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

GUADALUPE CENTER EDUCATIONAL PROGRAMS INC. 1385 N 1200 W SALT LAKE CITY, UT 84116

Halalaladhalladhallad

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



May 10, 2023

Guadalupe Center Educational Programs Inc. 1385 N 1200 W Salt Lake City, UT 84116

Guadalupe Center Educational Programs Inc.:

Enclosed is the 2021 Exempt Organization return, as follows...

2021 Form 990

2021 IRS E-File Signature Authorization for a Tax Exempt Entity (Form 8879-TE)

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 where 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, 2022

Pre	рa	rec	١F	or	:
-----	----	-----	----	----	---

Guadalupe Center Educational Programs Inc. 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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2023

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

UL 1	, 2021, and ending	JUN	30	, 20 2 2

2021

OMB No. 1545-0047

Department of the Treasury

For calendar year 2021, or fiscal year beginning $\underline{\overline{J}}$

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

► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer GUADALUPE CENTER EDUCATIONAL PROGRAMS

EIN or SSN 87-0299521

Name and title of officer or person subject to tax

INC.

RICHARD PATER

EXECUTIVE DIRECTOR

Part I	Type of Return and Return Information
Check the	box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and
Form 5330	o filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a
or 10a bold	aw and the amount on that line for the return being filed with this form was blank then leave line. 1h. 2h. 2h. 4h. 5h. 6h. 7h. 2h. 0h. or 10h.

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the reform 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 12 or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4 whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line b than one line in Part I.	a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 5b, 6b, 7b, 8b, 9b, or 10b, elow. Do not complete more
1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1ь <u>7,271,815.</u>
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	
3a Form 1120-POL check here ▶ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5)	
5a Form 8868 check here b Balance due (Form 8868, line 3c)	
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)	
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP, Part III, line 22	
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with of entity) [2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they a complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I con intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed or financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Age later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the paymersonal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic for the electronic return and, if applicable, the consent to electronic for the return state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforement on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax ye return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regular.	have examined a copy of the re true, correct, and sent to allow my e from the IRS (a) an urn or refund, and (c) the date withdrawal (direct debit) in this return, and the ent at 1-888-353-4537 no processing of the electronic ent. I have selected a unds withdrawal. my PIN 19057 Enter five numbers, but do not enter all zeros of the return is being filed tioned ERO to enter my PIN ear 2021 electronically filed
IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
Signature of officer or person subject to tax	Date >
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
number (EFIN) followed by your five-digit self-selected PIN. 87395707807 Do not enter all zeros	
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated about submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Authorize Business Returns.	
ERO's signature ▶ CHETT CAMPBELL, CPA Date ▶ 05/10/	23
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So	

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

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

Open to Public

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number GUADALUPE CENTER EDUCATIONAL PROGRAMS Address change INC. Name change 87-0299521 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 1385 N 1200 W 801-531-6100 7,280,230. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 84116 SALT LAKE CITY, UT H(a) Is this a group return Applica-tion pending F Name and address of principal officer: RICHARD PATER for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.GUADSCHOOL.ORG **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Association Other > L Year of formation: 1966 M State of legal domicile: UT Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF GUADALUPE SCHOOL Activities & Governance IS TO TRANSFORM LIVES THROUGH EDUCATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 16 3 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 153 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 6,310,765. 7,243,743. Contributions and grants (Part VIII, line 1h) 8 1,448.16,437. Program service revenue (Part VIII, line 2g) 10.494. 13,589. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13,035. 11 6,337,696. 271,815. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 79,547. 378,189. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,896,724. 4,247,672. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,503,384. 1,482,044. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 6,756,957. 5,830,603. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 507,093. 514,858. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 28 3,470,405. 3,781,547. 20 Total assets (Part X, line 16) 495,721. 372,783. 21 Total liabilities (Part X, line 26) 三年 974,684. 3,408,764 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign RICHARD PATER, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name CHETT CAMPBELL, CPA CHETT CAMPBELL, CPA 05/10/23 self-employed P01301037 Paid Firm's name **EIDE BAILLY LLP** Firm's EIN ▶ 45-0250958 Preparer Firm's address 5929 FASHION POINT DR., STE. Use Only OGDEN, UT 84403-4684 Phone no. 801-621-1575 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Par	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:
	GUADALUPE SCHOOL HAS SERVED THE EDUCATIONAL NEEDS OF DISADVANTAGED
	CHILDREN AND ADULT IMMIGRANTS AND REFUGEES ON SALT LAKE CITY'S WEST
	SIDE SINCE 1966. THROUGH EDUCATION, OUR PROGRAMS HELP STUDENTS
	OVERCOME THE BARRIERS OF POVERTY, ILLITERACY, AND SCHOOL FAILURE. OUR
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?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$4,188,705. including grants of \$378,189.) (Revenue \$1,445.) CHARTER SCHOOL: THE MISSION OF GUADALUPE CHARTER SCHOOL IS TO DEVELOP
	OUR STUDENTS' BASIC ACADEMIC SKILLS AS WELL AS THE ABILITY AND
	MOTIVATION TO ACHIEVE LIFE-LONG LEARNING. THE SCHOOL SERVES UP TO 300
	CHILDREN IN KINDERGARTEN THROUGH THE SIXTH GRADE WITH STUDENTS
	RECEIVING INDIVIDUALIZED INSTRUCTION. CLASS SIZES ARE SMALL WITH A 1:12
	INSTRUCTOR-STUDENT RATIO. THE ENHANCED CURRICULUM IS IMPLEMENTED BY
	INDIVIDUALIZED PROGRAMMING, TEAM-TEACHING, ONE-TO-ONE TUTORING,
	COMPUTER SOFTWARE PROGRAMS, AND INTEGRATION OF CURRICULUM INTO DAILY
	ACTIVITIES. BUSSING IS PROVIDED, AS ARE NUTRITIOUS MEALS AND SNACKS.
	THE GRADE SCHOOL WAS STARTED IN 1970 AND BECAME A CHARTER SCHOOL IN
	2007.
4b	(Code:) (Expenses \$ 630,379 • including grants of \$) (Revenue \$)
	ADULT EDUCATION: THE ADULT EDUCATION PROGRAM TEACHES ADULTS WITH
	LIMITED ENGLISH PROFICIENCY THE LANGUAGE SKILLS NEEDED TO BETTER
	PROVIDE FOR THEIR FAMILIES, ACHIEVE CITIZENSHIP, AND BECOME ACTIVE
	CONTRIBUTORS TO THEIR COMMUNITY. ESTABLISHED IN 1966, THE PROGRAM
	ANNUALLY SERVES OVER 275 ADULT NON-ENGLISH SPEAKING IMMIGRANTS AND
	REFUGEES WHO ARE RESPONSIBLE FOR THE FAMILY'S SURVIVAL AND WELFARE IN
	OUR COMMUNITY. CLASSES ARE OFFERED FOR SIX HOURS PER WEEK AS PART OF
	ADULT EDUCATION'S THREE PROGRAMS: TWO PROGRAMS ARE OFFERED IN THE
	EVENINGS AND ONE IN THE MORNING. LIMITED TRANSPORTATION AND CHILDCARE
	SERVICES ARE PROVIDED. THE ADULT EDUCATION PROGRAM USES OVER 150
	VOLUNTEERS ANNUALLY.
	0.65 505
4c	(Code:) (Expenses \$965,535. including grants of \$) (Revenue \$)
	PRESCHOOL PROGRAM: GUADALUPE SCHOOL'S PRESCHOOL PROGRAM, WHICH STARTED
	IN 1992, FOSTERS CHILDREN'S LOVE OF LEARNING, CONFIDENCE, AND
	INDEPENDENT THINKING THROUGH POSITIVE CHILD, PARENT, AND TEACHER
	RELATIONSHIPS, WHICH LEAD CHILDREN TO REACH THEIR FULL POTENTIAL IN ALL
	DEVELOPMENTAL DOMAINS. THE PRESCHOOL PROGRAM PROVIDES SERVICES FOR 120
	THREE AND FOUR YEAR OLD CHILDREN VIA CENTER-BASED INSTRUCTION, FOUR
	HALF DAYS PER WEEK. ACADEMIC SKILLS ARE TAUGHT BY INTEGRATING
	PRE-LITERACY SKILLS AND MATH CONCEPTS INTO EVERYDAY LIFE. THE
	INSTRUCTOR-STUDENT RATIO IS 1:6. CHILDREN IN THE PRESCHOOL PROGRAM ARE
	BUSSED DOOR TO DOOR AND ARE PROVIDED WITH HEALTHY MEALS AND SNACKS.
44	Other program services (Describe on Schedule O.)
4 0	Other program services (Describe on Schedule O.) (Expenses \$ 570, 251. including grants of \$) (Revenue \$)
40	Total program service expenses \(\begin{array}{c} 5 0 251 \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
70	Form 990 (2021)

