EXTENDED TO SEPTEMBER 15, 2021

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

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

Depai Intern	rtment o	f the Treasury nue Service	► Go to www	w.irs.gov/f	orm990 for	instructions	and the lat	- est Inform	ation.		Inspection
_			dar year, or tax year beginn				nd ending)	
B c	heck if pplicable	C Name o	of organization				•	D Em	ployer identif	ication	n number
	Addres	GUAM	HUMANITIES CO	DUNCII	,						
\sqsubseteq	Name change		ousiness as					6	6-04781	.33	
]!nitial return Final return/	1 222	r and street (or P.O. box if mail CHALAN SANTO E				Room/su		ephone numb 172–446(
	termin- ated	. ———	town, state or province, cou						ss receipts \$		828,496.
	Amend		TNA, GU 96910		or rorong.	. poota. oodo			this a group	return	
Application F Name and address of principal officer ELFRIEDA KOSHIBA for subordinates? P.O. BOX 331, HAGATNA, GU 96932 H(b) Are all subordinates included?											Yes X No
, T	27.076		X 501(c)(3) 501(c) ((insert no.		(1) or 5	ー・トクノ			see instructions)
			HUMANITIESGUAL		•	,,	•	ユノ	roup exempte	-	·
			X Corporation Trust		ociation	Other -	Y- LY				e of legal domicile; GU
	rt I	Summary				WINZ					
	1	Briefly describ	be the organization's mission	n or most s				COM	MUNITY E	ENGA	GEMENT
Activities & Governance		AND DIA	LOGUE, INSPIRE	E CRIT	'ICAL 'I	HINKING	CELI	BRATE	DIVERS	TTY	AND
r.			ox lifthe organizati								
ve			oting members of the govern						3	Ī	9
Ğ			dependent voting members	•			b)		4	† <u> </u>	0
S			of individuals employed in o				-,		5	1	6
'tie			of volunteers (estimate if ne						6	1	15
Çį			ed business revenue from Pa	• • •	ımn (C) line	12			7a	1	0.
ď			business taxable income from						7b		0.
			DOGINOOD LANGUE INTO INTO	0		·		Pric	or Year		Current Year
	8	Contributions	and grants (Part VIII, line 1h	n)			Ī		71,566.		818,631.
n n			rice revenue (Part VIII, line 2g				ľ		0.		0.
Revenue	i	-	come (Part VIII, column (A),		and 7d)		1		35.		35.
ď			e (Part VIII, column (A), lines		· ·	111e)	ŀ		4,332.	1	9,830.
	l .		- add lines 8 through 11 (mi				2)	ϵ	75,933.		828,496.
			imilar amounts paid (Part IX,	•		K.D.	****		0.		0.
			to or for members (Part IX,				ľ		0.		0.
S		•	er compensation, employee I			nn (A), lines 5-1	0)	7	251,729.		261,634.
Expenses			fundraising fees (Part IX, col	-		` ''	<u> </u>		0.		0.
ğ			sing expenses (Part IX, colun				0.				
Ω.			ses (Part IX, column (A), lines		_			4	39,595.		351,162.
	18	Total expense	es. Add lines 13-17 (must eg	ual Part IX	, column (A)	, line 25)	Ī	ϵ	91,324.	,	612,796.
	19	Revenue less	expenses Subtract line 18	rom line	ECEIV	ED.		<	<15,391.	·	215,700.
ces						4 () 3		Beginning	of Current Year		End of Year
Net Assets or Fund Balances	20	Total assets ((Part X, line 16)	B539	SEP 27	2021 SO S	[1	105,851.		340,978.
t As	21	Total liabilities	s (Part X, line 26)	m		RS			29,937.		49,364.
왕	22	Net assets or	fund balances Subtract line	e 21 from	ne,20		[75,914.		291,614.
Pa	ırt II	Signatur			GDEN,						
			I declare that I have examined t							ny knov	vledge and belief, it is
true,	correc	t, and complete	e. Declaration of preparer (other	than officer) is based on	all information o	f which prepa	rer has any	knowledge.		
									9/19	1/2	/
Sigr	1	'	re of officer						Date /	/	
Her	е		THEW C. CRUZ, I	BOARD	TREASU	JRER					
		Type or	print name and title					1.0.1			AYIU
		Print/Type pre	•		Prepare & M		6	Date	Check		PTIN
Paid	1	JENNIE	L. CHIU		JENNÍE	L. CHIU	J	91101			01437968
Prep	arer	Firm's name	DELOITTE & T						Firm's EIN	98-	0047535
Use	Only	Firm's address								71 -	46 2004
			TAMUNING, GU	J 9691	13-3973	<u> </u>			Phone no.6		46-3884
Mav	the IF	RS discuss th	is return with the preparer sl	hown abov	e? (see inst	ructions)				Ł	X Yes No

