	-		EXTENDED TO MAY 15, 2 Return of Organization Exempt F	024 From li	ncome Tax	OMB No. 1545-0047
Fo	rm 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	Code (exc	ept private foundations)	2022
		of the Treasury	Do not enter social security numbers on this form as Go to www.irs.gov/Form990 for instructions and t	-	•	Open to Public
		enue Service	-		UN 30, 2023	Inspection
_			organization		D Employer identifica	tion number
	Check if applicab		organization			
	Addre chang		ALUPE HOLDING COMPANY			
	Name		usiness as		46-398573	6
	Initial return			Room/suite	E Telephone number	
	Final return	//	N 1200 W		801-531-6	100
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	354,362.
	Amen return	J SALI	LAKE CITY, UT 84116		H(a) Is this a group retu	
	Applic tion pendi		nd address of principal officer: PHILIP JEFFS		for subordinates?	Yes X No
		SAME	AS C ABOVE		H(b) Are all subordinates inclu	
		empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	1 '	st. See instructions
	Websi		X Corporation Trust Association Other	L Veen	H(c) Group exemption	
	art I	Summary		L Year	of formation: 2013 M	State of legal domicile: O I
-	1	-	e the organization's mission or most significant activities: TO CC	ONSTRU	CT. OWN AND I	EASE A
g	3 .		BUILDING TO GUADALUPE CENTER EDUCA			
Governance	2	Check this bo				ts.
	3	Number of vot	ing members of the governing body (Part VI, line 1a)) 3	3
		Number of inc	4	1		
Activities &	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)	\mathbf{X}	5	0
vitik	6	Total number	of volunteers (estimate if necessary)		6	1
i+c A	7a	Total unrelate	d business revenue from Part VIII, column (C), line 12	•	<u>7a</u>	0.
_	` <u>b</u>	Net unrelated	business taxable income from Form 990-T, Part I, line 1			0.
			\bigcirc		Prior Year	Current Year
	8		and grants (Part VIII, line 1h)		0.	0. 240,000.
Revenue	9	•	ce revenue (Part VIII, line 2g)		353,607.	114,362.
ă C	10		come (Part VIII, column (A), lines 3, 4, and 7d,		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		353,607.	354,362.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)		0.	0.
U	, 15				0.	0.
000	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Evnancae	b b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) <u>10,93</u>	39.		
Ú	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		593,703.	670,455.
	18		s. Add lines 13 17 (must equal Part IX, column (A), line 25)		593,703.	670,455.
	19	Revenue less	expenses. Subtract line 18 from line 12		-240,096.	-316,093.
t Assets or		Tatal 1 "			ginning of Current Year	End of Year
Sset	면 20	Total assets (F			<u>6,372,988.</u> 94,347.	<u>6,461,232.</u> 498,684.
Net A	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		6,278,641.	5,962,548.
	art II	Signature			0,2/0,0410	5,502,540.
		-	declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my ke	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of wh			
		· · ·				

	, , , , , , , , , , , , , , , , , , , ,						
Sign	Signature of officer	Date					
Here	JAMES CARTER, SECRETARY/TREASURER						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature	Date Check PTIN					
Paid	KYLE FRITCH, CPA KYLE FRITCH, CPA	05/14/24 self-employed P01313374					
Preparer	Firm's name EIDE BAILLY LLP	Firm's EIN 45-0250958					
Use Only	Firm's address 5 TRIAD CENTER, STE. 600						
	SALT LAKE CITY, UT 84180-1106	Phone no.801-532-2200					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
232001 12-1	232001 12-13-22LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)						

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	e or Name of exempt organization or other filer, see instructions.			Taxpayer identification number		
print GUADALUPE HOLDING COMPANY			46-39			985736
File by the due date for filing your 1385 N 1200 W						
return. See instructions.	City, town or post office, state, and ZIP code. For a fo SALT LAKE CITY, UT 84116	oreign addr	ress, see instructions.	1		
Enter the l	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicatio	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 1041-A			08
Form 4720	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-	PF	04	Form 5227			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	T (trust other than above)	06	Form 8870			12
Form 990-	T (corporation)	07	\sim			
 If the o If this is box ▶ [1 rec the ▶ [one No. ► 801-531-6100 rganization does not have an office or place of business s for a Group Return, enter the organization's foundigit (. If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the orgation calendar year or X tax year beginning OUL 1, 2022 e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Aroup Exe and atta <u>MAX</u> anization's	mption Number (GEN) If ch a list with the names and TINs of 7 15, 2024, to file return for: d ending JUN 30, 2023	this is fo all memb	r the whole ers the extension npt organize	
	is application is for Forms 990-PF, 990-T, 4720, or 6069 nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					
estir	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			_
usin	using EFTPS (Electronic Federal Tax Payment System). See instructions.				\$	0.
Caution: I	If you are going to make an electronic funds withdrawal ns.	(direct deb	it) with this Form 8868, see Form 84	53-TE and	d Form 887	'9-TE for payment

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

Form 8868 (Rev. 1-2022)

