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DLN: 93493082003073

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

2011

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection

nternal Re	venue	Service Fine organization may have to use a t	copy of this return to satisfy	state reporting	requirements	Inspection			
Fort		C Name of organization	2011 and ending 06-30-20	12	D Employer id	entification number			
_		Guadalupe Center Educational Programs							
Addre	ss ch	Inc Doing Business As			87-029952 E Telephone n				
Name	e char	ge			-				
_ Initial	retur	Number and street (or P O box if mail is not de	elivered to street address) Room/	<u> </u>	(801) 531-				
– Term	ınated	340 South Goshen Street			G Gross receipts	s \$ 3,844,345 			
- Amen - Applic		eturn City or town, state or country, and ZIP + 4 Salt Lake City, UT 84104 pending	1	_					
		F Name and address of principal office	cer	H/a) Takk		6			
		Victoria M Mori		affilia	s a group retur tes?	TYes ▼ No			
		340 South Goshen Street Salt Lake City, UT 84104							
		Sait Lake City, 01 04104		1 ` ′	affiliates includ	, ,			
Tax-	exem	pt status	☐ 4947(a)(1) or ☐ 527		o," attach a list p exemption ni	: (see instructions) umber >			
Wel	site	:► www.guadalupeschoolslc.org		11(0) 3132	p				
		anization 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other	h .		1066	M Chata of land damaged a 11			
Part		Summary Other	<u>F</u>	L Year of for	mation 1966 I	M State of legal domicile U⁻			
	Т	Briefly describe the organization's mission or mos The mission of Guadalupe School is to teach econ Rills needed to live productive, rewarding lives		dren and non-E	nglish speakin	g adults the vision and			
<u> </u>	5	kins needed to live productive, rewarding lives							
aoremance aoreman	_								
2									
;		Check this box 🔰 if the organization discontinue			1	ıssets			
		lumber of voting members of the governing body			3	2.5			
		lumber of independent voting members of the gov			4	2!			
	5 T	otal number of individuals employed in calendar	year 2011 (Part V, line 2a)		5	87			
	6 T	otal number of volunteers (estimate if necessary	·)		6	345			
	7a ⊺	otal unrelated business revenue from Part VIII,	column (C), line 12		7a	(
	ЬΝ	let unrelated business taxable income from Form	990-T, line 34		7b				
				Prio	r Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h) .			2,321,180	3,690,063			
≗│	9	Program service revenue (Part VIII, line 2g)			982				
Hevenue T	LO	Investment income (Part VIII, column (A), line	s 3, 4, and 7d)		6,621	5,818			
聋 ,	l1		her revenue (Part VIII, column (A.), lines 5, 6d, 8c, 9c, 10c, and 11e)						
1	L2	Total revenue—add lines 8 through 11 (must eq		ne	178,292	98,088			
		12)			2,507,075	3,794,309			
1	L3	Grants and similar amounts paid (Part IX, colun	nn (A), lines 1-3)			0			
1	L 4	Benefits paid to or for members (Part IX, column	n (A), line 4)			C			
د ي	L5	Salaries, other compensation, employee benefit	s (Part IX, column (A), lines		1,568,801	1,629,852			
8월 일일 .		5-10)	A > 1 4 4 ->						
140enses 1	L6a	Professional fundraising fees (Part IX, column (102,000	102,000			
	ь	Total fundraising expenses (Part IX, column (D), line 25)			401.162	400.36			
	L7	Other expenses (Part IX, column (A), lines 11a		•	481,162	409,267			
	L8	Total expenses Add lines 13-17 (must equal F			2,151,963	2,141,119			
	L9	Revenue less expenses Subtract line 18 from l	ine 12		355,112	1,653,190			
Fund Balances					of Current ear	End of Year			
選出	20	Total assets (Part X, line 16)			2,217,178	3,813,310			
漫士	21	Total liabilities (Part X, line 26)			316,994	263,080			
湮 ;	22	Net assets or fund balances Subtract line 21 fr			1,900,184	3,550,230			
Part	II	Signature Block			I	<u> </u>			
nder p	enali dge a	ties of perjury, I declare that I have examined this re and belief, it is true, correct, and complete. Declaration							
		*****			13-03-23				
ign		Signature of officer		Da	te				
lere		Greg Summerhays President							
		Type or print name and title							
		Preparer's	Date	Check If	1 '	ayer identification number			
aid		signature Robert K Lake		self- employed •	(see instruction	s)			
repar	er's	Firm's name (or yours Lake Hill & Myers			 				
lse Or		ıf self-employed),			EIN Þ				
01	,	address, and ZIP + 4 6695 South 1300 East			Dhene b	001) 047 7500			
		Calt Lake City LIT 94121			Phone no 🕨 (ou1) 94/-/500			