May the IRS discuss this return with the preparer shown above? (see instructions) 932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2019)

Form	990 (2019) GUAM HUMANITIES COUNCIL 66-0478133 Page 2	_
Pại	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	1
1	Briefly describe the organization's mission:	-
•	TO FOSTER COMMUNITY ENGAGEMENT AND DIALOGUE, INSPIRE CRITICAL	
		_
	THINKING, CELEBRATE DIVERSITY AND ENRICH THE QUALITY OF LIFE OF ISLAND	_
	RESIDENTS THROUGH THE POWER OF THE HUMANITIES.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	-
_		
	·	
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
7		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code) (Expenses \$ 454,214. Including grants of \$) (Revenue \$ 828,496.)
	TO FOSTER COMMUNITY ENGAGEMENT AND DIALOGUE, INSPIRE CRITICAL THINKING,	
	CELEBRATE DIVERSITY AND ENRICH THE QUALITY OF LIFE OF ISLAND RESIDENTS	-
	THROUGH THE POWER OF THE HUMANITIES.	-
	INCOUNT THE FOWER OF THE HOMANITIES.	_
		_
		_
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		-
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		-
		_
		_
		-
4b	(Code) (Expenses \$ Including grants of \$) (Revenue \$	-
70	(Code) (Expenses \$) (Revenue \$)	,
		_
		_
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		-
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4c	(Code) (Expenses \$)
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		_
		_
		-
		-
		_
		_
		_
		•
4d	Other program services (Describe on Schedule O.)	-
. 🕶	(Expenses \$ Including grants of \$) (Revenue \$)	
40	Total program service expenses \(\frac{454.214}{} \)	-

Form **990** (2019)

orm	990	(2019)	

Form 990 (2019) GUAM HUMANITIES COUNCIL
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
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		х
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	2 ° 6	- · · · · · · · · · · · · · · · · · · ·	\$\frac{2}{3} \tag{2}
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			۱
	Part VI	11a		X_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	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		Х
	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	111		X
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	176		
	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		X
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		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<u> </u>		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundralsing event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	 ''°		<u> </u>
.5	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

GUAM HUMANITIES COUNCIL Form 990 (2019) GUAM HUMANITIES CO
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 27 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			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			х
	Schedule J	23		<u> </u>
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			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	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			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
00	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>		$\overline{}$
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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):	٠. بر حمد	*	·
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		<u> </u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١.,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			١.,
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37	 	
38	Note: All Form 990 filers are required to complete Schedule O	38	х	l
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V		,	
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ŀ.	
	Enter the number of Forms W-2d included in line 1a. Enter 40 in not applicable	1.	_ '	.
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	<u> </u>
02200	(gamoling) withings to prize withers?			(2019)

Page 5

Form 990 (2019)

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 1 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). X 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? 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X 7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Я 16 X sponsoring organization have excess business holdings at any time during the year? R 35 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9ь b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter. 11 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 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 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Fac آهڪا: If "Yes," see instructions and file Form 4720, Schedule N. X 16 is the organization an educational institution subject to the section 4968 excise tax on net investment income? 'H . * *c if "Yes," complete Form 4720, Schedule O

Form 990 (2019) GUAM HUMANITIES COUNCIL 66-0478133 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			,
	If there are material differences in voting rights among members of the governing body, or if the governing			í
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 0		Ť	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	l.		_
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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
ь	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:			
-	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, , ,		Ī,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		X
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			٠.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		44	_ <u>-</u>
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	ŀ		٠.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	~*-		,
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ŀ		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			1
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►GU			
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) avai	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id finai	ncial	
	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			
	KIMBERLEE KIHLENG - (671) 472-4460			
	222 CHALAN SANTO PAPA, SUITE 106, HAGATNA, GU 96910			