Form		age 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: CONSTRUCT AND PROVIDE A LOCATION FOR GUADALUPE CENTER EDICATIONAL PROGRAMS TO PERFORM ITS PROGRAM FUNCTIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
4.	revenue, if any, for each program service reported. (Code:) (Expenses \$ 435,444. including grants of \$) (Revenue \$ 240,00	
4a	(Code:)(Expenses \$435,444. including grants of \$)(Revenue \$240,00 GUADALUPE HOLDING COMPANY (GHC) CONSTRUCTED EDUCATIONAL FACILITIES FOR GUADALUPE CENTER EDUCATIONAL PROGRAMS INC. (GCEP) UTILIZING NEW MARKET TAX CREDITS. FRIENDS OF GUADALUPE (FOG) ANOTHER SUPPORTING ORGANIZATIO	S
	FOR GCEP, RECEIVED A GRANT FROM GCEP TO FUND A LEVERAGE LOAN TO AN	<u></u>
	INVESTMENT FUND WHICH INVESTED IN GHC. GHC WILL DEASE THE BUILDING TO	
	GCEP UNDER A NET LEASE FOR A 30-YEAR TERM.	
	GCEP UNDER A NET LEASE FOR A 30-YEAR TERM.	
	\sim	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	()	
	X	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 435,444.	
	QQU	(0000)

-			
orm	990	(2022)	

Form 990 (2022) GUADALUPE HOLDING COMPANY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			77
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part V line 15, that is 5% or more of its total assets reported in			x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.44	х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u>_</u>	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
h	Schedule D, Parts XI and XII	12a		
D		12b	х	
13	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	120	23	X
		14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	140		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a		20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21		х

Form	990	(2022)
	330	(2022)

Form 990 (2022) GUADALUPE HOLDING COMPANY Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
L	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "yes, complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		Х
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? It Yes, " complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
~	"Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-eash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<u>30</u> 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 23
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	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?	1		
Pa	Note: All Form 990 filers are required to complete Schedule O Tt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		103	110
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form	990 (2022) GUADALUPE HOLDING COMPANY 46-3985 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	736	P	age 5
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		165	NO
Lu	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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).			
5a	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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		v
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<u> </u>
g	If the organization received a contribution of qualified intellectual property, during organization rice form 8699 as required?	7g 7h		<u> </u>
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
C	Enter the amount of reserves on hand	44-		x
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i>	14b		├──
15		15		x
	excess parachute payment(s) during the year?	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	If "Yes," complete Form 4720, Schedule O.	10		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.			

Page **6**

 Form 990 (2022)
 GUADALUPE HOLDING COMPANY
 46-3985736
 Page

 Part VI
 Governance, Management, and Disclosure.
 For each "Yes" response to lines 2 through 7b below, and for a "No" response

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	
Oneck in Schedule O contains a response of note to any line in this r art vi	

X		
	Х	

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

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

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

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

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

• List all of the organization's current key employees, if any. See 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)

• List the organization's five current nighest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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.

• 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 nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than d	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation 🔌	compensation	amount of
	week		cer ar I	id a d	irecto	or/trus [.]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	l a			ted		organization	(W-2/1099-MISC/	from the
	related	stee (ruste			Densa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru:	onal t		loyee	e com		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lnc	lus	0ff	Ke	engc	For			
(1) RICHARD PATER	1.00								010 050	
PRESIDENT SEPT-JUNE	40.00	Х		X				0.	218,863.	34,797.
(2) JAMES CARTER	1.00					Ċ		ſ		
TREASURER/SECRETARY SEPT-JUNE	40.00	Х		х		\~		0.	154,319.	17,734.
(3) PHILIP JEFFS	0.30					2				
PRESIDENT JULY-AUG/CHAIR	1.00	Х		X				0.	0.	0.
(4) SCOTT GROW	1.00)						
SECRETARY JULY-AUG	0.50	x		х				0.	0.	0.
		~								
X	•					-				
$()^{*}$										
X										
						-				

Form 990 (2	2022) GUADALUPE	E HOLDIN	G	COM	PA	NY			46-3985	5736	Page 8
Part VII	Section A. Officers, Directors, Trus	tees, Key Emp	loye	es, ar	nd H	ighes	st C	ompensated Employee	s (continued)		
	(A) Name and title	(B) Average hours per week	(do r box,		(C) sitic k mor	on re than o n is both	one 1 an	(D) Reportable compensation from	(E) Reportable compensation from related	Esti amo	(F) mated ount of ther
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee Officer	Kev em plovee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	from organ and	ensation m the nization related izations
									1		
								CON			
						c		<u>}</u>			
c Tota	otal I from continuation sheets to Part VI I (add lines 1b and 1c)	, Section A		\sim	(~)-		0. 0. 0.	373,182. 0. 373,182.		<u>,531.</u> 0. ,531.
	l number of individuals (including but n pensation from the organization	ot limited to the	ose I	isted a	abov	re) wh	o re	eceived more than \$100,	000 of reportable		0
line 1 4 For a	he organization list any former officer, la? <i>If "Yes," complete Schedule J for si</i> any individual listed on line 1a, is the su	uch individual m of reportable	 e cor	npens	atio	n and	oth	ner compensation from t	he organization	3	Yes No X
5 Did a	related organizations greater than \$150 any person listed on line 1a receive or a ered to the organization? <i>If</i> "Yes," com	ccrue compens	satio	n fron	n ang	y unre	elate	ed organization or individ	dual for services	4	X X
Section B	B. Independent Contractors		5 10	I SUCI	per	5011				U	
	plete this table for your five highest con organization. Report compensation for t									ation fron	ı
	(A) Name and business			NE				(B) Description of s		(C) Compens	ation
	number of independent contractors (ir		t lim	ited to	o thc	ose lis 0	ted	above) who received m	ore than		