Page 3

INC. Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х 11c 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 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Schedule D, Parts XI and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Form	990 (2021) INC. 87-02	<u>99521</u>	F	age '
Pa	rt 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			١.,
	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	X	\vdash
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
٨	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
	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	. 200		
	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			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. —		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			Х
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			
	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	X	
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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
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 on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	<u> </u>
_		4	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	0		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1NC .
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021) **Part V** Sta 87-0299521 Page **5**

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		L
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		—
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			۱
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			7.7
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_^
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
0		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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 13b			
	Enter the amount of reserves on hand Did the examination receive any payments for indeer temping equipes during the tay year?	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ë
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

INC.

87-0299521

Page 6

Form 990 (2021) 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.

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1 there are material differences in voting rights among members of the governing body, or if the governing body delegated broad standards in voting rights among members of the governing body, or if the governing body delegated broad standards in voting rights among members of the governing body, or if the governing body or the part of the par	800	tion A. Coverning Rody and Management			Δ
the rear enticle differences in using rights among members of the governing body, or life governing body, and the governing body, altered authority to an executive committee or similar committee, replain on Schedule 0. body delegated tread authority to an executive committee or similar committee, replain on Schedule 0. body delegated tread authority to an executive committee or similar committee, replain on Schedule 0. body delegated tread authority to an executive committee or similar committee, replain on Schedule 0. body delegated tread authority to an executive committee or similar committee, replain on Schedule 0. body delegated tread authority to an executive committee or similar committee, replain on Schedule 0. body delegated tread authority to an executive committee or schedule or the committee or schedule or the presence of committee or schedule or the special or the presence of the committee or the committee or the committee of the committee or thand the committee or the committee or the committee or the commit	Sec	tion A. Governing body and Management			l
If there are natural afferences in voting rights among members of the governing body, or if the governing body delegated bread authority to an executive committee or similar committee, epidain on Schedule 0. Defect the number of voting members included on line 1s, above, who are independent or control of the committee of voting members included on line 1s, above, who are independent or control of the committee of voting members included on line 1s, above, who are independent or control of line or control, the control of the committee of voting members included on line 1s, above, who are independent or committee or control of officiors, directors, trustees, or key employee? 2				Yes	No
be Effect the number of voting members included on line 1a, above, who are independent	1a	,			
b Enter the number of voting members included on line 1a, above, who are independent					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustees, or key employees to a 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 belongeates 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? 4 Did the organization become aware during the year of a significant diversion of the organization sasets? 5 Did the organization have members a stockholders? 6 Did the organization have members as ottocholders, or other persons who had the power to elect or appoint one or more members of the poverning body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporations objects of the poverning body? 9 Is there are yofficer, director, trustee, or key employee listed or new trustee that the organization than the powerning body? 9 Is there are yofficer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have internal proposes? 5 Did the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 Is her the structure of the power of the					
a Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization have members as chockholders? 5 Did the organization have members as chockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 6 Are any governance decisions of the organization reserved to (or written actions undertaken during the year by the following: 8 The governing body? 8 But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A., who cannot be reached at the organization's melling address? If Yes. Yorovide the names and addresses on Schedule O. 5 But the organization have local chapters, branches, or affiliates? 10 Did the organization have local chapters, branches, or affiliates? 11 A Las 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? 10 Did the organization have a written conflict of interest policy? If Yio, "yo fo ine 13 Is a X Is West Officers, of the process, if any, used by the organization's exempt purposes? 10	b	J			
3 Did the organization delegate control over management duties customanily performed by or under the direct supervision of officers, directors, fursites, or key employees to a management company or other person? 3	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
a of officers, directors, trustees, or key employees to a management company or other person? A Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? A Did the organization have members or stockholders? B Did the organization have members or stockholders? B 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? B Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: B The governing body? B Lack committee with authority to act on behalf of the governing body? B Is there any officer, director, fustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? It If Yes, 1 organization about policies more required by the Internal Revenue Code.) Section B. Policies (mis Section B requests information about policies not required by the Internal Revenue Code.) Ves Iv If Yes, 1 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? In B Has 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? In B Has the organization have written opticies of the organization's exempt purposes? D D the organization to require a consistent with the organization's exempt purposes? D D the organization have a written conflict of interest policy			2		X
4	3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Solid the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders or or the persons who had the power to elect or appoint one or more members of the governing body? A rea any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Is there are officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailling address? If "Yes," provide the names and addresses on Schedule O 9 Section B, Policies		of officers, directors, trustees, or key employees to a management company or other person?	3		X
6 Did the organization have members or stockholders? 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? 5 A any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings field or written actions undertaken during the year by the following: a The governing body? 8 B X 8 Did the organization contemporaneously document the meetings field or written actions undertaken during the year by the following: a The governing body? 8 B X 8 D Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, fuscles, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes," organization the names and addresses on Schedule O. 9 Is there any officer, director, fuscles, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 Is the organization have local chapters, branches, or affiliates? 10 If Yes, I'd of 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 by the proposes? 10 If Yes, I'd of the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches for ensure their operations are consistent with the organization by the process, if any, used by the organization to review this Form 990. 11a Has the organization have a written policies of the organization to review this Form 990. 11b Were officers, directors, or fusitess, and key enjudyes required to disclose annually interests that could give rise to conflicts? 12b Were officers, or fusites, and key enjudyes required to disclose annually interest	4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
Ta 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? A reary operance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? B Did the organization contemporaeously document the meetings held or wrilten actions undertaken during the year by the following: a The governing body? B Sther 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. Section B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies not reguired by the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies of the regulation of the Internal Revenue Code). Vestion B. Policies (This Section B reguests information about policies of the general Berein B. Policies of the Graphization and branches to ensure their operations are consistent with the organization in Section B. Policies of the Graphization Berein Code B. Policies of the Graphization Berein Code B. Policies of the Graphization berein Code B. Policies of the Graphization Revenue Code B. Policies Code B. Policies Code B. Policies Co	5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If If Yes, "provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves Internal Revenue Code. Ves I	6	Did the organization have members or stockholders?	6		Х
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization smalling address? If If Yes, "employee listed in Part VII, Section A, who cannot be reached at the organization in smalling address? If If Yes, "roughed the names and addresses on Schedule 0 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves No 10a Did the organization have local chapters, branches, or affiliates? 10b 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 If Yes, and branches to ensure their operations are consistent with the organization's exempt purposes? 10c Did the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Is at the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Is a the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Vers officiars, directors, or trustees, and key employees required to disclose annually interests that outil give rise to onflicts? 12a IX 12b Were officiars, directors, or trustees, and key employees required to disclose annually interests that outil give rise to onflicts? 12b If Yes, 'club the organization have a written obcument retention and destruction policy? 13b If 'Yes, 'club the organization have a written policy or procedure requir	7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? a The governing body? b Each committee with authority to act on behalf of the governing body? g Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organizations mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Section 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? b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b D Secribe on 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 Did the organization have a written whistleblower policy? 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability detail, and contemporaneous substantation of the deliberation and decision? a The organization have a written decide and the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision? a The organization is CEO, Executive Director, or top management official b Other officers or key employees of the or		more members of the governing body?	7a		Х
Bod the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, fustee, 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 Section 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? b 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 Each Bear the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization have a written consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written occument retention and destruction policy? 13 A The organization have a written document retention and destruction policy? 14 Did the organization have a written occument retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantia	b				
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? s 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 section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? 10b 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 If It als the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts? 12b If the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c If the organization have a written whistleblower policy? 13b If the organization have a written witsleblower policy? 15b If the organization have a written propressor schedule O. See instruction and decision? 16a Did the organization fals, and contemporaneous substantiation of the deliberation and decision? 17b It is the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure			7b		x
a The governing body? b Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B. requests information about policies not required by the Internal Revenue Code.) Ves	8				
b Each committee with authority to act on behalf of the governing body? 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 Section 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? 10b 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 is evempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11b Describe on 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 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written whistleblower policy? 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? 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15b Other officers or key employees of the organization in the deliberation and decision? 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxa			82	Х	
Section B. Policies (This Section B. Policies) (This Section B. Policies (This Section B. Paguests information about policies not required by the Internal Revenue Code.) Ves. No. 10a Did the organization have local chapters, branches, or affiliates? 10a 10a	h				
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Ves No	۵		55		
Section 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? b 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? b Describe on 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. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. 12c X 13 X 14 Did the organization have a written whistleblower policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization SCC, Executive Director, or top management official 15a X b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a 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 Ves," did the organization to make its Forms	9		۱		x
Ves No No No No No No No N	Sec	tion R. Policies Grand and Provide the names and addresses on Schedule U	9		22
10a	000	tion B. I offoloo (This Section B requests information about policies not required by the internal Revenue Code.)		Vaa	Na
b 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? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on 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 X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15 Did the organization in CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15c If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15c If "Yes," did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15c If "Yes," did the organization forest on such arrangements? 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? 16b X 16c Section C. Disclosure 17c List the states with which a copy of this Form 990 is required to be filed PUT 18c Section 6104 r	10-	Did the expenientian have level chanters branches as offiliates?	100	162	
and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 12a Did the organization have a written conflict of interest policy? If 'No," go to line 13 12a X 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 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? 15a The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 15a Did the organization invest in, contribute assets to, or participate in a joint venture arrangement sunder applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 15a X 15b VIT 15c List the states with which a copy of this Form 990 is required to be filed PUT 15a Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. 15a Own website Another's website X Upon request Other (IUa		
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If *Yes,* describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written whistleblower policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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 Section 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 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ List the states with which a copy of this Form 990 is required to be filed ★UT 18 Section 6104 re	D		40.		
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done				v	
12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "yes," describe on Schedule O how this was done			11a	Λ	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization fi "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 15 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 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JAMES CART				37	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		,			
on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶UT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JAMES CARTER - 801-531-6100	b		12b	X	
13	С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
14					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JAMES CARTER − 801−531−6100	13	Did the organization have a written whistleblower policy?	13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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 Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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	14	Did the organization have a written document retention and destruction policy?	14	X	
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a	15	Did the process for determining compensation of the following persons include a review and approval by independent			
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar 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? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	а	The organization's CEO, Executive Director, or top management official	15a	Х	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 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	b	Other officers or key employees of the organization	15b		X
taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed VT 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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					
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? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
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? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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		taxable entity during the year?	16a		X
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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	b				
exempt status with respect to such arrangements? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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		exempt status with respect to such arrangements?	16b		
 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) available for public inspection. Indicate how you made these available. Check all that apply.	Sec				
 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) available for public inspection. Indicate how you made these available. Check all that apply.	17	List the states with which a copy of this Form 990 is required to be filed ▶UT			
for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JAMES CARTER - 801-531-6100	18		only)	availal	ole
X Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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 ►			• • • • • • • • • • • • • • • • • • • •		
 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JAMES CARTER - 801-531-6100 					
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	19	(l financ	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records JAMES CARTER - 801-531-6100					
JAMES CARTER - 801-531-6100	20	· · · · · · · · · · · · · · · · · · ·			
	_0				

INC.

87-0299521 Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

Check this box if neither the organization n	(C)					Isate	(D)	(E)	(F)	
Name and title	(B) Average			Pos	ition			Reportable	Reportable	Estimated
Name and this	hours per					than o		compensation	compensation	amount of
	week					r/trus		from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or dir	a)			rted		organization	(W-2/1099-MISC/	from the
	related	stee	truste		gy.	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD PATER	38.00									
EXECUTIVE DIRECTOR	2.00			Х				159,774.	0.	29,725.
(2) BRYANT KRONGARD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(3) GERSON RODRIGUEZ DE LEON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) GREGORY SEARE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) HEATHER BRACE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) JULIANNE BLANCH	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KEVIN DALY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) KORRY KEIFER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) LOURDES JOHNSON	2.00									
PRESIDENT-ELECT, DEVELOPMENT CHAIR		Х		Х				0.	0.	0.
(10) MATTHEW LAMBERT	2.00									
PRESIDENT	2.00	Х		Х				0.	0.	0.
(11) MICHELLE HALSTENRUD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) MICHELLE MONSON	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) PHILIP JEFFS	2.00								_	_
TREASURER, FINANCE AND AUD	2.00	Х		Х				0.	0.	0.
(14) SERGE IBARRA	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(15) SHELBY HERROD	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) TAUSHA PAUL	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(17) YONN SAMUELS	1.00							_		_
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