orm 990 (2019) GUAM HUMANITIES COUNCIL	66-0478133	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Higher	st Compensated	
•	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter ·0 in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099·MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related organization compensate							1	·		
(A)	(B)							(D)	(E)	(F)	
Name and title	Average	(do	(do not check m		Sition more than one		one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson Irecto	ls bot	h an teel	compensation	compensation	amount of	
	week	-				1	1	from the	from related	other	
	(list any hours for	linect.			l			organization	organizations (W-2/1099-MISC)	compensation from the	
	related	60.0	₽		l	sate		(W-2/1099-MISC)	(** 27 1000 141100)	organization	
	organizations	Individual trustee or director	institutional trustee		뫒	E E		(** 2, 100000)		and related	
	below	geap	nga	5.	음.	oye ex				organizations	
	line)	ş	fust	Officer	Key employee	Highest compensated employee	20 mer				
(1) KIMBERLEE S. KIHLENG	40.00								_		
EXECUTIVE DIRECTOR		X			L	L		79,157.	0.	0.	
(2) MONICA DUENAS	1.00]									
MEMBER		X		L	<u> </u>	<u> </u>	┖	0.	0.	0.	
(3) CARLOS MADRID	1.00	ļ		ľ			1				
MEMBER		Х		<u> </u>	<u> </u>		L	0.	0.	0.	
(4) MADELAINE COSICO	1.00	۱									
MEMBER		X			Ļ	<u> </u>	<u> </u>	0.	0.	0.	
(5) MATT CRUZ	1.00	۱								_	
TREASURER		X	_	X	\vdash	├-	_	0.	0.	0.	
(6) BETH PEREZ	1.00	١		١				١ ,	١ ,	,	
VICE CHAIRWOMAN	4 00	X	<u> </u>	X	_	-	 	0.	0.	0.	
(7) ELFRIEDA KOSHIBA	4.00	 		١,,					0.	,	
CHAIRWOMAN	1 00	X	L	Х	├_	 —	┝	0.	0.	0.	
(8) TORY MCVEY	1.00	١.,						0.	٥.	0.	
MEMBER	1.00	Х	-	⊢	⊢	-	 	<u> </u>	0.	· · · · · · · · · · · · · · · · · · ·	
(9) BILL PESCH	1.00	X		x				0.	٥.	0.	
SECRETARY	1.00	12	⊢	<u> </u>	├-	\vdash	-	· · · · · · · · · · · · · · · · · · ·	0.	<u> </u>	
(10) MELISSA TAITANO	1.00	x						0.	0.	0.	
MEMBER		┞	├—	_	├	┼	├	· · · · · · · · · · · · · · · · · · ·	0.		
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rar	VII Section A. Officers, Directors, True		ploy	rees	, an	d Hi	ighe	st C	compensated Employe	es (continued)		
(A) (B)			(C)						(D)	(E)		(F)
	Name and title .	Average	Position (do not check more than one					one	Reportable	Reportable		Estimated
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation		amount of
		week	-	cer an	ad	irecto	or/trus	(88)	from	from related		other
		(list any	Individual trustee or director					l	the	organization		compensation
		hours for related	ē	83			됥	l	organization	(W-2/1099-MI	SC)	from the
		organizations	agge	frest		۰,	Sugar S Sugar S Sugar Sugar Sugar Sugar S Sugar Sugar S Sugar S Sugar S	1	(W-2/1099-MISC)			organization and related
		below	ual tr	lonal		god	2 8	_ ا				organizations
		line)	gwg	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former Former				organizations
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			1									
1b	Subtotal		•	•	•			▶	79,157.		0.	0.
	Total from continuation sheets to Part V	II. Section A						•	0.		0.	0.
	Total (add lines 1b and 1c)	.,						•	79,157.		0.	0.
2	Total number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) w	no r	eceived more than \$100	.000 of reportat	ole	
_	compensation from the organization						-,			,		C
	compensation from the organization p							-				Yes No
3	Did the organization list any former officer	director trust	ee l	kev i	emn	love	ae. O	r hic	hest compensated emo	olovee on		10 min 10
·	line 1a? If "Yes," complete Schedule J for			,	JP	.0,0	,0,0		grioot componicated comp	,		3 X
4	For any individual listed on line 1a, is the s			omn	anes	ation	n an	d ot	her compensation from	the organization		27 / / 22
7	and related organizations greater than \$15	•							·	ino organization		A X
5	Did any person listed on line 1a receive or									idual for services	_	And the sufferment St. St.
3	rendered to the organization? If "Yes," cor							Ciai	ted organization or more	iddai ioi scivico.	,	5 X
Sec	tion B. Independent Contractors	npiete ochedar	00,	0/ 3	JUIT	per.	3011					<u> </u>
	Complete this table for your five highest or	nmpopostod in	don.	onde	nt c	ont	ract	arc 1	that received more than	\$100,000 of cor	nnens	ation from
1	the organization. Report compensation for										دا بدم.	
		trie Caleridar y	Gai	endi	ng v	VILI	01 V	10111	(B)	year.		(C)
	(A) Name and busines:	s address	N	INC	F.				Description of s	ervices	l c	Compensation
				0112	_			-				
								\dashv	1-1-1-1			
												
