Form

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u>	For th	ne 2018 c	alendar year, or tax year beginning 07	7/01/18 , and ending $06/3$	0/19	,		
В	Check if a	applicable:	C Name of organization			D Employe	r identification r	ıumber
	Address	change		Center, Inc.		┥		
	Name ch	ange	Doing business as Number and street (or P.O. box if mail is not delivere	nd to atract address.	Room/suite	59-2 E Telephor	617151	
$\overline{\Box}$	Initial ret	urn.	509 Hope Circle	ed to street address)	Roomysuite		658-19	99
	Final retu		City or town, state or province, country, and ZIP or fo	preign postal code		1		
Щ	terminate	ed	Immokalee	FL 34142		G Gross red	eints \$ 18	,503,907
	Amended	d return	F Name and address of principal officer:					
	Applicati	on pending	Dawn Montecalvo		H(a) Is this a	group return for s	subordinates?	Yes X No
_			509 Hope Circle		H(b) Are all s	ubordinates inc	luded?	Yes No
			Immokalee	FL 34142	If "N	o," attach a list.	(see instructions)
	Tay-eye	empt status:	X 501(c)(3) 501(c) () ◀(
÷	Website		ww.guadalupecenter.or		H(c) Group e	xemption numb	er 🕨	
K		organization:		Other	L Year of formation:			al domicile: FL
	art I		Immary	Othor P			The State Strings	
1000				significant activities:				
6 3	Ι΄.	The	scribe the organization's mission or most sorganization's mission is	s to "break the cycle of	poverty t	hrough		
20		educ	ation for the children of	E Immokalee".	ntinamitani			, 125 ,545°, 125 ,4
Activities & Governance								
ove	,	Check th	is box 🕨 🥏 if the organization discontinue	ed its operations or disposed of more that	an 25% of its net a	ssets.	or some record	· 553 • 555 • 555 • 55
Ō			of voting members of the governing body (I				21	
S S			of independent voting members of the gove				21	
itie			nber of individuals employed in calendar ye				314	
ţ <u>.</u>			nber of volunteers (estimate if necessary)		4.95	1100		
ď	1		elated business revenue from Part VIII, col					0
	1		ated business taxable income from Form 9			7b		0
-	D	Net unrei	ated business taxable income from Form's	550-1, line 30	Prior \		Curre	nt Year
	8	Contribut	ions and grants (Part VIII, line 1h)		5,0	34,222	16,0	062,377
Revenue	9	Program	service revenue (Part VIII, line 2g)		0.4	84,909		207,077
Ver	10	Investme	ent income (Part VIII, column (A), lines 3, 4	and 7d)		48,884		210,341
å			venue (Part VIII, column (A), lines 5, 6d, 8c			07,588		157,331
			enue – add lines 8 through 11 (must equal			25,603		537,126
_	+		nd similar amounts paid (Part IX, column (A	36,494		378,317		
			paid to or for members (Part IX, column (A		33	0		0
	4.5					33,507	4.6	533,197
ses	16-	Drofossio	onal fundraising fees (Part IX, column (A)	line 11e)		0		0
xpenses	loa	Total fun	other compensation, employee benefits (Fonal fundraising fees (Part IX, column (A), Idraising expenses (Part IX, column (D), lin	o 25\► 789 - 632				
X	1				1.9	17,917	2.6	538,030
_			penses (Part IX, column (A), lines 11a–11c enses. Add lines 13–17 (must equal Part I			87,918		549,544
			less expenses, Subtract line 18 from line			37,685		987,582
- 5	8 19	Revenue	less expenses. Subtract line 16 from line	14,,,,,	Beginning of C			of Year
Net Assets or	20	Total ass	sets (Part X, line 16)		14.0	92,979	24,9	985,117
Assi	21			200 60 100 00 100 00 100 00 00	1	42,586		509,793
Net	22		ts or fund balances. Subtract line 21 from			50,393		475,324
	art I	TARLE .	gnature Block					
			perjury, I declare that I have examined this return	rn. including accompanying schedules and st	atements, and to the	best of my k	nowledge and	belief, it is
tr	ue, cor	rect, and c	omplete. Declaration of preparer (other than offi	icer) is based on all information of which prep	arer has any knowle	dge.		
Sic	gn	7 3	Signature of officer			Date	}	
	ere		Dawn Montecalvo	Pre	sident			
			Type or print name and title					
-		Print/Typ	e preparer's name	Preparer's signature	Date	Check	if PTIN	
Pai	id	- 1	n M. Brettholtz, CPA	Steven M. Brettholtz, CPA	05/:	L5/20 self-ei		284985
Pre	parer	-	. MATERIA DEFERRITO	LTZ & COMPANY, PA	1-37	Firm's EIN		445709
	e Only	LIIII 2 IIG	12671 Whitehal					
		Firm's ad	Harris Marana HT			Phone no.	239-9	39-5775
Ma	y the I	_	ss this return with the preparer shown abov					Yes No