May the IRS discuss this return with the preparer shown above? (see instructions)

1 0111	111 930 (2011)	Page
Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	∀
1	Briefly describe the organization's mission	
sıde	adalupe School has served the educational needs of disadvantaged children and adult immigrants and refugees on Salt Lake Cr e since 1966 Through education, our programs help students overcome the barriers of poverty, illiteracy, and school failure Ooo teach economically disadvantaged children and non-English speaking adults the vision and skills needed to live productive, is	ur missior
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured be expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 1,077,442 including grants of \$) (Revenue \$)
	Charter Grade School The mission of Guadalupe Charter School is to develop our children's basic academic skills as well as the abilities and motivation life-long learning. The school serves up to 125 children in Kindergarten through the 4th grade with students receiving individualized instruction. Class is with a 1-12 instructor-student ratio. The enhanced elementary curriculum is implemented by individualized programming, team-teaching, one-to-one volunteers daily, computer software programs, and integration of curriculum into daily activities. Children are bussed door to door, as well as provided and/or lunch. The grade school was started in 1970 and became a charter school in 2007.	izes are smal tutoring with
	(Code) (Expenses \$ 223,541 including grants of \$) (Revenue \$ 340))
-	Adult Education Program The Adult Education program teaches adults with limited English proficiency, the language skills needed to better provide for achieve citizenship, and become active contributors to their community. The program annually serves over 250 adult non-English speaking immigrants who are responsible for their family's survival and welfare in our community, since 1966. Tuesday and Thursday classes are taught one-on-one or in stutoring. Professional staff supervise community volunteers as tutors using prepared lesson plans. Monday and Wednesday classes are taught in a smasetting by professional staff. A Family Literacy program is available on Tuesday and Thursday mornings and is taught by professional staff. Students rehours of instructions per week. Limited transportation and childcare services are provided. The Adult Education program uses 150 volunteers annually.	their families and refugee mall group all classroom
	(Code) (Expenses \$ 205,769 including grants of \$) (Revenue \$)
	Preschool Program Guadalupe School's preschool programs, which started in 1992, foster children's love of learning, confidence and independent think positive child, parent and teacher relationships, which lead children to reach their full potential in all developmental domains. The Preschool program p services for 50 three and four year old children via center-based instruction, four half days a week. Academic skills are taught by integrating pre-literamath concepts into everyday life. The instructor-student ratio is 1.6. Children in the Preschool program are bussed door to door and are provided brea	rovides cy skills and
	Other program services (Describe in Schedule O)	
TM	(Expenses \$ 276,046 including grants of \$) (Revenue \$)	
4e	Total program service expenses►\$ 1,782,798	

Dart TV	Chec	dist of	Pequire	d 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		N o
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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? If "Yes," complete Schedule G, Part I	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
20a		20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32		32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	. [
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0	4		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1	Yes	
2-	gaming (gambling) winnings to prize winners?	1c	165	
2a	Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
				ı
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			NO
-1 a	over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			No
		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
1.	organization solicit any contributions that were not tax deductible?	-		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a	Yes	
	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	1		
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		N.a
	Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b	1		
U	facilities	1		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other	1		
-	sources against amounts due or received from them)]		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		140
D	year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		No
b	Enter the aggregate amount of reserves the organization is required to maintain by			
_	the states in which the organization is licensed to issue qualified health plans]		
c	Enter the aggregate amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	1	lNο

