 N 1200 W SALT LAKE CITY, UT 84116	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	ALLIANCE FINANCE FUND 5, LLC 230 S 500 W STE 245 SALT LAKE CITY, UT 84101	\$\$	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
NO.	Name, address, and Zir + +	\$	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.)

Name of organization Employer identification number

GUADALUPE HOLDING COMPANY

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
	LOAN FORGIVENESS		
_1			
		\$\$,724,000.	02/18/21
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		_	
		\$	
(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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
—		<u> </u>	
		\$	

Name of organization Employer identification number

GUADALUPE HOLDING COMPANY

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)		section 501(c)(7), (8), or (10) that total more than \$1,000 for the yentry. For organizations
	completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	haritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info. once.)
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
		(e) Transfer of gif	 ift
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No.			
om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ift ift
	Transferee's name, address, an		Relationship of transferor to transferee
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
-		(e) Transfer of gif	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► 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.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GUADALUPE HOLDING COMPANY

Employer identification number 46-3985736

Part	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		
	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
Part	impermissible private benefit?		
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recre		f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
_	Preservation of open space		
	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	T		0.
	Number of conservation easements on a certified historic st		
	Number of conservation easements included in (c) acquired	•	1 1
	listed in the National Register		
	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year		
	Number of states where property subject to conservation ea	•	
	Does the organization have a written policy regarding the pe		Yes No
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, rianding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	tion accoments during the year
	S S	diling of violations, and enforcing conserva	tion easements during the year
	Does each conservation easement reported on line 2(d) abo	ve estisfy the requirements of section 170	(b)(4)(D)(i)
	•		
	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	3	ents that describes the
Part		of Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 9		and halance sheet works
	of art, historical treasures, or other similar assets held for pu	,	
	service, provide in Part XIII the text of the footnote to its fina	, ,	'
	If the organization elected, as permitted under FASB ASC 9		
	art, historical treasures, or other similar assets held for publi	· · · · · · · ·	
	provide the following amounts relating to these items:	o oxination, caacation, or recoaren in fact	norance of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			L 4
	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB		a gan, provide
	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	, 100010 III0Iuuuu III I 01111 330, I all /\		ν Ψ

Sche	dule D (Form 990) 2020 GUADALUI	PE HOLDING	COME	PANY			4	16-39	85736	-) Pao	ae 2
	t III Organizations Maintaining Co				asures, o	r Other					30
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	make siç	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	C	յ <u> </u> լ	_oan or exc	hange progra	am					
b	Scholarly research	e	• 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	ey further th	e organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, his	torical treas	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered '	'Yes" on	Form 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontributions	s or other ass	ets not ir	ncluded		_		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or cu	stodial acco	unt liabilit	y?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	f the organization ar	nswered '	'Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three ye	ears back	(e) Four	years b	ack
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre		e (line 1a	column (a)) held as:	<u> </u>					
_	Board designated or quasi-endowment	chi year cha balane	% %	, coluitiii (a)	y ricid as.						
h	Permanent endowment	%									
0											
·	The percentages on lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posses		ation that	aro hold ar	nd administar	od for the	organiza	tion			
Ja		ssion of the organiza	alion mai	are rielu ar	iu auministei	eu ioi tiit	organiza	LIOIT	Г	Yes	No
	by: (i) Unrelated organizations								3a(i)	163	140
L	(ii) Related organizations								3a(ii)		
_									3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipme	organization's endo	wment it	inas.							
ı uı) Dort IV	line 11e C	aa Farm 000	Dort V I	ina 10				
	Complete if the organization answered							.	,,, ,		
	Description of property	(a) Cost or o		` '	or other		cumulate	d	(d) Book	value	
	 	basis (investr	nent)		(other)	aep	reciation		400	. 12	_
	Land	I			5,435.	1 0	14 00			43	
	Buildings			6,92	9,166.	1,2	14,08	94.	5,715	,08	۷.
	Leasehold improvements				0 010		26 22		000		_
d	Equipment			52	0,210.	2	36,98	84.	283	3,22	6.
е	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part	X. colum	n (B). line 1	Oc.)				6,42 3	3,74	3.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 GUADALUPE HC	LDING COMPAN	Y 4	16-3985736 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) D
(a) L	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<i>15.</i>)		>
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X. line	25.
(a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	, .,,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			

1. (a) Description of riability

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

(9)

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

Part	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ıe per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	9,921,875.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
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	0.
3	Subtract line 2e from line 1		3	9,921,875.
	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		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	.)	5	9,921,875.
Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen	ses per Return) .
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total expenses and losses per audited financial statements		1	360,256.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
	Prior year adjustments			
	Other losses			
	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1			360,256.
	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		
	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	360,256.
Par	t XIII Supplemental Information.	,		
Provid	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; I	Part V, line 4; Part X	, line 2; Part XI,
lines 2	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		
PAR	T X, LINE 2:			
\underline{GEP}	BELIEVES THAT EACH ENTITY HAS APPROPR	IATE SUPPORT F	OR ANY TAX	<u> </u>
<u>POS</u>	ITIONS TAKEN AFFECTING THEIR ANNUAL FI	LING REQUIREME	NTS AND, A	S SUCH,
DO_	NOT HAVE ANY UNCERTAIN TAX POSITIONS T	HAT ARE MATERI	AL TO THE	
CON	SOLIDATED FINANCIAL STATEMENTS. THE OR	GANIZATIONS WO	ULD RECOGN	IIZE
FUT	URE ACCRUED INTEREST AND PENALTIES REL	ATED TO UNRECO	GNIZED TAX	BENEFITS
<u>AND</u>	LIABILITIES IN INCOME TAX EXPENSE IF	SUCH INTEREST	AND PENALT	IES ARE
INC	URRED.			