Form	1 990 (2018) Guadalupe Center, Inc.	59-2617151	Page 2
	art III Statement of Program Service Accomplish		
	Check if Schedule O contains a response or n		X
	Briefly describe the organization's mission:		
	The organization's mission is to "		hrough
е	education for the children of Immo	kalee".	m Armen Alexan
			B M M M
_	Billing and the second and the secon		
2	Did the organization undertake any significant program services dur		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		in the second
3	Did the organization cease conducting, or make significant changes	in how it conducts, any program	
	services?		Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for e	ach of its three largest program services, as measured b	у
	expenses. Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of grants and allocations to other	s,
	the total expenses, and revenue, if any, for each program service re	eported.	
_	2 882 612		1 007 077
	(Code:) (Expenses \$ 3,773,613 includi	ng grants of \$	1,207,077
5	See Schedule O		20
	- 12. 24. 250	COL SELECTION (SELECTION COLORS OF C	
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	00 15 S see 3 00 S 88 00 00 00 00		E21.0101.021.021.021.031.031.03
	(Code:) (Expenses \$ 1,498,515 includi	ng grants of \$) (Revenue \$	su ain ea am ea am ra
S	See Schedule O	.200,	m.m.m.m.m.m.m.m.
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	ACCUMANTAL AND ACCUMA	2.72 000 00 000 00 000 00 000 00 000 00 000	200 20 200000 10 200 0
		ng grants of \$ 378,317) (Revenue \$	ESS 100001 50 1 100001 600 100 1 11 50
S	See Schedule O	3-8	0-550-05000-550-0500-00-00-00-00-
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	2.43.453.454.454.454.454.554.654.656.656.656.654.466.644.466	5	
44	Other program services (Describe in Schedule O.)		

including grants of \$ 6,151,430

(Expenses \$

DAA

4e Total program service expenses ▶

) (Revenue \$

	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,"		v	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	X	
2				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		7.5
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			35
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			7.5
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
-	complete Schedule D, Part VI	11a	х	
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
		110		
d		44-1		v
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			35
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	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, 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		X
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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<u> </u>		
10		18	х	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		x
-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	901	X
		_		

Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J X 23 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 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or X disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 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, 34 X or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 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? Note. All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 8 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners?