			_								<u> </u>	
									· · · · · · · · · · · · · · · · · · ·			
						•					-	
2	Total number of independent contractors		ot li	mite	d to		^	STOC	apove) who received n	nore tnan		्राप्त । जन्म
	\$100,000 of compensation from the organ	ization >					0		· · · · · · · · · · · · · · · · · · ·		18.4	Form 990 (2019)

ilika.	10.15	•	Check if Schedule O contains a resp	onse	or note to any lir	ne in this Part VIII			
		-	Check is scriedule O contains a resp	Onse	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f		114,583. 704,048.	818,631.			
Program Service Revenue	2	a b c d e f	All other program service revenue		Business Code				
-	_	g	Total. Add lines 2a-2f		<u> </u>		WALKARY WATER	阿姆斯斯斯	所以证明的证明
	3 4 5		Investment income (including dividends other similar amounts) Income from investment of tax exempt to Royalties		>	35.			35.
		b	Gross rents Less: rental expenses Rental income or (loss) (i) Re 6a 6b 6c	al	(ii) Personal				
er.	7	a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	rities	(ii) Other				
Other Revenue	8	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of		>				
	9	С	contributions reported on line 1c) See Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising ev Gross income from gaming activities. Se	е	>				
	10	c a	Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activit Gross sales of inventory, less returns and allowances Less. cost of goods sold	9a 9b es 10a 10b	† · · · · · - · · · · · · · · · · · · · 				
			Net income or (loss) from sales of invent		<u> </u>	THE AND STREET STREET, SEC. STREET,	SANTAL STATE OF THE SANTAL	THE PARTY TO THE PARTY OF THE P	CONTRACT LOS STACKES
nue	11	a b	MISCELLANEOUS		900000	9,830.	AND THE TEN	12000000000000000000000000000000000000	9,830.
Miscellaneous Revenue		C d	All other revenue	_		9 830			
	12		Total. Add lines 11a-11d Total revenue. See instructions		<u> </u>	828,496.	0.	0.	9,865.
93200		_							Form 990 (2019)

والمستنب بشواء المدارة والمدارين والمراوية والمراشع وما والمراش والمراش والمراش والمراش والمراش والمراش

Form 990 (2019) GUAM HUMANITIES COUNCIL Parts X Statement of Functional Expenses

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

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				美国建设成为
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				HOME THE SAME
	individuals. See Part IV, line 22				建設工程
3	Grants and other assistance to foreign			医生产性 1000000000000000000000000000000000000	
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			於語言語的表別的	建筑建筑场域
5	Compensation of current officers, directors,				
	trustees, and key employees	235,909.	235,909.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,941.		7,941.	
9	Other employee benefits				
10	Payroll taxes	17,784.	2,328.	15,456.	
11	Fees for services (nonemployees)				
а	Management				
b	Legal	48 888		15.055	
C	Accounting	17,057.		17,057.	
d	Lobbying		S and the later than the same to the same	and the comment and a series about the contract	
е	Professional fundraising services. See Part IV, line 17		新河湖南北東河海河湖	新疆社会的企業的	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	070		070	
	column (A) amount, list line 11g expenses on Sch O.)	970. 743.	193.	970. 550.	
12	Advertising and promotion	/43.	193.	330.	
13	Office expenses			-	
14	Information technology				
15	Royalties	73,760.		73,760.	
16	Occupancy	23,188.	23,188.	. 73,7001	
17	Travel	25,100.	25,100.		
18	Payments of travel or entertainment expenses				-
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest	· · · · · · · · · · · · · · · · · · ·			
21	Payments to affiliates			† · · · · · · · · · · · · · · · · · · ·	
22	Depreciation, depletion, and amortization				
23	Insurance	20,409.		20,409.	
24	Other expenses. Itemize expenses not covered				MITATIC PLOTEIN AND AND AND AND AND AND AND AND AND AN
<u>-</u> - *	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedulc 0.)				
а	REGRANTEE	177,148.	177,148.		
b	OTHER	15,932.		15,932.	
С	DUES AND SUBSCRIPTIONS	8,153.	8,153.		
d	OTHER PROJECT COSTS	5,996.	5,996.		
е	All other expenses	7,806.	1,299.	6,507.	
25	Total functional expenses. Add lines 1 through 24e	612,796.	454,214.	158,582.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	L	<u> </u>	<u> </u>	- 000 is a second
93201	0 01-20-20				Form 990 (2019)