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

Se	ection 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	25		
b	Enter the number of voting members included in line 1a, above, who are independent	25		
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?	y 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one of more members of the governing body?	7 a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde or persons other than the governing body?	rs, 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at organization's mailing address? If "Yes," provide the names and addresses in Schedule O	the 9		No
	ection B. Policies (This Section B requests information about policies not required by the Interna-	ıl		
KE	evenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil the form?	ıng 11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give	12b		N.a
c	rise to conflicts?			No
	ın Schedule O how this was done	12c		No
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	. 14		No
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	ا ۱۶		
	, , ,	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with taxable entity during the year?	16a		No
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		No
Se	ection C. Disclosure			•
17	List the States with which a copy of this Form 990 is required to be filed▶			

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

✓ Own website ✓ Another's website ✓ Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization F MarySue Howisey

340 South Goshen Street

Salt Lake City, UT 84104 (801) 531-6100

<u>Part VII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz		lated or	ganı	zatio	ns c	ompe	ensa	ted any current or fo	ormer officer, direc	tor, or trustee	
(A) Name and Title	(B) A verage hours per week (describe hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations	
(1) Debbie Thacker Board Member	1 00	х						0	0	0	
(2) Senator Luz Robles Board Member	1 00	х						0	0	0	
(3) Robert Rendon Board Member	1 00	х						0	0	0	
(4) Lu Anne Reese Board Member	1 00	х						0	0	0	
(5) Kathryn Price Vice President	2 00	х		Х				0	0	0	
(6) Rob Olsen Board Member	1 00	Х						0	0	0	
(7) Lında O'Connor Vıce President	2 00	х		Х				0	0	0	
(8) Mark Murdock Board Member	1 00	х						0	0	0	
(9) Kathie Miller Board Member	1 00	х						0	0	0	
(10) Shauna Carter Mabey Board Member	1 00	х						0	0	0	
(11) Patricia Lucas Board Member	1 00	х						0	0	0	
(12) Nancy Lawson Board Member	1 00	х						0	0	0	
(13) Brenda Willis Board Member	1 00	х						0	0	0	
(14) Steve Sheranian Board Member	1 00	х						0	0	0	
(15) Drew Butler Vice President	2 00	х		Х				0	0	0	
(16) Shaun Bawden Board Member	1 00	х						0	0	0	
(17) Jeff Durham Board Member	1 00	Х						0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe	Position (do not check more than one box, unless person is both an officer and a director/trustee) Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation (ompensation (W-2/1099-MISC)							compensation from related organizations	(F) Estimated amount of other compensation from the organization and			
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	Of	relate rganıza		
(18) Tom Dunlap Board Member	1 00	x						o	C			(,
(19) Jodi Morgan Vice President	2 00	х		х				0	C			()
(20) Greg Summerhays President	2 00	х		Х				0	C			(-
(21) Jill Dempsey Krishnamurthy Vice President	2 00	х		х				0	C			(-
(22) Kristine Rasmussen Board Member	1 00	х						0	C			(-)
(23) David A Kuhn Board Member	1 00	х						0	C			(-
(24) Melinda Pelo Vice President	2 00	х		х				0	C			(-
(25) Sharon Broadwater Board Member	1 00	х						0	C			(-
(26) Victoria M Mori Exec Director	40 00			х				94,006	C			125	- ;
													•
													•
													-
													-
1b Sub-Total				•	<u>. </u>		F						
c Total from continuation sheets t	o Part VII, Sect	tion A		•	•		>	21.225				40.5	
d Total (add lines 1b and 1c)						• • • • • • • •	-	94,006	_			125]
Total number of individuals (inclu \$100,000 of reportable compens					tea	above) wnc	received more tha	П				
											Yes	No	-
3 Did the organization list any form				e, k	ey e	mploy	ee, c	or highest compensa	ited employee				
on line 1a? If "Yes," complete Sch				•	•	•	•		<u> </u>	3		No	
4 For any individual listed on line 1 organization and related organiza													
Individual			•	•	• ·		•			4		No	
5 Did any person listed on line 1a r services rendered to the organiza										5		No	
Section B. Independent Cont	ractors												-
1 Complete this table for your five \$100,000 of compensation from or within the organization's tax ye	the organization												
Nam	(A) ne and business add	Iress						Descri	(B) ption of services		(C) Compen		-
													-
													-
													-
2 Total number of independent contr \$100,000 of compensation from the			ot lin	nited	to t	hosel	liste	d above) who receiv	ed more than				