1 a Federated campaigns 1a function revenue business revenue frosterior setti b Membership dues 1b ic i	Page S		
(A) Related or exempt function revenue Revenue <th <="" colspan="2" td=""><td></td></th>	<td></td>		
Total revenue Related or exempt function revenue Unrelated business revenue Offer function set indices age of geo of geo	[] (D)		
age of the federated campaigns 1a b b section section<	nue excluded		
area 1 a Federated campaigns 1a b Membership due 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1d g Moncah centibulos, gifts, gards, and diff 1f g Noncah centibulos, gifts, gards, and diff 1f g Noncah centibulos, gifts, gards, and diff 1f g Noncah centibulos included above 1f g Noncah centibulos included above 1f g Noncah centibulos included above 900099 2 a PROGRAM RENTAL INCOME 900099 g Total. Add lines 2a:7 240,000. g Total. Add lines 2a:7 11 h Income for investment of tax-exempt bond proceeds 5 Royatties 6a Gross ments <td>m tax under ons 512 - 514</td>	m tax under ons 512 - 514		
Both and the set of the			
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Business Code PROGRAM RENTAL INCOME b b c			
Business Code Description b b c c d c <td></td>			
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Business Code Description b b c c d c <td></td>			
900099 240,000. 240,000. b			
9 b c d d d f All other program service revenue 240 ,000. g Total. Add lines 2a.21 240,000. g Total. Add lines 2a.27 240,000. g Total. Add lines 2a.21 240,000. g Total. Add lines 2a.27 11 herestimilar amounts) 114 ,352 g Gross rents G b Less: rental expenses G c Cas amount from sales of assets other than inventory f f A forces amount from sales of assets other than inventory f f Cas or or (loss) f g Gross income trom fundraising events f g Gross income trom fundraising events g g Gross income from gaming acti			
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5 Royalties (i) Real (ii) Personal 6 a Gross rents 6a 6b 6c b Less: rental expenses 6c 6c 6c c Rental income or (loss) 6c 6c 6c 7 a Gross amount from sales of assets other than inventory 6c 7a b Less: cost or other basis and sales expenses 7a 7a 7a 7a c Gain or (loss) 7c 7a 7a 7a 7a d Net gain or (loss) 7c 7a 7a 7a 7a d Net gain or (loss) 7c 7a 7a 7a 7a d Net gain or (loss) 7c 7a 7a 7a 7a 7a d Net gain or (loss) 0 7a	1,0020		
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b Less: rental expenses 6b			
c Rental income or (loss) 6c			
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c Gain or (loss) 7c Image: Construction of the system of the syste			
d Net gain or (loss)			
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b Less: direct expenses 8b and and an and a an			
c Net income or (loss) from fundraising events			
9 a Gross income from gaming activities. See 9a Part IV, line 19 9a			
Part IV, line 19 9a			
c Net income or (loss) from gaming activities			
10 a Gross sales of inventory, less returns			
and allowances 10a			
b Less: cost of goods sold 10b			
c Net income or (loss) from sales of inventory			
Business Code			
11 a			
Mail d All other revenue Image: State Add lines 11s 11d			
e Total. Add lines 11a-11d 12 Total revenue. See instructions 354,362. 240,000. 0. 11	4,362.		

All other expenses

orm	990 (2022) GUADALUPE HO	OLDING COMPAN	NΥ	46-3	98
a	t IX Statement of Functional Expense	es			
ecti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must cor	nplete column (A).	
	Check if Schedule O contains a respon			(0)	. <u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and			1	
	persons described in section 4958(c)(3)(B)			1	
7	Other salaries and wages				
3	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			\mathbf{O}	
Э	Other employee benefits)	
C	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	1,600.	2	1,600.	
d	Lobbying		2 2		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	$\sim 0^{\circ}$			
	column (A), amount, list line 11g expenses on Sch 0.)	214,760.		214,760.	
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
3	Occupancy	240,000.	240,000.		
7	Travel				
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				-
)	Interest				\vdash
1	Payments to affiliates				\vdash
2	Depreciation, depletion, and amortization	212,352.	195,444.	5,969. 1,743.	-
3		1,743.		1,/43.	
7	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				

670,455.

435,444.

224,072.

10,939.

10,939.

Form 990 (2022)