Form 990 (2018) Guadalupe Center, Inc. 59-2617151

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

36 .	Statements Kegarding Other itto i inngs and rax oomphance continu	acaj		1/	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return	2a 314			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions				
20	Did the organization have unrelated business gross income of \$1,000 or more during the year?	/	3a		х
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		_
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial		4a		x
b	If "Yes," enter the name of the foreign country:	accounty:			
IJ	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	accounts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	1.,,,,,,,,,	Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time damp to tax years.		5b		X
b	15 6V/a2 to line 5 and 5h did the appropriation file Forms 2006 TO	21	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 00	-	
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	•	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	ne or	- Oa		
b	gifts were not tay deductible?	110 01	6b		
7	Organizations that may receive deductible contributions under section 170(c).		- 55		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	noods			
а	and any data was the data the major of		7a	X	960000000000
b	15 Walter and a state of the control	85.,,,2,555,855,755,255,3	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S	1-2		-
•	required to file Form 8282?		7c	х	
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d 1			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e	***************************************	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	,,			
	sponsoring organization have excess business holdings at any time during the year?	,	8	******	
9	Sponsoring organizations maintaining donor advised funds.	de latte me ditte os i late os seres			
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	20 4000 4000 4000 4000 4000 4000 4000	9b		
10	Section 501(c)(7) organizations. Enter:	20 x 650x 600 x 660x 600 x 650x 600 x 6000x			
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			
11	Section 501(c)(12) organizations. Enter:	8 00			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	55 J255 55 J656 55 4656 65 4656	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which	7 - 7			
	the organization is licensed to issue qualified health plans	13b	4		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?				X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		ļ		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				

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 in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

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	21			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar					
	committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21			
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?	13 . 1		2		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed'		2052551.2	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?	6		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:			
а	The governing body?	m. n.		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 in Schedule O			9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nal R	<u>evenue C</u>	ode.)		
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		am.m.s	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					0000
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 ris	e to co	onflicts?	12b	Х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					
	describe in Schedule O how this was done		. (100 - per 1000)	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?	11.		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official				X	_
b	Other officers or key employees of the organization			15b	Α	
40.	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			46-		х
l.	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 1021		16a		000000000000000000000000000000000000000
D	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	100000000	
Soc	tion C. Disclosure			100	-	_
17	List the states with which a copy of this Form 000 is required to be filed None					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Se	7.57		25, 272,	355 5010	193 9
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	J. J	((0)			
	X Own website X Another's website X Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	est nol	icv. and			
	financial statements available to the public during the tax year.	J. poi	,			
20	State the name, address, and telephone number of the person who possesses the organization's books and reco	ds 🕨				
	Loria Crosby, CFO 509 Hope Circle	- 1 5				
	mmokalee FL 3414	2	23	9-65	7 - 7	130

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Form 990 (2018)

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box	k, unle	check ess pe	rson i	than o s both r/truste	an	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Alice Arena										
Director	2.00	x						0	0	C
(2) Joseph Baughman										
Director	4.00	x						0	0	C
(3) Phil Beuth										
Director	1.00	x						0	0	c
(4) Waler Blankley										
Director	1.00	x						0	0	
(5) Tom Brand										
	2.00								0	
Director (6) Dan Capes	0.00	X						0	0	
(6) Dan Capes	2.00									
Director	0.00	X						0	0	
(7) Mariah Castro										
55.0 ·	1.00	x						0	o	
Director (8) Bob Coletti	0.00	1			_	 		0		
(3) = 3 = 3 = 3 = 3	1.00									
Director	0.00	X						0	0	(
(9) Bill Dempsey	0.00									
Director	2.00	x						0	0	
(10) Carl Ehmann	0.00	22								
Treasurer	4.00	x		x				o	0	
(11) Jim Fitzgerald	0.00	1		1						
	1.00									
Director	0.00	X						0	0	