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Form 990 (2019) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 148,243. 79,142. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 等的**产**工业。可能能 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c b Less accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 26,709. 192,735. 15 15 Other assets. See Part IV, line 11 340,978. 105,851. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 17 Accounts payable and accrued expenses 44,010. 21,385 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 5,354. 8,552. 25 of Schedule D 29.937. ,364. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Vet Assets or Fund Balances and complete lines 27, 28, 32, and 33. 46,392 230.822. Net assets without donor restrictions 27 60,792 29,522 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30

340,978. Form 990 (2019)

291,614.

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33

75,914.

105,851.

30

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Form	990 (2019) GUAM HUMANITIES COUNCIL	00-04/	<u>8133</u>	Pa	<u> 12 ap</u>	
	t 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		8,4		
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,7 5,7		
3	Revenue less expenses. Subtract line 2 from line 1					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))					
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	29	1,6	<u> 14.</u>	
Pai	t XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u></u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other .			蒙慰		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				TEET.	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		W.		
	separate basis, consolidated basis, or both:				*	
	Separate basis Consolidated basis Both consolidated and separate basis		1		部。	
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	e basis,	4			
	consolidated basis, or both.		54.4	是建	4	
	Separate basis Consolidated basis Both consolidated and separate basis		是是		恐怖	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of tr	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.	型流流	熟謝	100	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			4,	
	Act and OMB Circular A-133?		3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000		
			Form	990	(2019)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2019

Open to Public
Inspection

Employer identification number Name of the organization 66-0478133 GUAM HUMANITIES COUNCIL Part T Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (ı) Name of supported (II) FIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

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Schedule A (Form 990 or 990 EZ) 2019 GUAM HUMANITIES COUNCIL 66-0478133 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(b) 2016 (c) 2017 (d) 2018		(e) 2019	(f) Total
1	Gifts, grants, contributions, and					-	
	membership fees received. (Do not						
	include any "unusual grants.")	583,920.	509,780.	467,473.	671,566.	818,631.	3,051,370.
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	583,920.	509,780.	467,473.	671,566.	818,631.	3,051,370,
5	The portion of total contributions	企業等可能能		经证据的			
	by each person (other than a						
	governmental unit or publicly			美工工工工			
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	第一个人的	ALTO ALTO ALTO	が続きませる。			
	Public support. Subtract line 5 from line 4	强不到独争后隐藏	方面的過程	的主要可以	沙库内监狱	政策和政策	3,051,370.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	583,920.	509,780.	467,473.	671,566.	818,631.	3,051,370.
8	Gross income from interest,				1		
	dividends, payments received on						
	securities loans, rents, royalties,	405		0.6	٦-	2.5	264
	and income from similar sources	127.	71.	96.	35.	35.	364.
9	Net income from unrelated business		'				
	activities, whether or not the						
	business is regularly carried on	ļ					
10	Other income. Do not include gain						
	or loss from the sale of capital	7 000	7 705	12 006	7,318.	9,830.	45,029.
	assets (Explain in Part VI.)	7,090.	7,785.	13,006.	THE PERSON SHARES	9,030.	3,096,763.
	• • • • • • • • • • • • • • • • • • • •	《大学》的	ALCO ALCO ALCO ALCO ALCO ALCO ALCO ALCO	CLASS MASSAGES	LANDELS CONTROL	12	108,597.
	Gross receipts from related activities,			و وافاره می الم			100,3371
13	First five years. If the Form 990 is for		s iirst, second, thir	g, louren, or men a	ax year as a sectio	11 30 1(0)(3)	▶□
Sec	organization, check this box and storection C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (column (f))		14	98.53 %
	Public support percentage from 2018		· · · · · · · · · · · · · · · · · · ·	, o. o		15	98.58 %
	33 1/3% support test - 2019. If the			n line 13, and line	14 is 33 1/3% or n		
	stop here. The organization qualifies					•	▶ X
b	33 1/3% support test - 2018. If the				l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						ightharpoons
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets ti						
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	dule A (Form 990	or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 GUAM HUMANITIES COUNCIL