Form 9	•	•	_					Page 9
Part \	<u> </u>	Statement of	Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaı	gns 1a	121,918				
필	ь	Membership dues	1b					
ું.	c	Fundraising event	s 1c					
<u>≅</u> ,≅	d	Related organizati						
a E S E	e	Government grants (c		1,216,027				ļ
Contributions, gifts, grants and other similar amounts	f g	All other contributions, similar amounts not in Noncash contributions 1a-1f \$	ncluded above tions included in	2,352,118				
and	h	Total. Add lines 1		▶	3,690,063			
				Business Code				
Program Service Revenue	2a	Other Program Reven	ue	900099	340	340		
æ ₹	b							
93	c							
<u>.</u>	d							
Ē	e							
200	f	All other program	service revenue					
Š	g	Total. Add lines 2	a-2f		340			
	3	Investment incom	ne (ıncludıng dıvıdend	ds, interest				
			amounts)	F-	5,818			5,818
	4		ent of tax-exempt bond p	· · · ·	0			
	5	Royalties	(ı) Real	(II) Personal	0			
	6a	Gross rents	(I) Real	(II) Personal				
	ь	Less rental						
	_c	expenses Rental income						
	d	or (loss)	or(loss)	<u></u>	o			
	-		(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	d	Gain or (loss) Net gain or (loss)			o			
<u>ə</u>	8a	Gross income from events (not include	n fundraising					
Other Revenue		\$ of contributions re See Part IV, line :						
ē	Ь	Less direct expe	a nses b	148,124 50,036				
₹	c		ss) from fundraising 6		98,088			98,088
	9a	Gross income from See Part IV, line	n gaming activities 19 a					
	b c	Less direct expe	ŀ	/ities	o			
	10a	Gross sales of inv returns and allowa						
	b c	Less cost of good Net income or (los		entory ►	o			
		Miscellaneous R		Business Code				
	11a							
	Ь							
	C							
	d	All other revenue	ı					
	e	Total. Add lines 1	1a-11d		0			
	12	Total revenue. Se	e Instructions	. ▶				
					3,794,309	340		103,906

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX

	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			<u> </u>
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	94,699	51,630	33,780	9,289
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons	0	31,030	33,700	3,203
7	described in section 4958(c)(3)(B) Other salaries and wages		1,140,083	EE 222	94.757
8	Pension plan contributions (include section 401(k) and section	1,280,162	, ,	55,322	84,757
_	403(b) employer contributions)	21,445	17,267	1,607	2,571
9	Other employee benefits	141,031	128,771	6,729	5,531
10	Payroll taxes	92,515	79,895	5,653	6,967
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0	.=		
С	Accounting	18,365	17,060	593	712
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	102,000			102,000
f	Investment management fees	0			
g	Other	31,890	23,125	146	8,619
12	Advertising and promotion	0			
13	Office expenses	88,452	82,262	2,220	3,970
14	Information technology	0			
15	Royalties	0			
16	Occupancy	102,868	94,813	3,526	4,529
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	2,107	2,107		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	53,785	47,715	5,785	285
23	Insurance	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Other	9,944	6,988	1,752	1,204
b	Outside Services	25,698	14,924	4,370	6,404
С	School Lunch	76,158	76,158		_
d					
e					
f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f	2,141,119	1,782,798	121,483	236,838
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 391,011 256,705 1 1 690.248 695.900 2 2 3 233,820 210,636 3 5.286 8.733 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 0 0 7 0 8 9 13,809 9 13,500 Prepaid expenses and deferred charges 1,424,911 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 844,773 613,353 b Less accumulated depreciation 10c 580,138 0 11 11 12 0 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 14 269,651 15 2,047,698 15 2,217,178 3,813,310 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 78,790 102,798 17 17 Accounts payable and accrued expenses . 18 18 19 26,735 19 24,090 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L \ldots . \ldots . \ldots 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 211,469 24 136,192 25 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 25 D 26 316,994 26 263,080 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,345,113 1,301,532 Unrestricted net assets 390,071 28 2,083,698 28 Temporarily restricted net assets Fund 29 165,000 29 165,000 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 1.900.184 33 3.550.230 34 Total liabilities and net assets/fund balances 2.217.178 34 3.813.310