Page 7

Page 8

Pai	Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C				Ι		
	(A)	(B)			Pos	C)	,		(D)	(E)			(F)	
	Name and title	Average		not c	heck	more	than		Reportable	Reportable		l .	timate	
		hours per week		, unle					compensation	compensation		l .	nount	of
		(list any		T	T		T		from	from related		l	other	4:
		hours for	lirect				_		the organization	organization (W-2/1099-MIS		l .	pensa om th	
		related	e 0 r (stee			satec		(W-2/1099-MISC/	1099-NEC)		l .	anizat	
		organizations	Individual trustee or director	Institutional trustee		yee	m per		1099-NEC)	,		ı -	d relat	
		below	idual	ution	 	Key employee	sst co	er	,			orga	anizati	ons
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
			<u> </u>											
			_											
			_	├			-	\vdash						
			-											
			1											
							-							
			-											
			\vdash	\vdash										
			1											
				_		_	_	<u> </u>						
			-											
	Subtotal				<u> </u>		<u> </u>		159,774.		0.	2	9,7	25.
	Total from continuation sheets to Part VI								0.		0.		,,,	0.
	Total (add lines 1b and 1c)								159,774.		0.	2	9,7	
2	Total number of individuals (including but r							no re	· · · · · · · · · · · · · · · · · · ·	000 of reportable	 e			
	compensation from the organization													1
													Yes	No
3	Did the organization list any former officer			•	•	•		_		•				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su												х	
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4	-21	
3	rendered to the organization? If "Yes." con	•				,			•	dual for services		5		Х
Sec	tion B. Independent Contractors	ipiete ochedan	201	Or St	<u>acii ,</u>	0013	OII							
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of comp	oensa	tion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith o	or wi	ithin	the organization's tax y	ear.				
	(A) Name and business	addross	3.77	~ * T T	_				(B) Description of s	onvices		(C Compe		n
	Name and business	addicas	11/	INC	<u>. </u>				Description of s	ici vices		ompo	isatio	
											Ì			
											<u> </u>			
											ĺ			
2	Total number of independent contractors (i		ot lir	nite	d to		_	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 📂)						000	

Form 990 (2021) Part VIII

INC.

87-0299521 Page 9

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events 1c 214,777. d Related organizations 1d 4,421,517. 1e e Government grants (contributions) f All other contributions, gifts, grants, and 2,607,449. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f \triangleright 7,243,743. h Total. Add lines 1a-1f **Business Code** 1,448. 2 a OTHER PROGRAM REVENUE 1,448. 611110 Program Service Revenue f All other program service revenue 1,448. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 13,589. 13,589. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 21,450. Part IV, line 18 **b** Less: direct expenses 13,035. 13,035. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 7,271,815. 1,448. 26,624. 12 Total revenue. See instructions .

Form 990 (2021)