5736 Page 10

(D) Fundraising expenses

X

Forr Pa

2

3

4 5

6

7 8

9 10 11

19 20 21

22 23 24

> а b С d

е

25

26

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use	or former c stantial co ese persor lified perso ed in section 10a 10b	bifficer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B) 8 , 0 36 , 7 26 . 1 , 8 51 , 4 53 .	(A) Beginning of year 161,597. 6,211,391.	1 2 3 4 5 5 6 7 8 9 9 10c 11 12	(B) End of year 275,959.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	or former of stantial co ese persor lified perso ed in section 10a 10b	officer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B) 8,036,726. 1,851,453.	Beginning of year 161,597.	2 3 4 5 5 6 6 7 8 8 9 9 10c 11	End of year 275,959.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current trustee, key employee, creator or founder, sub controlled entity or family member of any of the Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	or former of stantial co ese persor lified perso ed in section 10a 10b	officer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B) 8,036,726. 1,851,453.		2 3 4 5 5 6 6 7 8 8 9 9 10c 11	
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Loans and other receivables from any current of trustee, key employee, creator or founder, sub controlled entity or family member of any of the Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	or former of stantial co ese persor ilified perso ed in section 10a 10b	officer, director, ntributor, or 35% ns ons (as defined on 4958(c)(3)(B) 8,036,726. 1,851,453.	6,210,391.	6 7 8 9 10c 11	6,185,273
controlled entity or family member of any of the Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	ese persor Ilified perso ed in section 10a 10b	ns ons (as defined on 4958(c)(3)(B) 8 , 0 36 , 7 26 . 1 , 8 51 , 4 53 .	6,211,391.	6 7 8 9 10c 11	6,185,273
Loans and other receivables from other disqua under section 4958(f)(1)), and persons describe Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	Ilified perse ed in section 10a 10b 11 ⇒ 11	ons (as defined on 4958(c)(3)(B) 8,036,726. 1,851,453.	6,210,391.	6 7 8 9 10c 11	6,185,273
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Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	. 10a . 10b . 11 	8,036,726. 1,851,453.	6,211,391.	7 8 9 10c 11	6,185,273
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	10a 10b	8,036,726. 1,851,453.	6,210391.	8 9 10c 11	6,185,273
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	10a 10b	8,036,726. 1,851,453.	6,210,391.	9 10c 11	6,185,273
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	10a 10b	8,036,726. 1,851,453.	6,210391.	10c 11	6,185,273
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	10a 10b 111 11 11	1,851,453.	6,210391.	11	6,185,273
 Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets 	1106	1,851,453.	6,210,391.	11	6,185,273
Investments - publicly traded securities Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	e 11		6,211)391.	11	6,185,273
Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line Intangible assets	e 11 e 11		-0^{\times}		
Investments - program-related. See Part IV, line Intangible assets	e 11		-	12	
Intangible assets					
				13	
Other assets. See Part IV, line 11				14	
				15	
Total assets. Add lines 1 through 15 (must eq			6,372,988.	16	6,461,232
Accounts payable and accrued expenses			4,785.	17	4,785
Grants payable				18	
Deferred revenue				19	
Tax-exempt bond liabilities				20	
Escrow or custodial account liability. Complete				21	
Loans and other payables to any current or for					
trustee, key employee, creator or founder, sub					
controlled entity or family member of any of the				22	
Secured mortgages and notes payable to unre				23	
				24	
	•				
	es 17-24). (Complete Part X	80 562	05	493,899.
					498,684
	ook horo	T	J=,J=/•	20	400,0040
	ieck nere				
• • • • • • • • • • • • • • • • • • •			6 278 641	27	5,962,548.
			0,270,041.		5,502,540
				20	
•	556, chec				
ana complete illes zo tillough oo.	c			20	
Capital stack or trust principal, or surrant fund					
Paid-in or capital surplus, or land, building, or e	ncomo or		6 070 641		5,962,548.
Paid-in or capital surplus, or land, building, or e Retained earnings, endowment, accumulated i			n.//n n4i.	52	5,552,540
	Other liabilities (including federal income tax, p parties, and other liabilities not included on line of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cr and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC and complete lines 29 through 33. Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or e	Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	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 89,562. Total liabilities. Add lines 17 through 25 94,347. Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 6,278,641. Net assets without donor restrictions 6,278,641. Organizations that do not follow FASB ASC 958, check here Image: Complete lines 29 through 33. Capital stock or trust principal, or current funds Image: Capital surplus, or land, building, or equipment fund	Other liabilities (including federal income tax, payables to related third and other liabilities not included on lines 17-24). Complete Part X 89,562.25 Total liabilities. Add lines 17 through 25 94,347.26 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 6,278,641.27 Net assets without donor restrictions 28 Organizations that do not follow FASB ASC 958, check here 28 Organizations that do not follow FASB ASC 958, check here 28 Organizations that do not follow FASB ASC 958, check here 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31

,461,232. Form **990** (2022)

Form 990 (2022) GUADA Part X Balance Sheet

Form	1990 (2022) GUADALUPE HOLDING COMPANY	46-39	985736	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	354	., <u>3</u> 6	62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	670		
3	Revenue less expenses. Subtract line 2 from line 1	3	-316	,09	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,278	,64	41.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	5,962	,54	48.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	1			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
	C_{λ}		Form 9	390 (2022)
	\mathbf{V}				
	PUBLIC				
	\sim				
	X				
	-				

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne or t	the organization							
				ING COMPANY					6-3985736
Pa	rt I	Reason for Public (Sharity Status.	(All organizations must o	complete th	nis part.) S	ee instruction	S.	
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(⁻	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990).)				
3		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(i	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square	An organization that norma	-					e general r	public described in
•		section 170(b)(1)(A)(vi). (C	•		. en a ger			ie generalij	
8		A community trust describe		1)(Δ)(vi) (Complete Par	+ 11)		0		
9	\square	An agricultural research org			-	ed in coniu	inction with a	land-arant	college
5		or university or a non-land-g							
		university:	grant conege of agrico			name, ory		the college	
10		An organization that norma	lly receives (1) more	than 33 1/304 of its supr	ort from o	ontribution	ac mombarsh	in food and	d aross receipts from
10		activities related to its exem							
		income and unrelated busin		(less section 511 tax) in		ses acqui	red by the org	anization a	inter Julie 30, 1975.
44		See section 509(a)(2). (Con An organization organized a		volu to toot for public bo	forther Cons	ocation Fl	O(-)(4)		
11	X	An organization organized a							
12	<u> </u>				-			-	
		more publicly supported or							neck the box on
	_	lines 12a through 12d that							
а		Type I. A supporting orga							
		the supported organization			a majority c	of the direc	ctors or truste	es of the su	ipporting
		organization. You must o							
b		Type II. A supporting org							
		control or management o			ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus							
C	X							ly integrate	d with,
		_ its supported organization							
c		Type III non-functionally	integrated. A supp	orting organization oper	rated in co	nnection v	vith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	veness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	v .		
е	Х	Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Туре I, Туре	I, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						1
<u> </u>	Pro	vide the following information		d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the organized (IV) Is the organized (IV) (IV) (IV) (IV) (IV) (IV) (IV) (IV)	anization listed ing document?	(v) Amount of	2	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
		LUPE CENTER							
ED	UCA	TIONAL PROGRAM	87-0299521	7	X			0.	435,444.
_									
Tota	al							0.	435,444.