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	794,30
2	Total expenses (must equal Part IX, column (A), line 25)	2			41,11
3	Revenue less expenses Subtract line 2 from line 1	3		1,6	553,19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,9	900,18
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-3,14
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,5	550,23
Par	TEXII Financial Statements and Reporting Check If Schedule O contains a response to any question in this Part XII		•	୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	:	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		No

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As Filed Data -

DLN: 93493082003073

Employer identification number

OMB No 1545-0047

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Guadalupe Center Educational Programs
Inc 87-0299521

Pa	rt I	Reas	on for Pu	ıblic Charity Sta	tus (All ord	nanizations	s must com	nlete this r	art) See ir		ns		
				te foundation becaus						15ti actic	7113		
1	Ī			ion of churches, or a			-						
2			•	d in section 170(b)(1			-	- / (- / (- / (- / - /					
3	,			perative hospital se				n 170(b)(1)	(A)(iii).				
4	, —			h organization opera						1)(A)(iii	i) Entert	he	
•	,			ity, and state	cea iii eoiljaii	ecton with a	nospital des	eribed iii se	270(2)(-/(~/(JI Ellicor c		
5	Γ	_	•	erated for the benefi (A)(iv). (Complete P	_	or universi	ty owned or o	perated by	a government	tal unıt d	escribed	ın	
6	\vdash			local government o		tal unit desc	rihed in sect i	ion 170(h)(1	1)(A)(v)				
7	<u>,</u>	An orga describ	anızatıon the oed in	at normally receives (A)(vi) (Complete P	a substantia					rom the o	general pu	ıblıc	
8	_			: described in sectio i		A)(vi) (Cor	mnlete Dart II	τ \					
9	<u>'</u>			at normally receives					hutions mor	harchin	face and	aross	=
9	,	_		uties related to its e					•	•	· ·	_	,
		•			•	_		-					
				oss investment inco						tax) II o II	Dusilles	565	
10	_			ganization after June									
10 11	<u>'</u>			ganized and operated ganized and operated									
	'	one or the box	more public	ly supported organiz ibes the type of supp b Type I	ations descr	ibed in sect ization and (ion 509(a)(1) or section es 11e throu	509(a)(2) S gh 11h	ee sectio		(3). C	heck
e f	Γ	other the section If the ocheck to	han foundat n 509(a)(2) organization this box	ox, I certify that the ion managers and ot received a written d	her than one	or more pub	olicly support	ed organiza	tions describ	ed in sec	tion 509	(a)(1)	or or
g			_	2006, has the organ	ization accep	oted any gift	or contributi	on from any	of the				
			ng persons? Arson who di	rectly or indirectly o	ontrols eith	eralone ort	ogether with	nersons des	scribed in (ii)		Г	'es	No
				governing body of th			_	persons des	scribed iii (ii)	_	11g(i)	<u>es</u>	110
				er of a person descri		_	a cron-			<u> </u>	11g(i)	-	
			-	lled entity of a perso			shovo?				11g(ii)	-+	—
h				ng information about						Ŀ	119(111)		—
				.		· 							
(i) Name of supported organization		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	organization in col (i) listed in ve vour governing		(v) Did you not organizat col (i) of suppor	ion in your	e (vi) e Is the organizati col (i) orga in the U			(vii) moun suppo	nt of
				(see (nstructions))	Yes	No	Yes	No	Yes	No			
Tota	1												