INC. Part IX Statement of Functional Expenses

Check Schedule O contains a response or note to any line in this Part IX Check	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Total expenses Program service Program ser	Check if Schedule O contains a response or note to any line in this Part IX									
and domestic povernments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to r for members Compensation of current orficers, directors, trustees, and key employees Compensation not included above to disqualified persons described in section 4596(1)(1) and persons described in section 4596(1) and perso		' '	(A) Total expenses	Program service	Management and	(D) Fundraising expenses				
2 Garants and other assistance to domestic inclividuals. See Part IV, line 12 (2) 3 Grants and other assistance to toreign organizations, foreign governments, and foreign inclividuals. See Part IV, line 17 (3) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	1	Grants and other assistance to domestic organizations								
Individuals. See Part V, line 22 Grants and other assistance to toeign organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 See Part V, lines 17 See Part V, lines 17 See Part V, lines 18 See Part V, lines 19 See Part V, lines 20 See Part V, lines 19 See Part V, lines 20 See Part V, lines 2		and domestic governments. See Part IV, line 21	378,189.	378,189.						
3 Grants and other assistance to foreign organizations, foreign organization, foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in tribulided above to disqualified persons (sea offined under section 4958(H)1) and persons described in section 4958(H)1) and 4959(H) employer contributions) Other employee benefits Payrotit taxes 11 Fees for services (promerployees): 273,937. 268,624. 1,201. 4,112. 273,937. 268,624. 1,201. 4,112. 273,937. 268,624. 1,201. 4,112. 273,937. 268,624. 1,201. 4,112. 273,937. 268,624. 1,201. 4,112. 273,937. 268,624. 1,201. 4,112. 273,937. 274,660. 243. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,112. 4,113. 4,1	2	Grants and other assistance to domestic								
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22								
Individuals See Part IV, lines 15 and 16	3	Grants and other assistance to foreign								
### Description of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 495(R)(1)) and persons described in section 495(R)(3)(8) Pension plan accruals and contributions (include section 491(R) and 495(R) innelptory contributions) Other amployee benefits		organizations, foreign governments, and foreign								
5 Compensation of current officers, directors, trustees, and key employees 207,525. 124,515. 62,257. 20,753. 6 Compensation not included above to disqualified persons (as defined under section 4950(f)(f)) and persons discribed in section 4950(f)(f)) and persons discribed in section 4950(f)(f)) and persons discribed in section 4950(f)(f) and persons discribed in section 4950(f)(f) and 4050(f) employer contributions (include section 40 f(f)) and 4050) employer contributions (section 40 f(f)) and 4050 employer contributions (section 40 f(f)) and 40 f(f) and										
trustees, and keye employees Compensation not included above to disqualified persons (as defined under section 4958(pt) and persons (as defined under section 4958(pt)) and persons described in section 4958(pt) and persons described in section 4958(pt)) and persons described in section 4958(pt) and 4938(pt) and 4938(pt) employer contributions (include section 401(k) and 4938(pt) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): a Management 273,937. 268,624. 1,201. 4,112. b Legal c Accounting 7,903. 7,660. 243. d Lobbying 7,903. 7,660. 243. d Lobbying 9 Other. (If im 11 gamount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 10 Coupancy 17 Travel 18 Payments of travel or entertainment expenses for any tederal, state, or local public officials 19 Payments of travel or entertainment expenses for any tederal, state, or local public officials 20 Depreciation, depletion, and amortization 21 Payments to filliance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Immize expenses on Covered above, (List miscellaneous expenses on Schedule I.) 25 Total functional expenses on Schedule I.) 26 John Conferences, conventions, and meetings 16 Occupancy 17 Travel 18 Payments to filliance 29 Depreciation, depletion, and amortization 29 Insurance 20 Interest 20 Depreciation, depletion, and amortization 21 Payments to affiliance 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Immize expenses on Covered above, (List miscellaneous expenses on the 24. It amount, list line 24 expenses on Schedule I.) 26 John Conferences, Corventions, and the expenses on Schedule I.) 27 John Conferences, Corventions, and the expenses on Schedule I.) 28 John Conferences, Corventions, and meetings 29 John Conferences, Corventions, and the production of the conference of the conferenc	4									
6 Compensation not included above to disqualified persons (as defined under section 4958(h)(1)) and persons described in section 4958(h)(1)) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Reas for services (nonemployees): 13 Management 273,937. 268,624. 1,201. 4,112. 14 Legal 273,937. 268,624. 1,201. 4,112. 15 Legal 37,903. 7,660. 243. 4 16 Lobbying 4 Lobbying 4 Lobbying 5 Legal 5 Legal 5 Legal 7,903. 7,660. 243. 4 17 Investment management fees 9 18 Other, (if line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0) 19 Advertising and promotion 7 10 Office expenses 1 Line 1 Legal 1 Line 1 Lin	5	•	207 505	104 515	60 057	00 750				
persons (asc defined under section 4986/ft/1) and persons described in section 4986/ft/1) and persons described in section 4986/ft/1) and persons described in section 4986/ft/1) and s			207,525.	124,515.	62,25/.	20,753.				
persons described in section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 9 17 , 434 . 827 , 959 . 67 , 675 . 21 , 800 . 10 Payroll taxes 11 Fees for services (nonemployees): 12 Advantagement 13 Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 12 Advantising and promotion 13 Office expenses 14 Information technology 15 Royathes 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Payments to affiliates 13 Depreciation, depletion, and amortization 15 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Interest 11 Interest 12 Payments to affiliates 13 Depreciation, depletion, and amortization 14 Payments to affiliates 15 Payments to affiliates 16 Payments to affiliates 17 Payments to affiliates 18 Payments to firavel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Interest 12 Interest 13 Insurance 14 Other expenses and time 24e It line 24e amount expenses on fine 24e. It line 24e. It line 24e. It line 24e. It line 24e. It	6	·								
7 Other salaries and wages 8 Persion plan actuals and contributions (include section 401(k) and 403(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 273,937. 268,624. 1,201. 4,112. 273,937. 268,6										
8 Pension plan accruis and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (nonemployees): 12 Management 12 Legal 27 A 937. 268,624. 1,201. 4,112. 14 Lobbying 15 Professional fundraising services. See Part IV, line 17 for Investment management fees 9 Other, (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 24 Advertising and promotion 25 Tollar (Management) 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials of Interest 19 Other expenses, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Informatice texpenses on Sch 0.) 25 Total functional expenses not covered above. (List interest expenses on Sch 0.) 26 Agovernous and meetings 27 Agovernous and meetings 28 Depreciation, depletion, and amortization 29 Insurance 40 Other expenses. Illentize expenses not covered above. (List interest expenses on Sch 0.) 20 Depreciation, depletion, and amortization 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 40 Other expenses. Benize expenses not schedule 0.) 24 Other expenses. Benize expenses not schedule 0.) 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campalign and fundraisings solicitation. 26 Cock, the Payments of the expenses on Schedule on the payment of the expenses on the payment of the expenses on the payment of the expense of the payment of the p	_	. , , , , ,	2 771 765	2 662 415	76 702	22 567				
Section 401(k) and 403(h) employer contributions 917,434. 827,959. 67,675. 21,800.			3,111,103.	3,004,413.	10,103.	34,307.				
9 Other employee benefits 917,434. 827,959. 67,675. 21,800. 10 Payroll taxes	8	,								
10 Payroll taxes 11 Fees for services (nonemployees): 12 A Management 12 A J. 201. 4,112. 14 J. 12 J. 4,112. 15 Legal 16 Lobbying 17 Professional fundraising services. See Part IV, line 17 17 Investment management fees 19 Other. (If line 11g amount exceets 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Insurance 16 Occupancy 17 Insurance 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 Office expenses in line 24e, If line 24e expenses on Schedule 0.) 16 SUPPLITES 16 OTHER 16 O, 347. 14, 301. 45, 405. 641. 17 Taxel 18 Payments to affiliates 16 O, 347. 14, 301. 45, 405. 641. 17 O, 755. 641. 18 OTHER 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Payments to affiliates 16 Occupancy 16 Payments to affiliates 17 Payments to affiliates 18 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments to affiliates 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 10 Interest 11 Payments to affiliates 11 Payments to affiliates 12 Payments to affiliates 13 Payments to	•	, , , , , , , , , , , , , , , , , , ,	017 /3/	827 959	67 675	21 800				