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checked			organization failed	d to qualify under F	Part II. If the organ	nization fails to
Section	qualify under the tests listed b A. Public Support	elow, please com	Diete Fart II.)			····	
	ear (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts	, grants, contributions, and						7
mem	bership fees received. (Do not						
inclu	de any "unusual grants.")						ļ
mero form any a	s receipts from admissions, chandise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax exempt purpose				/		
	s receipts from activities that not an unrelated trade or bus-						
	s under section 513						
	revenues levied for the organ-	·			/		
izatıc	on's benefit and elther paid to epended on its behalf						
5 The	value of services or facilities						
	shed by a governmental unit to						
	organization without charge			/	ļ		
	I. Add lines 1 through 5		/			ļ	
	unts included on lines 1, 2, and served from disqualified persons					ļ	
b Amou from d excee	netween from disqualified persons into included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the story in the s						
	lines 7a and 7b		/				
8 Publ	ic support. (Subtract line 7c from line 6.)	13 11 1/2	4 " F . 7" T. 1	La la També de C	ي مغلوا ترتيه الدام الدام	17.50	
	B. Total Support						
Calendary	rear (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amo	unts from line 6					ļ	J
dıvid secu	is income from interest, lends, payments received on irities loans, rents, royalties, income from similar sources						
(less	ated business taxable income section 511 taxes) from businesses ired after June 30, 1975						
	lines 10a and 10b						
activ whe	ncome from unrelated business ities not included in line 10b, ther or not the business is larly carried on						
12 Othe	er income. Do not include gain ss from the sale of capital its (Explain in Part VI.)						
13 Total	8UPPORT (Add lines 9, 10c, 11, and 12)						
	five years. If the Form 990 is fol	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
	ck this box and stop here L/C. Computation of Publ	ic Support Pe	rcentage	···			
				column (fl)		15	9/
	ic support percentage for 2019 (Column (i))		16	9/
	or support percentage from 2018 D. Computation of Investigation			· · · · · · · · · · · · · · · · · · ·		1 10 1	
	stment income percentage for 20					17	9/
	stment income percentage from t					18	9/
	/3% support tests - 2019. If the			on line 14, and lin	e 15 is more than :		
more	than 33 1/3%, check this box a	ndstop here. The	organization qual	ifies as a publicly	supported organiza	ation	▶∟
b 33 1	/3% support tests - 2018. If the	organization did i	not check a box of	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, ano
line	18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orteo organization structions	' [
20 Priv	ate foundation. If the organization	on did not check a	DOX OR IINE 14, 18	a, or 190, cneck t	ITHS DOX AND SEE IN	500000018	

Rartaly Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
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Parent of Supported Organizations. Answer (a) and (b) below.

trustees of each of the supported organizations? Provide details in Part VI.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

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

Pa	で表現 Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in f	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete :	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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	直海		
	instructions for short tax year or assets held for part of year)		会に対抗性的なななな	に対しては、一般には、一般には、
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		
¥	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	爲慶	京水学之里的"京水" 第	
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 1-1/2% 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 .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	经验证证金额的	
2	Enter 85% of line 1.	2	多数性的现在分类的	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	并在所谓其其外的	
4	Enter greater of line 2 or line 3.	4	为特殊的种种种种种种种种种	
5	Income tax imposed in prior year	5	ACRUS CARROLL	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		284255607	,
	emergency temporary reduction (see instructions).	6	《《京文》	
7	Check here if the current year is the organization's first as a non-functionally	ıntegr	ated Type III supporting orga	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2019