Schedule	A (I	Forn	n s	990)	2	2022
Part II		Su	р	por	t	Sc

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a				4		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)				\int		
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support				/		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,			2			
	dividends, payments received on		(
	securities loans, rents, royalties,			D			
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		. 6				
	business is regularly carried on						
10	Other income. Do not include gain)				
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities.	eto (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th			fourth or fifth tax y	vear as a section 5	· · · · ·	
10	organization, check this box and stor)					
Sec	tion C. Computation of Publi	-					·····
	Public support percentage for 2022 (I			column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s t	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qu	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2022

Schedule A			GUADALUPE			
Part III	Support	Schedule	for Organizations	Described i	n Section 50)9(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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	:022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
U	are not an unrelated trade or bus- iness under section 513							
л	Tax revenues levied for the organ-							
-	ization's benefit and either paid to				1			
	or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5				\bigcirc			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			JE				
с	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)			\mathcal{D}				
	tion B. Total Support					•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2	:022	(f) Total
9	Amounts from line 6		S					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975	<u>Kh</u>						
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) or	rganizatio	n,
	check this box and stop here						<u></u>	
Sec	ction C. Computation of Publi	ic Support Per	centage					
15	Public support percentage for 2022 (I	line 8, column (f), d	livided by line 13,	column (f))		15		%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16		%
Sec	ction D. Computation of Invest	stment Income	e Percentage					
17	Investment income percentage for 20	0 22 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17		%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18		%
	33 1/3% support tests - 2022. If the					3 1/3%, a	nd line 17	' is not
	more than 33 1/3%, check this box a							
b	33 1/3% support tests - 2021. If the	-	•				3 1/3%, ar	nd
	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organization							

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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") "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.)

Х 1 Х 2 х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

Jf



Sche	edule A (Form 990) 2022 GUADALUPE HOLDING COMPANY 46-3	98573	6 Ра	age 5
Pa	rt IV Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
с	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		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
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	Х	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described 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			
	supported organizations played in this regard.	3	Х	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- X The organization is the parent of each of its supported organizations. Complete line 3 below. h
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) с
- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

No

Х

х

Yes

1 4	Type in Non Functionally integrated bee(a)(b) supporting	orgu		
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complete	e Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		T	
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	N		
	(explain in detail in Part VI):		•	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ted Type III supporting orgai	nization (see

instructions).

Schedule A (Form 990) 2022

Schedule A	1		GUADALUPE			
Part V	Type III	Non-	-Functionally Integrate	d 509(a)(3) S	upporting Or	ganizations

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

Par	dule A (Form 990) 2022 GUADALUPE HOL t V Type III Non-Functionally Integrated 509		nizations (continu	<u>بر</u> امما	5-3985736 _P
	on D - Distributions	(Current Year
1	Amounts paid to supported organizations to accomplish exe	mot purposes		1	•••••••••
	Amounts paid to perform activity that directly furthers exemp				
	organizations. in excess of income from activity	· · · · · · · · · · · · · · · · · · ·		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
ecti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	IS	Distributable
			Pre-2022		Amount for 202
1	Distributable amount for 2022 from Section C, line 6		L		
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e	6			
g	Applied to underdistributions of prior years	~			
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,	0			
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	GUADALUPE	HOLDING C	OMPANY		46-39857	36 Pa
Part IV, Section A, lines line 1; Part IV, Section	s 1, 2, 3b, 3c, 4b, 4c, 5a, D, lines 2 and 3; Part IV,	, 6, 9a, 9b, 9c, 11a Section E, lines 1	a, 11b, and 11c; c, 2a, 2b, 3a, an	line 10; Part II, line 17a c Part IV, Section B, lines d 3b; Part V, line 1; Part e this part for any additio	1 and 2; Part IV, Se V, Section B, line 1	ection C,
PART I, LINE 12G						
EXPENSES INCURRED	ON BEHALF OF	GUADALUP	E CENTER	EDUCATIONAL	PROGRAMS	то

OPERATE THE BUILDING.

~ SEC

TION D, LINE 3	
SUPPORTED ORGANIZATION HAS THE DISCRETION TO DETERMINE THE AN	IOUNT
SUPPORT THAT IS GIVEN DIRECTLY TO THE PARENT ORGANIZATION.	
\mathcal{O}	
S	
S	

SCHEDULE D	
(Form 990)	

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.

l 2 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GUADALUPE HOLDING COMPANY