11 Fees for services (nonemployees): a Management			911,434•	041,333.	01,013.	<u> </u>				
a Management 273,937. 268,624. 1,201. 4,112. b Legal 7,903. 7,660. 243. d Lobbying 7,903. 7,660. 243. d Lobbying 8 Professional fundraising services. See Part IV, line 17 6 Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 878,131. 853,648. 15,710. 8,773. Advertising and promotion 873. Advertising and promotion 973. Advertising and promotion										
b Legal c Accounting 7,903. 7,660. 243. d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 878,131. 853,648. 15,710. 8,773. 4 Advertising and promotion 7 Grice expenses on Sch O.) 878,131. 853,648. 15,710. 8,773. 6 Advertising and promotion 7 Grice expenses on Sch O.) 878,131. 853,648. 15,710. 8,773. 7 Grice expenses 7 Grice expenses 7 Grice expenses 6 Grice expenses 7 Grice expenses 8 Grice expenses 8 Grice expenses 8 Grice expenses 8 Grice expenses 9 Gr		-	273 937	268 624	1 201	A 112				
c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 878 , 131 . 853 , 648 . 15 , 710 . 8 , 773 . 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 21 Insurance 22 Other expenses lentile expenses not covered above, (1st miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 SUPPLIES 2 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising scolestation. Check new	_		213,3314	200,024.	1,201.	<u> </u>				
d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Cocupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 13 Insurance 24 Other expenses, ltemize 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.) 8 SUPPLIES 6 OTHER 6 O, 347. 14, 301. 45, 405. 641. C c d e All other expenses. 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there			7.903.	7.660.	243.					
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 15 Insurance 24 Other expenses, ltemize expenses on Inie 24e. (I line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 2 SUPPLIES 3 OTHER 4 ON THER 5 OTHER 5 OFTION OF SEED TO SE			,,,,,,,,	7,7000	2237					
f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 878,131. 853,648. 15,710. 8,773.										
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 2 Advertising and promotion 3 Office expenses 4 Information technology 5 Royalties Cocupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Payments to affiliates Payments of affiliates Poperciation, depletion, and amortization Insurance 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.) SUPPLIES DOTHER 6 0, 347. 14, 301. 45, 405. 641. 6 4 Il other expenses Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses. Add lines 1 through 24e Incomported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check there										
Column (A), amount, list line 11g expenses on Sch 0. 878,131. 853,648. 15,710. 8,773.										
12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Office 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.) 28 SUPPLIES 29 OTHER 20 OTHER 30 OTHER 40 OTHER 41 Other expenses 51 Total functional expenses. Add lines 1 through 24e 41 Other expenses 52 Total functional expenses. Add lines 1 through 24e 53 Other expenses 54 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 11 Irollowing SOP 98-2 (ASC 988-720)	J	, -	878,131.	853,648.	15,710.	8,773.				
13 Office expenses Information technology	12	· · ·								
14 Information technology Royafties 16 Occupancy	13									
15 Royalties Cocupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates 10 Interest 11 Payments to affiliates Payments to affiliates Payments to affiliates 12 Depreciation, depletion, and amortization 91,845. 70,559. 5,909. 15,377. Insurance 4 Other expenses. Itemize expenses not covered above, (List miscellaneous expenses on line 24e, If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 3 SUPPLIES b OTHER C d c d e All other expenses Total functional expenses. Add lines 1 through 24e All other expenses Total functional expenses. Add lines 1 through 24e 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 In following SOP 98-2 (ASC 958-720)	14									
16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses on toovered 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.) a SUPPLIES b OTHER C C d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 6, 756, 957. 6, 354, 870. 286, 306. 115, 781. 6 Orthough the following SOP 98-2 (ASC 958-720) 1 Insurance 6 Orthough the first of travel or entertainment expenses on the deducational expenses on the content of the content o	15	Royalties								
Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25c, column (A), amount, list line 24e expenses on Schedule 0.) SUPPLIES DTHER Co d All other expenses. Add lines 1 through 24e All other expenses. Add lines 1 through 24e 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) Materials Material	16	Occupancy								
for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a SUPPLIES b OTHER C d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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)	17									
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount, list line 24e expenses on Schedule 0.) a SUPPLIES b OTHER c d e All other expenses. 25 Total functional expenses. Add lines 1 through 24e 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 i If following SOP 98-2 (ASC 958-720) 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 91,845. 70,559. 5,909. 15,377. 16,918. 147,000. 11,123. 11,758. 60,347. 14,301. 45,405. 641.	18									
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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.) a SUPPLIES b OTHER C d e All other expenses 25 Total functional expenses. Add lines 1 through 24e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 , 756 , 957 · 6 , 354 , 870 · 286 , 306 · 115 , 781 · 115 ,	19	Conferences, conventions, and meetings								
22 Depreciation, depletion, and amortization 91,845. 70,559. 5,909. 15,377. 23 Insurance	20									
Insurance 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.) a SUPPLIES b OTHER C C d e All other expenses Total functional expenses. Add lines 1 through 24e All other expenses. 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)	21		04.045							
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.) a SUPPLIES b OTHER C C C C C C C C C C C C C C C C C C C	22	Depreciation, depletion, and amortization	91,845.	70,559.	5,909.	15,377.				
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.) a SUPPLIES b OTHER C C d E All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 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)										
a SUPPLIES b OTHER 60,347. 14,301. 45,405. 641. c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 6,756,957. 6,354,870. 286,306. 115,781. 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)	24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),								
b OTHER 60,347. 14,301. 45,405. 641. c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 6,756,957. 6,354,870. 286,306. 115,781. 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 i if following SOP 98-2 (ASC 958-720)	a		169.881.	147.000.	11.123.	11.758.				
c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 6,756,957. 6,354,870. 286,306. 115,781. 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)										
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 6,756,957. 6,354,870. 286,306. 115,781. 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)			22,02.4							
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 6,756,957. 6,354,870. 286,306. 115,781. 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)						_				
Total functional expenses. Add lines 1 through 24e 6,756,957. 6,354,870. 286,306. 115,781. 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)		All other expenses				_				
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)		-	6,756,957.	6,354,870.	286,306.	115,781.				
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)		-								
Check here if following SOP 98-2 (ASC 958-720)		reported in column (B) joint costs from a combined								
		educational campaign and fundraising solicitation.								
		Check here if following SOP 98-2 (ASC 958-720)				5 000 (0004)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 1,289,663. 1,216,667. 1 Cash - non-interest-bearing Savings and temporary cash investments 2 441,007. 391,079. Pledges and grants receivable, net 3 3 4,301. 11,724. 4 Accounts receivable, net Loans and other receivables from 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 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 651,340. 806,726. Notes and loans receivable, net 7 Inventories for sale or use 8 19,950. 36,261. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 1,760,649. basis. Complete Part VI of Schedule D ______ 10a 1,378,575. 207,551. 382,074. b Less: accumulated depreciation ______ 10b 10c 658,443. 631,466. Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 271,146. 232,554. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 3,470,405. 3,781,547. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 467,655. 338,932. Accounts payable and accrued expenses 17 17 18 18 Grants payable 28,066. 33,851. 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 495,721. 372,783. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here