instructions

Support Schedule for Organizations Described in IRC 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	e organization	tails to qualify u	nder the tests I	isted below, ple	ease cor	nplete	Part III.)
	ection A. Public Support	1	T	ı	Т		Т	
cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,891,60	4 1,847,670	1,759,245	2,321,180	3,	690,063	11,509,762
_	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	1,891,60	4 1,847,670	1,759,245	2,321,180	3,	690,063	11,509,762
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,551,990
6	Public Support. Subtract line 5							0.057.770
	from line 4							9,957,772
	ection B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	A mounts from line 4	1,891,604	1,847,670	1,759,245	2,321,180	3,	690,063	11,509,762
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	23,581	17,209	12,261	6,621		5,818	65,490
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							0
11	Total support (Add lines 7 through 10)							11,575,252
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		881,860
13	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul			, thırd, fourth, or fı	fth tax year as a !	501(c)(3) organı	zation, ► T
<u> </u>	Public Support Percentage for 201			11 column (f))		14		86 030 %
15	Public Support Percentage for 201	•	•	. , ,		15		95 320 %
	33 1/3% support test—2011. If the	•	•	con line 13 and l	ine 14 is 33 1/3%		. check	
b	and stop here. The organization qual 33 1/3% support test—2010. If the box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization merorganization	alifies as a public organization did n qualifies as a p — 2011. If the org ition meets the "f	ly supported orga not check the box ublicly supported anization did not o facts and circumst	nization k on line 13 or 16 organization check a box on lin cances" test, chec	a, and line 15 is 3 e 13, 16a, or 16b ck this box and st	33 1/3% o and line op here.	or more, 14 Explain	check this
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza supported organization Private Foundation If the organizationstructions	nization meets th Ition meets the "f	e "facts and cırcu ācts and cırcumst	mstances" test, c ances" test The	check this box and organization qual	d stop he ıfıes as a	re. publicly	y ▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 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.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).					
	Facts And Circumstances Test					
	Explanation					

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493082003073

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

	dalupe Center Educational Programs			,		-
Inc	Output and the second of the s	dutant roads a forth for the		0299521		
ŀē	organizations Maintaining Donor Action organization answered "Yes" to Form 99		unds	or Accounts	. Complet	e if the
	organization answered Tes to Form 55	(a) Donor advised funds		(b) Funds and o	theraccou	nts
L	Total number at end of year					
:	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
;	Did the organization inform all donors and donor advifunds are the organization's property, subject to the		or adv	ısed	┌ Yes	┌ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	donor advisors in writing that grant funds			┌ Yes	□ No
)ai	t II Conservation Easements. Complete	if the organization answered "Yes" to	o Forn	n 990. Part IV		•
L	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	rganızatıon (check all that apply)	histor	ically important	tly land area	a
!	Complete lines 2a-2d if the organization held a quali	fied conservation contribution in the form	ofaco	onservation		
	easement on the last day of the tax year	Γ		Held at the	End of the	Voor
а	Total number of conservation easements		2a	neid at the	End of the	Tear
_	Total acreage restricted by conservation easements	•				
b	•		2b			
с	Number of conservation easements on a certified his	` '	2c			
d	Number of conservation easements included in (c) ac	cquired after 8/1//06	2d			
3	Number of conservation easements modified, transfe the taxable year -	rred, released, extinguished, or terminate	ed by th	ne organization	during	
ŀ	Number of states where property subject to conserva	ation easement is located 🗠				
;	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
;	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	nents d	uring the year 🕨	+ <u> </u>	
,	Amount of expenses incurred in monitoring, inspecting.	ng, and enforcing conservation easements	s durin	g the year		
3	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
•	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial:				
ar	t III Organizations Maintaining Collection Complete if the organization answered '	ns of Art, Historical Treasures,	or Ot	her Similar	Assets.	
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or research	ch ın fu			2,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	116, to report in its revenue statement a public exhibition, education, or research ii	and bal			
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			- \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or finan			
a	Revenues included in Form 990, Part VIII, line 1			▶ \$		