Employer identification number 46-3985736

Pa			Similar Funds	or Accounts. Co	omplete if the	е
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advise	ad funds	(b) Funds and	other accour	
	Tatal mumber at and of your				Juliel accour	11.5
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			and from the		
5	Did the organization inform all donors and donor advisors in	-		Г	X	
~	are the organization's property, subject to the organization's	-		L	Yes	└── No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of			Ŭ r	Vee	
Pa	impermissible private benefit? t II Conservation Easements. Complete if the or	ragnization answered "Ve	e" on Form 990	Dart IV line 7	Yes	No No
1	Purpose(s) of conservation easements held by the organizati		<u>s on Form 990,</u>			
			Droportyation	f historically importa	nt land area	
	Preservation of land for public use (for example, recreation of natural habitat			f a historically importa f a certified historic sti		
				a certined historic str	ucture	
0	Complete lines 2a through 2d if the organization held a quali	fied concernation contrib	ution in the form	of a concernation and	amont on the	laat
2	day of the tax year.	ined conservation contrib			the End of the	
			2	2a		
a b			•			
b	Number of conservation easements on a certified historic str					
d	Number of conservation easements included in (c) acquired		ot on a			
u			orona	2d		
3	Number of conservation easements modified, transferred, re		terminated by the		ho tax	
5	year	ieased, exilliguisiled, or	terminated by the	organization during t	ie lax	
4	Number of states where property subject to conservation ea	coment is located				
5	Does the organization have a written policy regarding the pe		tion handling of			
Ŭ	violations, and enforcement of the conservation easements i			Г	Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					
•		,	ia enterenig een			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations. and er	nforcing conserva	tion easements during	the vear	
		0 ,	0		, ,	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requiremen	ts of section 170	(h)(4)(B)(i)		
				Г	Yes	No
9	In Part XIII, describe how the organization reports conservati					
	balance sheet, and include, if applicable, the text of the foot				е	
	organization's accounting for conservation easements.	-				
Pa	t III Organizations Maintaining Collections o	f Art, Historical Tre	asures, or Of	ther Similar Asse	ts.	
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rev	enue statement a	and balance sheet wor	ks	
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education	, or research in fu	urtherance of public		
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that des	scribes these item	ns.		
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenu	e statement and	balance sheet works o	of	
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in furth	herance of public serv	ice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre	easures, or other similar a	issets for financia			
	the following amounts required to be reported under FASB A	ASC 958 relating to these	e items:			
а	Revenue included on Form 990, Part VIII, line 1			\$		
b				\$		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedu	le D (Form	990) 2022

Sche		PE HOLDING					3985736	
Par	t III Organizations Maintaining C	Collections of Art	t, Historical Tr	easures, or	Other S	Similar Asse	ets _{(continu}	ued)
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	e following that	make sigr	nificant use of i	ts	
	collection items (check all that apply):							
а	Public exhibition	d	I 📃 Loan or ex	change progra	m			
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	how they further	the organizatio	n's exemp	t purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations o	of art, historical trea	asures, or othe	r similar as	ssets		
	to be sold to raise funds rather than to be m						Yes	No No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizat	ion answered "	Yes" on Fo	orm 990, Part I	V, line 9, or	
	reported an amount on Form 990, Pa	art X, line 21.						
1a	Is the organization an agent, trustee, custod	lian or other intermed	iary for contributio	ns or other ass	ets not inc	cluded		
	on Form 990, Part X?						Yes	🗌 No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escrow or o	custodial accou	int liability	?	Yes	No No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	-	swered "Yes" on F					
		(a) Current year	(b) Prior year	(c) Two years	s back (d	I) Three years ba	ck (e) Four	years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships		6					
е	Other expenditures for facilities		\sim					
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment	_%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	and administere	ed for the			
	organization by:							Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organiza			?			3b	
4	Describe in Part XIII the intended uses of the	ŭ	wment funds.					
Par	t VI Land, Buildings, and Equipm			0 5 000	B	10		
	Complete if the organization answere		, ,	í	,			
	Description of property	(a) Cost or o		st or other	. ,	umulated	(d) Book	value
		basis (investn		s (other)	depre	eciation	40-	425
	Land			25,435.	1 -			,435.
	Buildings			21,081.		45,107.		,974.
	Leasehold improvements		5	20,210.	30	06,346.	213	,864.
d	Equipment						0.00	000
	Other			70,000.			6.185	,000.
Total	Add lines 1a through 1e (Column (d) must a	any of Farma 000 Davet	V aaluman (D) lina	10-1			ראו ה	

Schedule D (Form 990) 2022

Schedule D) (Form 990) 2022	GUADALUPE H	OLDING COMPAN	Y	46-3985736 Page 3
Part VII		Other Securities.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X	, line 12.
(a) Descrip	otion of security or categ	Ory (including name of security)	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
					· · · · ·
. ,					
(2) Olosely (3) Other	neid equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
		, Part X, col. (B) line 12.)			
Part VIII		Program Related.			
	Complete if the org	anization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X	
	(a) Description of	investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)				\sim	
(9))	
	b) must equal Form 990 Other Assets.	, Part X, col. (B) line 13.)			
Part IX					
	Complete if the org			11d. See Form 990, Part X	
		(a)	Description		(b) Book value
(1)			<u> </u>		
(2)					
(3)			\bigcirc		
(4)		<u> </u>	•		
(5)					
(6)					
(7)					
(8)					
(9)					
	imn (h) must equal Fo	orm 990, Part X, col. (B) line	- 15)		
Part X	Other Liabilitie	S.	, , , , , , , , , , , , , , , , , , , ,		
			on Form 990. Part IV. line	11e or 11f. See Form 990,	Part X. line 25.
4		escription of liability	,,,	,	(b) Book value
<u>1.</u>	. ,				
	deral income taxes				493,899.
	ITERCOMPANY	PAIADLES			495,899.
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Fo	rm 990. Part X. col. (B) line	e 25.)		493,899.
					al statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