X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,085,985. Net assets without donor restrictions 2,673,828. 27 27 322,779. Net assets with donor restrictions 300,856. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 2,974,684. Total net assets or fund balances 3,408,764. 32 32 3,470,405. 3,781,547. 33 33 Total liabilities and net assets/fund balances

Form **990** (2021)

GUADALUPE CENTER EDUCATIONAL PROGRAMS

INC. 87-0299521 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 7,271,815. Total revenue (must equal Part VIII, column (A), line 12) 1 6,756,957. Total expenses (must equal Part IX, column (A), line 25) 2 2 514,858. Revenue less expenses. Subtract line 2 from line 1 3 3 2,974,684. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -80,778 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O) 0. 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 3,408,764. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

Both consolidated and separate basis

Form 990 (2021)

Х

Х

2c

consolidated basis, or both: Separate basis

X Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

GUADALUPE CENTER EDUCATIONAL PROGRAMS

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC 87-0299521 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). X 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). 11 12 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 on 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

87-0299521 Page 2

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4288016.	4618442.	5220974.	6310765.	7243743.	27681940.
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	1000016	1610110	5000054	504055	5040540	07501010
	Total. Add lines 1 through 3	4288016.	4618442.	5220974.	6310765.	7243743.	27681940.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						27681940.
	ction B. Total Support			_	Т		T
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4288016.	4618442.	5220974.	6310765.	7243743.	27681940.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			0 == 6		40 -00	
	and income from similar sources	8,192.	9,160.	9,756.	10,494.	13,589.	51,191.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						00000101
	Total support. Add lines 7 through 10						27733131.
	Gross receipts from related activities,					12	596,303.
13	First 5 years. If the Form 990 is for the	-		•			. \Box
80	organization, check this box and storetion C. Computation of Publi	here					>
			<u>_</u>	aduma (f)		44	99.82 %
	Public support percentage for 2021 (li					14	22 24
	Public support percentage from 2020					15	-
102	33 1/3% support test - 2021. If the c						
L	stop here. The organization qualifies 33 1/3% support test - 2020. If the o		-		lino 15 is 22 1/20/		
L							
17-	and stop here. The organization qual 10% -facts-and-circumstances test						
1/8	and if the organization meets the facts	ŭ					·
	· ·		•	-		ŭ	▶ □
j.	meets the facts-and-circumstances te	•	•			7a and line 15 is	
Ĺ	10% -facts-and-circumstances test	_					10 /0 OI
	more, and if the organization meets the organization meets the facts-and-circu		*				ightharpoonup
1Ω	· ·						
10	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

INC.

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

87-0299521 Page 4

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	40		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	อม		
	9с		
	10a		
	10h		
ماد،	10b	~ 000)	0004

	rt IV Supporting Organizations (continued)		_ , .	age o
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
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			
2	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. Did the organization operate for the benefit of any supported organization other than the supported	1		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
Sec	, , , , , , , , , , , , , , , , , , ,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	· .	Na
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 on line 2a, above, constitute activities that, but for the organization's involvement,	Lu		
	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		
b	·			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

GUADALUPE CENTER EDUCATIONAL PROGRAMS

Schedule A (Form 990) 2021 INC.

87-0299521 Page 6

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Sect	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				
	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				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
	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 integrated	d Type III supporting orga	nization (see		
	instructions).	, ,		,		

Schedule A (Form 990) 2021

_	dule A (Form 990) 2021 INC •			8	7-0299521	Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)		
Sect	on D - Distributions				Current Yea	r
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	5	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 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 20	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
ī	Carryover from 2016 not applied (see instructions)					
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7:					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h					
_	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					

Schedule A (Form 990) 2021

GUADALUPE CENTER EDUCATIONAL PROGRAMS 87-029<u>9521 Page 8</u> INC. Schedule A (Form 990) 2021 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. Part VI (See instructions.)

132028 01-04-22 Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

GUADALUPE CENTER EDUCATIONAL PROGRAMS INC.