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	,		
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			·
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which to	he organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	,	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
	D. A. L. A. L. A. L. C.	SCHOOL STATE OF THE STATE OF TH		
<u> </u>	Distributable amount for 2019 from Section C, line 6	Control of the Contro	1月19年前日本日本日本日本日本日本日本日本日本日本日本日本	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.	"是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	STATISTICAL STATES STATISTICAL SECTION	
3	Excess distributions carryover, if any, to 2019	以及中心的是一个人的是一个人的一个人的一个人的一个人的一个人的一个人的人们是一个人的人们是一个人的人们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	A CONTRACT OF THE PROPERTY OF	and the control of th
	From 2014	1. 15. 15. 15. 15. 15. 15. 15. 15. 15. 1	PARTIES AND PARTY OF THE PARTY	
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	From 2017	A SERVICE OF THE PROPERTY OF T		CASSA CONSTRUCTION OF THE PARTY OF
	From 2018	Charles se an research as a second life	Production and the configuration of	STREET,
f_	Total of lines 3a through e	Michaeleralisaterateatriateatriatea	STREET, MANUSCRIPT, MANUSCRIPT	
	Applied to underdistributions of prior years	THE THE STATE OF T	ACTORIO ACTORIO CON CONTRACTO CO	MANAGE OF THE MESSAGE OF THE SECTION
	Applied to 2019 distributable amount	THE PARTY OF THE PARTY OF THE	AND THE PROPERTY OF THE PARTY O	NEST HOLE STREET, CALLES
-	Carryover from 2014 not applied (see instructions)		SACARDONNA DE LE COMPANION DE LA COMPANION DEL COMPANION DE LA	TAN PART OF THE PA
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	PERSONAL PROPERTY OF THE STATE		
4	Distributions for 2019 from Section D,	Languagea a trigici anter an displaca era trigilla.	an international control of the cont	Monte from the control of the contro
	Inn 7 \$\frac{\frac{1}{3}}{1}\$ Applied to underdistributions of prior years	SCHOOL SECTION AND SECTION OF SECTION AND SECTION AS A SE	activitib, links with chaken universe; dissiminist, teverite and site a	
	Applied to 2019 distributable amount			California (C. Erander December Manager (Cd. 1981)
	Remainder. Subtract lines 4a and 4b from 4.	showing their south fire it was a series to a continue		
5	Remaining underdistributions for years prior to 2019, if		A Divide And selection of the Party of the P	
•	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h		F100120141111111111111111111111111111111	
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7.		**************************************	
3	Excess from 2015	THE WAR STATE OF THE STATE OF T		AND THE PARTY OF T
	Excess from 2016	The state of the s	Laterature multiplicate descriptor procession of the con-	CALLERY TO THE TANK THE THE TANK THE TA
	Excess from 2017	HAMPINAL TANKERAN		面的可能用器的認可使的電
	Excess from 2018			DETERMINATION OF THE PROPERTY
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Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 GUAM HUMANITIES COUNCIL	66-0478133 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Par Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addresse instructions)	or 17b, Part III, line 12; s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
		· · · · · · · · · · · · · · · · · · ·
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		· /
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 **監視Open to Public地**性 Inspection

Name of the organization

GUAM HUMANITIES COUNCIL

Employer identification number 66-0478133

Pai			Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		<u> </u>
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's	exclusive legal control?	L Yes L No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (for example, recrea	ation or education)	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		器線 Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orga	anization during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conserva-	tion easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?		└─ Yes └─ No
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements t	that describes the
	organization's accounting for conservation easements		Ö: 11- AA-
Pa	t III Organizations Maintaining Collections o		Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pu	blic exhibition, education, or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheran	ce of public service,
	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		n, provide
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:	
a	·		\$
b	Assets included in Form 990, Part X		▶ \$

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Щ_										<i>18a)</i>
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	make sig	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	C	יוַבן נ	Loan or exc	hange progran	n				
b	Scholarly research	•	• []	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how th	ey further t	he organizatıor	n's exem	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other	sımılar a	assets	_	_	
	to be sold to raise funds rather than to be m					,			_ Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "Y	'es" on F	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other asse	ets not ir	ncluded		_	
	on Form 990, Part X?							<u> </u>	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	oilowing 1	able.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
9	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	· · · · · · · · · · · · · · · · · · ·	-				y?		⊔ Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V. Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	~				 	
		(a) Current year	(b) P	rior year	(c) Two years	back (c) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	 							ļ	
b	Contributions				ļ				ļ	
C	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships				ļ					
е	Other expenditures for facilities									
	and programs				ļ					
f	Administrative expenses		ļ		 .					
9	End of year balance		<u> </u>		<u> </u>					
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		%							
	Permanent endowment	%								
¢		%								
	The percentages on lines 2a, 2b, and 2c sho	•						_		
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administere	ed for the	e organi	zation	Г	<u> </u>
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
_	(II) Related organizations	tinna liatad oo soo.		abadula D2	•				3a(ii) 3b	
4	If "Yes" on line 3a(ii), are the related organized Describe in Part XIII the intended uses of the	•							<u> </u>	
	t VI Land, Buildings, and Equipm		OWITIGHT	iuiius.				-		
<u> </u>	Complete if the organization answere		0 Part I\	/. line 11a S	See Form 990.	Part X. I	ne 10.			
	Description of property	(a) Cost or o			t or other		cumulate	ed	(d) Book	value
	bosciption of property	basis (invest			(other)		eciation		(-,	
1a	Land				 -	78 x 1 x				
	Buildings					• • • • • • • • • • • • • • • • • • • •				
	Leasehold improvements									
d	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	X, colur	nn (B), line i	10c.)			▶		0.