Sche	dule D (Form 990) 2022 GUADALUPE HOLDING COMPANY		46-398	5736 Page 4
_	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re		9
	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	114,362.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d	·	2e	0.
3	Subtract line 2e from line 1		3	114,362.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 240,000.		
с	Add lines 4a and 4b	·	4c	240,000.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	354,362.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	4		
1	Total expenses and losses per audited financial statements	T	1	430,455.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	0		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	430,455.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b 240,000.		
с	Add lines 4a and 4b		4c	240,000.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part Line 18.)		5	670,455.
Pa	t XIII Supplemental Information.			
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4; Part IN	/, lines 1b and 2b; Part V, line	4; Part X, line	e 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal information.		
	C			
PAI	RT X, LINE 2:			
GEI	BELIEVES THAT EACH ENTITY HAS APPROPRIATE	SUPPORT FOR ANY	ζ ΤΑΧ	
POS	SITIONS TAKEN AFFECTING THEIR ANNUAL FILING	REQUIREMENTS AN	ND, AS	SUCH,
	X			
DO	NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT A	ARE MATERIAL TO	THE	
COI	SOLIDATED FINANCIAL STATEMENTS. THE ORGANI	ZATIONS WOULD RE	ECOGNIZ	E
FU	URE ACCRUED INTEREST AND PENALTIES RELATED	TO UNRECOGNIZEI) TAX E	BENEFITS
ANI	D LIABILITIES IN INCOME TAX EXPENSE IF SUCH	INTEREST AND PH	ENALTIE	IS ARE
INC	CURRED.			
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:			

LEASE PAYMENTS

240,000.

PART XII, LINE 4B - OTHER ADJUSTMENTS: 240,000. 240,000. 240,000. 240,000. 240,000.	Schedule D (Form 990) 2022 GUA	ADALUPE HOLDING	COMPANY	46-3985736 Page 5
	Part XIII Supplemental Informatio	(continued)		
LEASE PAYMENTS 240,000.	PART XII, LINE 4B - OTH	IER ADJUSTMENTS:		
ener many 20,000	LEACE DAVMENING			240 000
public discont	LEASE FAIMENIS			240,000.
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SCH	IEDULE J	Compe	nsation Information	ОМ	B No. 1545-	0047		
(For	rm 990)		ectors, Trustees, Key Employees, and Highest		າງ	2		
		Complete if the organization	ompensated Employees on answered "Yes" on Form 990, Part IV, line 23.		202	2		
Depart	ment of the Treasury		Attach to Form 990.	-	en to Pu			
Interna	I Revenue Service		990 for instructions and the latest information.		Inspection			
Nam	e of the organizatior			Employer identif		umber		
Pa		GUADALUPE HOLDING s Regarding Compensation	G COMPANY	46-3985	0/36			
Га		s Regarding Compensation			X			
4	Chaole the energy	to hav(aa) if the argonization provided a	my of the following to as fer a nerson listed on Form		Ye	s No		
			any of the following to or for a person listed on Form relevant information regarding these items.	990,				
	First-class or c							
	Travel for com		Housing allowance or residence for perso					
		ation and gross-up payments	Payments for business use of personal re Health or social club dues or initiation fee					
		spending account	Personal services (such as maid, chauffer					
		spending account						
h	If any of the boxes	on line 1a are checked, did the organizat	ion follow a written policy regarding payment or					
			above? If "No," complete Part III to explain		1b			
	•	•	ing or allowing expenses incurred by all directors					
			, regarding the items checked on line 1a?		2			
	,	, 3						
3	Indicate which, if ar	ly, of the following the organization used	I to establish the compensation of the organization's	3				
	CEO/Executive Dire	ctor. Check all that apply. Do not check	any boxes for methods used by a related organizati	on to				
	establish compensa	ation of the CEO/Executive Director, but	explain in Part III.					
	Compensation	committee	Written employment contract					
	Independent c	ompensation consultant	Compensation survey or study					
	Form 990 of of	ther organizations	Approval by the board or compensation of	committee				
			\sim					
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 re	ated organization:						
а	Receive a severanc	e payment or change-of-control payment	?		4a	X		
b	Participate in or rec	eive payment from a supplemental nonq	ualified retirement plan?		4b	X		
с	Participate in or rec	eive payment from an equity-based com	pensation arrangement?		4c	X		
	If "Yes" to any of lin	es 4a-c, list the persons and provide the	applicable amounts for each item in Part III.					
)(3), 501(c)(4), and 501(c)(29) organizat						
5	For persons listed of	n Form 990, Part VII, Section A, line 1a,	did the organization pay or accrue any compensation	n				
	contingent on the re							
	The organization?			····· -	5a	<u> </u>		
	Any related organiz				5b	X		
		r 5b, describe in Part III.						
		•	did the organization pay or accrue any compensation	n				
	contingent on the n	-				37		
					6a	X		
				·····	6b	X		
		r 6b, describe in Part III.						
			did the organization provide any nonfixed payments			V		
					7	<u> </u>		
	-		accrued pursuant to a contract that was subject to the			v		
					8	X		
			able presumption procedure described in					
	Regulations section				9			
LHA	For Paperwork Re	eduction Act Notice, see the Instructio	ns for Form 990.	Schedule J	(Form 99	90) 2022		

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	1		reported as deferred on prior Form 990
(1) RICHARD PATER	(i)	0.	0.	0.	0	0.	0.	0.
PRESIDENT SEPT-JUNE	(ii)	218,863.	0.	0.	24,936.	9,861.	253,660.	0.
(2) JAMES CARTER	(i)	0.	0.	0.	0.	0.	0.	0.
TREASURER/SECRETARY SEPT-JUNE	(ii)	154,319.	0.	0.	17,734.	0.	172,053.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
	(i)							
	(ii)							
	(i)		(
	(ii)		C					
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i))					
	(ii)							
	(i)							
	(ii)	•						
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

GUADALUPE CENTER EDUCATIONAL PROGRAMS, THE ENTITY THAT COMPENSATES THE

OFFICER, IS THE ORGANIZATION THAT USED THESE PROCEDURES.