Employer identification number

87-0299521

Organization type (check one):						
Filers of:		Section:				
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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				

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

Schedule B (Form 990) (2021)

Name of organization

GUADALUPE CENTER EDUCATIONAL PROGRAMS

TNC

Employer identification number

87-0299521

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	STATE OF UTAH 136 EAST SOUTH TEMPLE, STE 115 SALT LAKE CITY, UT 84111	\$ 4,536,370.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	US DEPARTMENT OF EDUCATION 490 L'ENFANT PLAZA, SW WASHINGTON, DC 20202	\$ 397,282.	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		
3	FIDELITY INVESTMENTS 175 EAST 400 SOUTH, STE 200 SALT LAKE CITY, UT 84111	- \$ 290,000.	Person X Payroll		
(a)	(b)	(c)	(d)		
No. 4_	Name, address, and ZIP + 4 FRIENDS OF GUADALUPE 1385 N 1200 W SALT LAKE CITY, UT 84116	Total contributions - \$ 214,777.	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		
	rumo, uuuroo, umu Zii + +	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Italiie, duuless, diiu ZIF + 4	- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

GUADALUPE CENTER EDUCATIONAL PROGRAMS

INC.

Employer identification number

87-0299521

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

Name of organization **Employer identification number** GUADALUPE CENTER EDUCATIONAL PROGRAMS INC. 87-0299521 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and 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 Inspection

Name of the organization

GUADALUPE CENTER EDUCATIONAL PROGRAMS INC.

Employer identification number 87-0299521

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ar Funds or Ad	counts. Complete if the
	,,	(a) Donor advised fun	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant fu	nds can be used c	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	er purpose confer	ring
	impermissible private benefit?			
Pai	t II Conservation Easements. Complete if the organic	anization answered "Yes" on	Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating	ion or education) 🔲 Pre	servation of a histo	orically important land area
	Protection of natural habitat	Pre	servation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution	in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included in (c) acquired af	· ·		
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or termin	ated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		andling of	
	violations, and enforcement of the conservation easements it l			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enf	orcing conservation	on easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcin	ig conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	•	. , . , . ,	· — —
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnotes and include, if applicable, the text of the footnotes are also as a second control of the f	ote to the organization's finan	icial statements th	at describes the
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasur	as or Other 9	Similar Accete
ı aı	Complete if the organization answered "Yes" on Form 9	•	es, or other c	miniai Assets.
10	If the organization elected, as permitted under FASB ASC 958		atatament and hal	anno aboat warks
Ia	of art, historical treasures, or other similar assets held for publ	·		
	•	•		ice of public
h	service, provide in Part XIII the text of the footnote to its finance.			a shoot works of
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public or provide the following amounts relating to those items:	eanibilion, education, or rese	arcii iii iurtrierance	or public service,
	provide the following amounts relating to these items:			• •
	(i) Revenue included on Form 990, Part VIII, line 1			
^		auraa ar athar aimilar accata		
2	If the organization received or held works of art, historical trea-			provide
_	the following amounts required to be reported under FASB AS			• •
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

GUADALUPE CENTER EDUCATIONAL PROGRAMS 87-0299521 Page 2 INC. Schedule D (Form 990) 2021 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

		.,	,	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		74,990.	43,179.	31,811.
d Equipment		1,498,755.	1,335,396.	163,359.
e Other		186,904.		186,904.
Total. Add lines 1a through 1e. (Column (d) must equa	382,074.			

Schedule D (Form 990) 2021

	ENTER EDUCATION	NAL PROGRAMS	07 0000501
Schedule D (Form 990) 2021 INC.			87-0299521 Page 3
Part VII Investments - Other Securities.	Farma 000 Day 197 1	4h O F 000 D 1 V "	10
Complete if the organization answered "Yes" (
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	on Form 000 Dort IV II 4	1a Can Form COO Dort V III-a	12
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) ivietnod of valuation: C	ost or end-of-year market value
(1) INTEREST IN NET ASSETS OF	222 554		
(2) RECIPIENT ORG	232,554.	END-OF-YEAR MA	ARKET VALUE
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	232,554.		
Part IX Other Assets.	,		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line	15.
	Description		(b) Book value
· · ·	Boompton		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<u></u>	>
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part	X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 X 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

(9)

87-0299521 Page 4

Part	TXI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7,199,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-80,778.		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		8,415.		
	Add lines 2a through 2d			2e	-72,363. 7,271,815.
3	Subtract line 2e from line 1			3	7,271,815.
	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			
	Other (Describe in Part XIII.)				
	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	7,271,815.
Part	t XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	Returr).
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	6,765,372.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
	Prior year adjustments				
	Other losses				
	Other (Describe in Part XIII.)		8,415.		
	Add lines 2a through 2d		·	2e	8,415.
	Subtract line 2e from line 1			3	8,415. 6,756,957.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,756,957.
Part	t XIII Supplemental Information.				
lines 2	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any TX, LINE 2:			; Part X	, line 2; Part XI,
	BELIEVES THAT EACH ENTITY HAS APPROPRIA	ATE SUPPO	RT FOR ANY	TΑΣ	ζ
POS	ITIONS TAKEN AFFECTING THEIR ANNUAL FILE	ING REQUI	REMENTS AN	D, <i>I</i>	AS SUCH,
DO :	NOT HAVE ANY UNCERTAIN TAX POSITIONS THE	AT ARE MA	TERIAL TO	THE	
CON	SOLIDATED FINANCIAL STATEMENTS. THE ORGA	ANIZATION	S WOULD RE	COGI	NIZE
FUT	URE ACCRUED INTEREST AND PENALTIES RELAT	red to un	RECOGNIZED	TΑΣ	K BENEFITS
AND	LIABILITIES IN INCOME TAX EXPENSE IF SU	JCH INTER	EST AND PE	NALI	TIES ARE
INC	URRED.				
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
cos	T OF DIRECT BENEFITS TO DONORS				8,415.

GUADALUPE CENTER EDUCATIONAL PROGRAMS

Schedule D (Form 990) 2021 INC. Part XIII Supplemental Information (continued)	87-0299521 Page 5
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF DIRECT BENEFITS TO DONORS	8,415.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GUADALUPE CENTER EDUCATIONAL PROGRAMS Employer identification number INC. 87-0299521 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

GUADALUPE CENTER EDUCATIONAL PROGRAMS

Schedule G (Form 990) 2021 INC •

87-0299521 Page 2

Pa	Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
			(a) Event #1 SPECIAL EVENTS		(b) Event #2		(c) Other ev	ents	(d) Total events (add col. (a) through
Revenue			(event type)		(event type)		(total numb	oer)	col. (c))
	1	Gross receipts	21,450.						21,450.
	2	Less: Contributions				_			
	3	Gross income (line 1 minus line 2)	21,450.						21,450.
	4	Cash prizes							
Ø	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
	7	Food and beverages				-			
	8	Entertainment							
	9	Other direct expenses		•					8,415.
	10	Direct expense summary. Add lines 4 through							8,415. 13,035.
Pa	rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a			Part IV line 19 o				13,033.
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 10mi	, 000,	r art iv, mio ro, o	Поро	rtod more ti	ian	
-			(a) Bingo (b) Pull tabs/instant (c) Other gaming				mina	(d) Total gaming (add	
anne			(a) Bingo	bing	o/progressive bingo	<u>'</u>	C) Other ga	IIIII	col. (a) through col. (c))
Revenue	4	Cross revenue							
	1	Gross revenue				+			
ses	2	Cash prizes				-			
Direct Expenses	3	Noncash prizes				-			
Direct	4	Rent/facility costs							
	5	Other direct expenses				_			
	6	Volunteer labor	Yes % No		Yes % No	6	Yes No	%	
	7	Direct expense summary. Add lines 2 through	►						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			<u>.</u>		▶	
9	Fnt	ter the state(s) in which the organization condu	cts gaming activities:						
9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? Yes No.									
b	If "	No," explain:							
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes N b If "Yes," explain:									Yes No
	_								