b Assets included in Form 990, Part X

3	Using the organization's accession and othe										S (co	<u>ntinuea)</u>
•	items (check all that apply)	records, check an	iy 01 ci	110 1011	owing t	nac are	c a significa	inc u	se of its conce	CIOII		
а	Public exhibition		d	Γ	Loan	or excl	nange progr	ams				
b	Scholarly research		е	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain ho	w the	v furthe	rthe o	rganization	's ex	empt purpose	ın		
•	Part XIV											
5	During the year, did the organization solicition assets to be sold to raise funds rather than to								nılar	┌ ʏ	ec	□ No
Par	t IV Escrow and Custodial Arrang								es" to Form 9			110
	Part IV, line 9, or reported an ar											
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interm	edıary	/ for c	ontribu [.]	tions d	or other ass	ets i	not	┌ Y	es	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follov	wing ta	able		_					
							-		Aı	noun	t	
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year						-	1e				
f	Ending balance						L	1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, lin	e 21?	>						┌ Y	es	┌ No
ь	If "Yes," explain the arrangement in Part XI\	<i>'</i>										
Pa	rt V Endowment Funds. Complete									,		
_		(a)Current Year	(b	Prior \		(c) Tw	o Years Back		Three Years Back	(e)F	our Y	ears Back
1a	Beginning of year balance	189,689			168,193		159,15	5				
Ь	Contributions	2.444			26.044		12.01	_		<u> </u>		
C	Investment earnings or losses	-3,144			26,841		13,81	3				
d	Grants or scholarships							_				
е	Other expenditures for facilities and programs	5,536			5,345		4,77	5				
f	Administrative expenses							+				
g g	End of year balance	181,009			189,689		168,19	3				
2	Provide the estimated percentage of the year	, ,	a c		,					<u> </u>		
		9 000 %	as									
a	Board designated or quasi-endowment	3 000 70										
b	Permanent endowment 🕨 91 000 %											
C	Term endowment ►											
3a	Are there endowment funds not in the posse organization by	ssion of the organiz	ation	that a	are held	and a	dministere	for	the	Г	Yes	No
	(i) unrelated organizations								3a		Yes	
	(ii) related organizations			_					3a	`		No
b	If "Yes" to 3a(II), are the related organization							٠.	3	ь		No
4	Describe in Part XIV the intended uses of th	e organızatıon's en	dowm	ent fu	nds							
Par	t VI Land, Buildings, and Equipme	nt. See Form 99	90, Pa	art X,	, lıne 1	.0.			_			
	Description of property) Cost or sis (inves		(b)Cost or o		(c) Accumulate depreciation	ed ((d) Bo	ok value
1a	Land						425	,435				425,435
b	Buildings											
c	Leasehold improvements						253	,441	219,4	163		33,978
d	Equipment						200	,604	200,6	504		
	Other							,431		-+		120,725
	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B), line	10(c).)					$\neg \vdash$		580,138
	, , , ,	. ,	• •		. , ,				Schedule	D (Fo	rm Q	

Part VII Investments—Other Securities. See (a) Description of security or category			d of valuation
(including name of security)	(b)Book value	Cost or end-of	-year market value
(1) Financial derivatives			
(2)Closely-held equity interests Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		12	
Part VIII Investments—Program Related. See			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, lir	ne 15.		
(a) Descrip	otion		(b) Book value
(1) Interest in net assets of recipient org			181,009
(2) Assets restricted for PP&E			1,866,689
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			2,047,698
Part X Other Liabilities. See Form 990, Part X	(, line 25.	T	
1 (a) Description of Liability	(b) A mount		
Federal Income Taxes			
See Additional Data Table			
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)			

•	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,794,309
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,141,119
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,653,190
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,144
9	Total adjustments (net) Add lines 4 - 8	9	-3,144
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,650,046
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	3,836,309
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b 42,000		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	42,000
3	Subtract line 2e from line 1	3	3,794,309
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 XIV)		
С	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,794,309
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Reti	
1	Total expenses and losses per audited financial statements	1	2,183,119
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	42,000
3	Subtract line 2e from line 1	3	2,141,119
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 XIV) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,141,119

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Guadalupe Center Educational Programs, Inc was organized as a nonprofit corporation in accordance with the laws of the State of Utah and is exempt from federal income taxation under provisions of Section 501(c)(3) of the Internal Revenue Code Guadalupe Center Educational Programs, Inc believes it does not have and has not recorded a liability for any uncertain tax positions
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Change in interest in net assets of recipient organization \$ - 3144
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	These funds are to be held to generate earnings to benefit the programs of the organization generally