Form 990 (2018) Guadalupe Center, Inc. Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (F) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) hours for organization from the Highest compensated employee (W-2/1099-MISC) related organization organizations employee and related below dotted organizations line) trustee (12)Fred Hagemann 2.00 0.00 X 0 Secretary X 0 Marguerite Hambleton (13)1.00 0.00 X 0 0 0 Director (14)Abel Jaimes 1.00 0.00 X 0 0 0 Director (15)Jim Ledinsky 1.00 0.00 X X 0 0 0 Vice Chair Richard Monaghan 1.00 0.00 X 0 0 0 Director (17) Mark Nagan 2.00 0 0 Director 0.00 X 0 (18) Nick Nicholson 1.00 0.00 X 0 0 0 Director Allen Ryan (19)2.00 0.00 X 0 Director 643,320 Total from continuation sheets to Part VII, Section A 643,320 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 4 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 X employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 individual ______ Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual X for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue (A) Total revenue exempt function business excluded from tax revenue revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1,135,315 1c d Related organizations 1d e Government grants (contributions) 1e 420,980 f All other contributions, gifts, grants, and similar amounts not included above 14,506,082 1f 1,286,644 g Noncash contributions included in lines 1a-1f: 16,062,377 h Total. Add lines 1a-1f..... Program Service Revenue Busn. Code 1,207,077 1,207,077 Early childhood education f All other program service revenue 1,207,077 g Total. Add lines 2a-2f. 3 Investment income (including dividends, interest, and other similar amounts) 164,565 164,565 4 Income from investment of tax-exempt bond proceeds 5 Royalties ... (ii) Personal (i) Real 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (ii) Other sales of assets 63,363 other than inventory b Less: cost or other basis & sales exps. 17,587 45,776 c Gain or (loss) d Net gain or (loss) 45,776 45,776 8a Gross income from fundraising events (not including \$ 1,135,315 of contributions reported on line 1c). 168,159 See Part IV, line 18 b Less: direct expenses 339,967 -171,808 -171,808 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 742,343 returns and allowances 509,227 b Less: cost of goods sold 233,116 233,116 c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 96,023 96,023 11a Other income b d All other revenue e Total. Add lines 11a-11d 96,023 17,637,126 1,252,853 321,896 Total revenue. See instructions. ...

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) Program service Do not include amounts reported on lines 6b. Total expenses Management and general expenses 7b. 8b. 9b. and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 378,317 378,317 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 300,161 109,127 172,721 18,313 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 96,716 Other salaries and wages 3,602,031 3,154,888 350,427 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 432,613 357,691 23,174 51,748 298,392 226,106 33,701 38,585 Payroll taxes Fees for services (non-employees): Management Legal Accounting Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 203,271 44,678 135,080 23,513 (A) amount, list line 11g expenses on Schedule O.) 123,009 123,009 Advertising and promotion 7,408 15,090 92,631 70,133 Office expenses Information technology Royalties 15 11,548 67,252 180,215 101,415 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 249,887 240,495 6,336 3,056 Depreciation, depletion, and amortization 66,793 22,529 3,324 92,646 Insurance 23 Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 752,053 636,916 159 114,978 Capital campaign Repair and maintenance 30,480 35,830 220,696 154,386 1,345 190,789 2,628 194,762 Food 182,175 120,095 20,450 41,630 Other e All other expenses 346,685 299,601 23,826 23,258 708,482 7,649,544 6,151,430 789,632 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720).

Part X **Balance Sheet** X Check if Schedule O contains a response or note to any line in this Part X. (A) (B) Beginning of year End of year 9,110 18,409 1 Cash—non-interest bearing 3,004,705 7,638,665 2 2 Savings and temporary cash investments 1,494,291 5,653,661 Pledges and grants receivable, net 3 3,012 14,543 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L Notes and loans receivable, net 7 107,533 115,629 Inventories for sale or use 160,992 111,780 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 9,750,849 Less: accumulated depreciation 10b 2,944,708 6,207,141 6,806,141 10c 3,879,005 4,615,173 Investments—publicly traded securities 11 11 12 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 17,891 20,415 Other assets. See Part IV, line 11 15 14,892,979 24,985,117 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 478,793 432,586 17 Accounts payable and accrued expenses 17 18 Grants payable 18 31,000 10,000 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 509,793 Total liabilities. Add lines 17 through 25 442,586 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 8,682,844 9,770,357 27 Unrestricted net assets 3,515,518 28 Temporarily restricted net assets 14,704,967 2,252,031 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and 29 29 complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 14,450,393 24,475,324 Total net assets or fund balances 33 33 14,892,979 24,985,117 Total liabilities and net assets/fund balances

Form 990 (2018)