Sch	ledule G (Form 990) 2021 INC • 6 7 -	0299521	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{quadratic}}\$		
	or If "Yes," enter name and address of the third party:		
•	on 100, onto hame and address of the time party.		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
8	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

132083 10-21-21 Schedule G (Form 990) 2021

Schedule G	i (Form 990)	INC.	87-0299521	Page 4
Part IV	(Form 990) Supplemental Inforn	nation (continued)		
		(Community)		
<u> </u>				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

GUADALUPE CENTER EDUCATIONAL PROGRAMS Name of the organization **Employer identification number** 87-0299521 INC. Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) FRIENDS OF GUADALUPE 1385 N 1200 W 46-3984689 501(C)(3) 0 GENERAL SUPPORT SALT LAKE CITY, UT 84116 378,189. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

INC.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: ALL GRANTS SUPPORT GCEP AND RELATED ENTITIES.

Schedule I (Form 990) 2021

Page 2

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

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

GUADALUPE CENTER EDUCATIONAL PROGRAMS

INC.

 $Employer\ identification\ number\\ 87-0299521$

			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,			
	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)			
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.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	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		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
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		<u> X</u>
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		<u>X</u>
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) 2021

INC.

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	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RICHARD PATER	(i)	159,774.	0.	0.	24,712.	5,013.	189,499.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							<u>l</u>

SCHEDULE O (Form 990)

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

GUADALUPE CENTER EDUCATIONAL PROGRAMS

Employer identification number 87 - 0299521

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MISSION IS TO TRANSFORM LIVES THROUGH EDUCATION. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: IN-HOME: THE IN-HOME PROGRAM SERVES 64 CHILDREN FROM BIRTH THROUGH AGE THREE AND THEIR FAMILIES. PARENT EDUCATORS BUILD STRONG RELATIONSHIPS THROUGH WHICH THEY ARE ABLE TO DISCUSS THE STRENGTHS AND WITH PARENTS, CONCERNS THAT IMPACT FAMILY LIFE. PARENT EDUCATORS TEACH PARENTS ABOUT CHILD DEVELOPMENT AND HOW THAT DEVELOPMENT RELATES TO THEIR CHILD. EACH CHILD'S DEVELOPMENT IS CLOSELY MONITORED. YEAR-ROUND, WEEKLY VISITS FOSTER POSITIVE PARENT-CHILD INTERACTIONS AS THEY SUPPORT THEIR CHILD'S LEARNING AND DEVELOPMENT. IN ADDITION, THE PROGRAM HOLDS MONTHLY PARENT GROUP MEETINGS WHERE PARENTS HAVE THE OPPORTUNITY TO INTERACT WITH THEIR CHILDREN AND OTHER FAMILIES IN THE IN-HOME PROGRAM. EXPENSES \$ 344,555. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. TODDLER BEGINNINGS: TODDLER BEGINNINGS PROVIDES ADDITIONAL SERVICES FOR CHILDREN, AGES ONE TO THREE YEARS OLD, WHO ARE CONCURRENTLY ENROLLED IN THE IN-HOME PROGRAM. A NURTURING AND LITERACY-RICH ENVIRONMENT IS PROVIDED FOR UP TO 22 CHILDREN, FOUR DAYS PER WEEK. SIX TEACHERS TEACH LANGUAGE AND LITERACY DEVELOPMENT THROUGH TALKING, SINGING, FINGER PLAYS, READING, AND DRAMATIC PLAY. THE INSTRUCTOR-STUDENT RATIO IS 1:3. PARENTS VOLUNTEER A MINIMUM OF SIX TIMES PER YEAR AND PARTICIPATE IN BI-MONTHLY FAMILY NIGHTS AT THE SCHOOL.

INCLUDING GRANTS OF \$

0.

REVENUE

EXPENSES \$ 225,696.

<u>Schedule O (Form 990) 2021</u> Page **2**

GUADALUPE CENTER EDUCATIONAL PROGRAMS Name of the organization **Employer identification number** 87-0299521 INC. FORM 990, PART VI, SECTION A, LINE 1A: THE EXECUTIVE COMMITTEE HAS BEEN DELEGATED AUTHORITY TO ACT FOR 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 B, LINE 12C: ANNUALLY, THE BOARD IS REQUIRED TO FILL OUT A CONFLICT OF INTEREST POLICY. FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT REVIEWS THE EXECUTIVE DIRECTOR'S COMPENSATION. THEY USE INDEPENDENT SALARY DATA THAT THEY ACQUIRED FOR THE UTAH AREA TO ASSIST IN THE COMPENSATION DETERMINATION. FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, AND ON WEBSITES SUCH AS GUIDESTAR. FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 45,848. MANAGEMENT AND GENERAL EXPENSES 7,992. 2,484. FUNDRAISING EXPENSES 56,324. TOTAL EXPENSES PURCHASED PROPERTY SERVICES:

Schedule O (Form 990) 2021 Page 2

Schedule O (Form 990) 2021 Name of the organization GUADALUPE CENTER EDUCATIONAL PROGRAMS INC.	Employer identification number 87-0299521
PROGRAM SERVICE EXPENSES	807,800.
MANAGEMENT AND GENERAL EXPENSES	7,718.
FUNDRAISING EXPENSES	6,289.
TOTAL EXPENSES	821,807.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	878,131.

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

GUADALUPE CENTER EDUCATIONAL PROGRAMS INC.

Employer identification number 87-0299521

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

organizations during the tax year.

(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	1	512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FRIENDS OF GUADALUPE - 46-3984689							
1385 N 1200 W				LINE 12C,			l
SALT LAKE CITY, UT 84116	SUPPORT ORGANIZATION	UTAH	501(C)(3)	III-FI	N/A		X
GUADALUPE HOLDING COMPANY - 46-3985736							1
1385 N 1200 W	REAL ESTATE HOLDING			LINE 12D,			l
SALT LAKE CITY, UT 84116	COMPANY	UTAH	501(C)(3)	III-O	N/A		Х
	_						l
	-						
							<u> </u>

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

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	al or P ging er?	Percentage ownership
		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•		-		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		X
	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) (b) (c) (d) Name of related organization Transaction Amount involved Method of determining amount inv	rolyod		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GUADALUPE HOLDING COMPANY	J	378,189.	FMV
(2) GUADALUPE HOLDING COMPANY	В	378,189.	FMV
(3) FRIENDS OF GUADALUPE	С	214,777.	FMV
(4) FRIENDS OF GUADALUPE	D	717,164.	OUTSTANDING BALANCE
<u>(5)</u>			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

Schedule R (Form 990) 2021

Schedule R	(Form 990) 2021 INC.	87-0299521	Page 5
Part VII	(Form 990) 2021 INC. Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Schedule R (Form 990) 2021