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As Filed Data -

DLN: 93493082003073

SCHEDULE G Sur

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Guadalupe Center Educational Inc	Programs					Employer ident	tification num	ber
	-tivities Commis	C. Llo			<u> </u>		l 47	
				tion answered "Yes"			line 17.	
1 Indicate whether the orga	anızatıon raısed fund	s through a	-	-				
a	oligitations		e f	Solicitation of nor Solicitation of gov	_	-		
c Phone solicitations	concitations		T a			-		
d In-person solicitation	ns		y). Special fallaraisin	ig events			
2a Did the organization have or key employees listed i							Γ _{Yes}	r No
b If "Yes," list the ten higher to be compensated at lea								
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr	er have dy or rol of utions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount (or retaine organiza	d by)
Lisa Nemelka	Capital Campaig	Yes	No					
13058 S Summerh			No	1,700,000		38,500	1	,661,500
Draper, UT 84020				_ / /		1,111	_,	, ,
	Capital Campaig							
Pathway Assoc 2150 S 1300 E			No			60,000		
SLC, UT 84106								
	1							
Total			.►	1,700,000		98,500	1,	,661,500
3 List all states in which th licensing	e organization is reg	istered or l	icensed t	to solicit funds or has be	een notifi	ed it is exempt	from registrat	ion or

Fundraising Events. Com nore than \$15,000 on Form				
. ,	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through
	Fiesta (event type)	Luncheon (event type)	(total number)	col (c))
and was a line	77,407			148,124
oss receipts ss Charitable	,	1.,,25	25/552	
ntributions				
nus line 2)	77,407	44,715	26,002	148,124
ash prizes				
on-cash prizes				
nt/facility costs				
od and beverages				
tertainment				
her direct expenses .	20,830	14,910	14,296	50,036
rect expense summary Add Iır	nes 4 through 9 ın column	(d)	🛌	(50,036)
et income summary Combine I	ines 3 and 10 in column (d)		98,088
Saming. Complete if the o 15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
ss revenue				
h prizes				
-cash prizes				
t/facılıty costs				
er direct expenses				
unteer labor	│ Yes	Г Yes Г No	┌ Yes	
ect expense summary Add line	s 2 through 5 in column (d)		()
gaming income summary Con	nbine lines 1 and 7 in colu	mn (d)	<u> ▶ .</u>	
e state(s) in which the organiz rganization licensed to operate Explain	gaming activities in each	n of these states?		
	licenses revoked, susper	ded or terminated during	the tax year?	
"Explain				ration's gaming licenses revoked, suspended or terminated during the tax year?

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3	
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No	
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity			
	formed to administer charitable (gamıng?		· · · · F Yes F	- No	
13	Indicate the percentage of gamii	ag activity operated in		1 1		
a				13a		
b						
14		f the person who prepares the organiza				
	Name ►					
	Address ►					
	revenue?	ntract with a third party from whom the			- No	
	amount of gaming revenue retained by the third party ► \$					
С	If "Yes," enter name and address					
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation I	\$ \$				
	Description of services provided	>				
17 a		Employee er state law to make charitable distribu		· · ·	- No	
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-	
_		activities during the tax year > \$		hadala C /		
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see		
	Identifier	ReturnReference	Explana	tion		
		•	•			

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As Filed Data -

DLN: 93493082003073

OMB No 1545-0047

2011

Open to Public
Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization
Guadalupe Center Educational Programs
Inc

Employer identification number

87-0299521

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The governing documents, policies, and financial statements are available upon request, and on websites such as Guidestar
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Form 990 is subject to board review and approval
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Toddler Beginnings Toddler Beginnings provides additional services for children, one to three years old, who are concurrently enrolled in the In-Home program A nurturing and literacy-rich environment is provided for up to 22 children, four days per week and is located at Neighborhood House Six teachers, three of whom are bilingual, teach language and literacy development through talking, singing, fingerplays, reading and dramatic play. The instructor-student ratio is 1.3 Parents volunteer a minimum of six times a year and participate in monthly family nights held by the Toddler Beginnings staff. OTHER PROGRAM SERVICES 5. In-Home. The In-Home program serves 60 children, from birth through age three, and their families. Parent Educators build strong relationships with parents while teaching and monitoring child development. Year-round, weekly visits foster positive and nurturing parenting skills. In addition, the program holds frequent parent/foddler gatherings.