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2020

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

GUADALUPE HOLDING COMPANY

Questions Regarding Compensation

 $Employer\ identification\ number$ 46-3985736

	art quodiche hegaranig compendation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	NO
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Distribitary sportating account: i crossial services (such as maid, chauteur, cher)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	Participate in or receive 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.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
-	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ū	contingent on the net earnings of:			
а	The organization?	6a		Х
h	And related are a institute O	6b		X
~	If "Yes" on line 6a or 6b, describe in Part III.	5.5		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
•	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	•		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
•	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(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)							
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	(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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

Name of the organization GUADALUPE HOLDING COMPANY Employer identification number 46-3985736

Par	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	, eterminiı	•	;
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			6 704 000				
25	Other \blacktriangleright (LOAN FORGIVEN)	X	1	6,724,000.	AMOUNT OF I	LOAN		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organiz		•					
	for which the organization completed Form 828	33, Part V, L	onee Acknowledg	ement 29			V	<u></u>
20-	Duning the constitution of the constitution of the boundaries			autodia Daut I liana 4 thuasa	b 00 4b -4 14		Yes	No
30a	During the year, did the organization receive by							
	must hold for at least three years from the date					200		X
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.					30a		
31	Does the organization have a gift acceptance p	olicy that re	equires the review o	of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties of	•	•	•	ions?			
u	contributions?		•			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.	()), i i i)	() ()	,			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

GUADALUPE HOLDING COMPANY

Employer identification number 46-3985736

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 A, LINE 8B:
THERE IS NO COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING
BODY.
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.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER OF NET ASSETS -1,230,138.

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Name of	the organization GUADALUPE HOL	DING COMPANY				Employer identific 46-39857	
Part I	Identification of Disregarded Entities. Comp	lete if the organization answered "Yes	" on Form 990, Part IV, line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total incom	(e) e End-of-year as	sets Direct c	(f) ontrolling itity
Part II	Identification of Related Tax-Exempt Organic organizations during the tax year.	zations. Complete if the organization	answered "Yes" on Form 990, P	art IV, line 34, be	cause it had one or i	more related tax-exer	mpt
	(a)	(b)	(c)	(d)	(e)	(f)	(g)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
GUADALUPE CENTER EDUCATIONAL PROGRAMS -							
87-0299521, 1385 N 1200 W, SALT LAKE CITY,							
UT 84116	EDUCATION	UTAH	501(C)(3)	LINE 7	N/A		X
FRIENDS OF GUADALUPE - 46-3984689							
1385 N 1200 W				LINE 12C,			
SALT LAKE CITY, UT 84116	SUPPORT ORGANIZATION	UTAH	501(C)(3)	III-FI	N/A		X

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

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) Name, address, and EIN of related organization (b) Primary activity Primary activity Of related organization (c) Legal domicile (state or foreign country) Primary activity Of related organization (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Of related, unrelated, excluded from tax under sections 512-514) (g) Share of total income Of rend-of-year assets (h) Disproportionate allocations? Yes No (i) General or managing partner? Yes No
Name, address, and EIN of related organization Primary activity Primary activity Primary activity Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Percentage ownership Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514)
toreign country) State of foreign country excluded from tax under sections 512-514) assets 20 of Schedule Factor Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes Yes
Country Sections 512-514) Yes No K-1 (Form 1065) Yes No

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.

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

Schedule R (Form 990) 2020

Page 3

Х

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 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?

b Giff, grant, or capital contribution for related organization(s)	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X		
C Gift, grant, or capital contribution from related organization(s)									
1	c Gift, grant, or capital contribution from related organization(s)				1c	Х			
Eleasor of loan guarantees by related organization(s) 16	d Loans or loan guarantees to or for related organization(s)				1d		Х		
f Dividends from related organization(s) gale of assets to related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) 1 Performance of services or membership or fundraising solicitations for related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related organization(s) 1 Performance of services or membership or fundraising solicitations by related orga	e Loans or loan guarantees by related organization(s)				1e		Х		
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Performance of services or membership or fundraising solicitations for related organization(s) 1									
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q Reimbursement paid by related organization(s) for expenses r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization (b) Transaction Type (as) QUADALUPE CENTER EDUCATIONAL PROGRAMS INC D 163,469 FMV PRIENDS OF GUADALUPE C 6,724,000 VALUE OF LOAN (b) C 6,724,000 VALUE OF LOAN									
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guadalupe center educational programs inc	Name of related organization		Amount involved	Method of determining amour	nt involved				
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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)	(e) Are all	(f)	(g)	(r	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentag
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocat	iate ions?	amount in box 20	managi	ownership
		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Voc N	
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