A d
^o X
S

SCHEDULE O	Supplemental Information to Form 990 or 990-	F7	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organization			identification number 985736
FORM 990, PA	RT VI, SECTION A, LINE 2:		
ALL INDIVIDU	ALS LISTED IN PART VII HAVE A BUSINESS RELATIO	NSHIP 2	AS THE
BOARD MEMBER	S SERVE ON THE BOARD OF A RELATED ORGANIZATION	THAT	EMPLOYS
RICHARD PATE	R.		
FORM 990, PA	RT VI, SECTION A, LINE 8B:		
THERE IS NO	COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF T	HE GOV	ERNING
BODY.			
FORM 990, PA	RT VI, SECTION B, LINE 11B:		
FORM 990 IS	PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE	E FILI	NG OF THE
FORM 990.	. 05		
FORM 990, PA	RT VI, SECTION C, LINE 19:		
DOCUMENTS AR	E MADE AVAILABLE UPON REQUEST.		
FORM 990, PA	RT IX, LINE 11G, OTHER FEES:		
MISCELLANEOU	S DUE BILIGENCE:		
PROGRAM SERV	ICE EXPENSES		0.
MANAGEMENT A	ND GENERAL EXPENSES		214,760.
FUNDRAISING	EXPENSES		0.
TOTAL EXPENS	ES		214,760.
TOTAL OTHER	FEES ON FORM 990, PART IX, LINE 11G, COL A		214,760.

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. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

46-3985736

Department of the Treasury Internal Revenue Service Name of the organization

GUADALUPE HOLDING COMPANY

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

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o	or Total inco	me End-of-yea	r assets Direct o	controlling	9
of disregarded entity		foreign country)			e	ntity	
	_						
	_						
	_						
	_						
	_	\mathbf{O}					
		Y					
Part II Identification of Related Tax-Exempt Organiza	ations. Complete if the organization a	nswered "Yes" on Form 990), Part IV, line 34, I	pecause it had one	or more related tax-exe	mpt	
organizations during the tax year.			1	1	1		
(a)	(b)	(c)	(d)	(e)	(f)	Section 5	g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	contr	olled
of related organization		foreign country)	section	status (if section	entity		ity?
				501(c)(3))		Yes	No
GUADALUPE CENTER EDUCATIONAL PROGRAMS -							
87-0299521, 1385 N 1200 W, SALT LAKE CITY,							
UT 84116	EDUCATION	UTAH	501(C)(3)	LINE 7	N/A		X
FRIENDS OF GUADALUPE - 46-3984689					GUADALUPE		
1385 N 1200 W				LINE 12C,	EDUCATIONAL		
SALT LAKE CITY, UT 84116	SUPPORT ORGANIZATION	UTAH	501(C)(3)	III-FI	PROGRAMS, INC.		X
	_						
	4						

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

Schedule R (Form 990) 2022

GUADALUPE HOLDING COMPANY Schedule R (Form 990) 2022

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(k)

No

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 Part III organizations treated as a partnership during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) Legal Name, address, and EIN Predominant income Share of total Code V-UBI General or Percentage Primary activity Direct controlling Share of Disproportionate domicile managing ownership (related, unrelated, of related organization entity income end-of-year amount in box (state or allocations? excluded from tax under sections 512-514) partner? 20 of Schedule assets foreign K-1 (Form 1065) Yes No Yes No country) 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 Part IV organizations treated as a corporation or trust during the tax year. (a) (b) (c) (d) (e) (f) (g) (h) (i) Section Name, address, and EIN Primary activity Direct controlling Type of entity Share of total Share of Percentage ownership egal domicile 512(b)(13) of related organization (state or entity (C corp, S corp, income end-of-year controlled foreian entity? or trust) assets country) Yes

Schedule R (Form 990) 2022 GUADALUPE HOLDING COMPANY

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	s No
1 During the tax year, did the organization engage in any of the following transactions						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·					X
				<u>1b</u>		X
				<u>1c</u>		X
				<u>1d</u>		X
e Loans or loan guarantees by related organization(s)				<u>1e</u>	X	+
f Dividends from related organization(s)		ć	\mathcal{A}	1f		x
g Sale of assets to related organization(s)						X
h Purchase of assets from related organization(s)				<u></u> 1h		X
i Exchange of assets with related organization(s)				<u>1</u> i		X
j Lease of facilities, equipment, or other assets to related organization(s)		<i>.</i> U		<u>1</u> i		X
•		<u> </u>				
k Lease of facilities, equipment, or other assets from related organization(s)		\mathbf{Q}^{\vee}		1k	x	
I Performance of services or membership or fundraising solicitations for related orga				11		X
m Performance of services or membership or fundraising solicitations by related organ	nization(s)	\mathbf{O}		1m		Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
o Sharing of paid employees with related organization(s)						
p Reimbursement paid to related organization(s) for expenses	C			1p		Х
q Reimbursement paid by related organization(s) for expenses	\sim			1q		Х
	5					
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		Х
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	t involved		
(1) GUADALUPE CENTER EDUCATIONAL PROGRAMS INC	ĸ	240,000.	FMV			
(2) GUADALUPE CENTER EDUCATIONAL PROGRAMS INC	Е	493,899.	OUSTANDING BALANCE			
(3)						
(4)						
(5)						
(6)						

Schedule R (Form 990) 2022 GUADALUPE HOLDING COMPANY

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No		(g) Share of end-of-year assets	(h) Dispropor- tionate allocations Yes No	of Schedule K-1	(j) General or managing partner? Yes NO	(k) Percentage ownership
					R					
			Ċ,	5						
			SCL							
	N	<u>}</u>								

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 GUAD Part VII Supplemental Information

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

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