0 . Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

(a) Descii	ntion of contributor entegory at the		11b See Form 990, Part X, line 12	ar and of year market value
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-oi-year market value
	ial derivatives			
	y held equity interests			
(3) Other				
(A)	·			
(B)				·
(C)				
(D)		· · · · · · · · · · · · · · · · · · ·		
(E)		, 		
<u>(F)</u>		· · · · · · · · · · · · · · · · · · ·		
(G)				
(H)				
	(b) must equal Form 990, Part X, cul. (B) line 12.)		A Link to the American	we will be the state of the sta
Part VII	Investments - Program Related.			
	Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				· · · · · · · · · · · · · · · · · · ·
(6)		•		
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
total (Col	(b) must equal I orm 990. Part X. col. (B) line 13.) 📂 🛚		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ala badaya terjalah in 199
Part IX	(b) must equal form 990, Part X, col. (B) line 13.)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	of in the stage of the classes of the co
	Other Assets.	on Form 990, Part IV, line	<u> </u>	aligned the stage of the first section of the stage of th
	Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	<u> </u>	(b) Book value
Part IX	Other Assets. Complete if the organization answered "Yes" (a)		<u> </u>	(b) Book value
(1) O'	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A	Other Assets. Complete if the organization answered "Yes" (a)		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A(Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A((3) (4)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A((3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A((3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A((3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A((3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS		<u> </u>	(b) Book value 6 , 486
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET	Description	<u> </u>	(b) Book value 6 , 486 186 , 249
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9) Total. (Colo	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET	Description	<u> </u>	(b) Book value 6 , 486 186 , 249
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249
(1) O' (2) A' (3) (4) (5) (6) (7) (8) (9) Total. (Coll	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET wmn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes"	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249
(1) O' (2) A' (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fe	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A' (3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fe (2) A'	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET Jumn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A' (3) (4) (5) (6) (7) (8) (9) Total. (Col. (Part X) 1. (1) Fe (2) A' (3)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A' (3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fe (2) A' (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A' (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fe (2) A' (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9) Total. (Col. Part X 1. (1) Fe (2) A((3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fe (2) A((3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fe (2) A((3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	Description	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249 192,735 ne 25 (b) Book value
(1) O' (2) A((3) (4) (5) (6) (7) (8) (9) Total. (Coll Part X 1. (1) Fe (2) A((3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" (a) THER ASSETS CCOUNTS RECEIVABLE, NET umn (b) must equal Form 990, Part X, col (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability deral income taxes	e 15) on Form 990, Part IV, line	11d See Form 990, Part X, line 15	(b) Book value 6,486 186,249

Sch	edule D (Form 990) 2019 GUAM HUMANITIES COUNCIL		66-0478133 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	renue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12s	3.	
1	Total revenue, gains, and other support per audited financial statements		1 828,496
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		澳 狗
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		2е 0.
3	Subtract line 2e from line 1		3 828,496
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		77.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c 0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5 828,496.
Pa	rt XII. Reconciliation of Expenses per Audited Financial Staten	nents With Ex	penses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	3	
1	Total expenses and losses per audited financial statements		1 612,796.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		is f
а	Donated services and use of facilities	2a	1.50.4
b	Prior year adjustments	2b	
C	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	Samuel
е	Add lines 2a through 2d		2e 0.
3	Subtract line 2e from line 1		3 612,796.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		in the state of th
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c 0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5 612,796.
Pa	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Par 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad		

932054 10-02-19

Schedule D (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public

Name of the organization

GUAM HUMANITIES COUNCIL

Employer identification number 66-0478133

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ENRICH THE QUALITY OF LIFE OF ISLAND RESIDENTS THROUGH THE POWER OF THE
HUMANITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY IS PROVIDED WITH A DRAFT COPY OF FORM 990 PREPARED BY
THE PAID PREPARER FOR REVIEW AND APPROVAL BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
ON AN ANNUAL BASIS THE YEAREND FINANCIAL STATEMENTS ARE PRINTED IN ONE OF
THE TWO LOCAL NEWSPAPERS. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICY ARE MADE AVAILABLE TO ANYONE FROM THE PUBLIC WHO IS INTERESTED IN
VIEWING THEM UPON REQUEST.