Both consolidated and separate basis

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

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a

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

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

If the organization changed either its oversight process or selection process during the tax year, explain in

separate basis, consolidated basis, or both:

X Separate basis

Consolidated basis

Form **990** (2018)

X

2c X

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for	bo	x, unle	Pos check ess pe	rson i irecto	than o s both r/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 <u>21</u> 1000 miloo)	organization and related organizations
(20) Bunny Salisbu				П						
Director	2.00	x						0	0	0
(21) Tom White	1.00									
Director	0.00	x						0	o	0
(22) Gemma Wilson										
	1.00	l.							_	0
Director (23) Linda Yost	0.00	X	-	-	_			0	0	
(25) Elliaa 1050	8.00									
Chair	0.00	X		X				0	0	0
(24) Dawn Montecal	1vo 40.00									
President	0.00			x				210,477	0	0
(25) Gloria Crosby										
	40.00							121 002		0
Chief Fin. Officer (26) Tracey A Con	0.00	+	-	X			_	131,003	0	0
(20) ITacey A com	40.00									
VP of Development	0.00					X		172,457	0	0
(27) Robert E Span										
VP of Programs	0.00	-				x		129,383	0	0
1b Sub-total				100		11.	P	643,320		
c Total from continuation she		Sect	ion /	٩			•			
d Total (add lines 1b and 1c) Total number of individuals (in		Il ma like		Ale a a	a Da	م امما	>	uha rassivad mara than	\$100,000 of	
2 Total number of individuals (in reportable compensation from			30 to	tiios	e iis	ileu a	aDOV	e) who received more than		
3 Did the organization list any fo										Yes No
employee on line 1a? If "Yes," For any individual listed on lin organization and related organization	e 1a, is the sum	of re	eport	able	com	npen	satio	on and other compensation	from the	
individual	1a receive or acc			none	atio		 m ar		r individual	4
for services rendered to the or										5
Section B. Independent Contracto										
 Complete this table for your fit compensation from the organ 	ve highest comp ization. Report c	ensa	ated ensa	inde ition	pend for t	dent o	cont alen	ractors that received more dar year ending with or with	than \$100,000 of hin the organization's tax ye	ear.
	(A) I business address								(B) tion of services	(C) Compensation
							_			
							\vdash			
2 Total number of independent received more than \$100,000	contractors (incl	udin n fro	g bu m th	t not e or	limit janiz	ted to	tho	se listed above) who		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Guadalupe Center, Inc.

Employer identification number 59 - 2617151

Pa	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part.) See instruction	ns.						
The	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 12,	check only	one box.)							
1		A church, cor	vention of churches, or ass	ociation of churches described	in section	170(b)(1)(A)(i).							
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (For	m 990 or 9	90-EZ).)								
3		A hospital or	a cooperative hospital service	ce organization described in se	ction 170	(b)(1)(A)(i	ii).							
4	П	-		d in conjunction with a hospital				ospital's name,						
		city, and state	-											
5		-		of a college or university owned	or operat	ed by a go	overnmental unit described in	A TORN MORROW LINE MORROW HAVE ADDRESS HAVE						
		-	b)(1)(A)(iv). (Complete Part		•									
6		•	,, ,, ,, ,	overnmental unit described in s	section 17	0(b)(1)(A)	l(v).							
7	X		on that normally receives a section 170(b)(1)(A)(vi). (Co	substantial part of its support fromplete Part II.)	rom a gove	ernmental	unit or from the general public	:						
8				70(b)(1)(A)(vi). (Complete Par	rt II.)									
9	H	-		cribed in section 170(b)(1)(A)		ed in coniu	unction with a land-grant collec	ne.						
Ī				of agriculture (see instructions)				, -						
10		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11		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												
12		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).												
		Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.												
	а	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.													
	b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having													
				ting organization vested in the	same pers	sons that o	control or manage the supporte	ed						
			• •	Part IV, Sections A and C.										
	С	its suppo	rted organization(s) (see ins	upporting organization operate tructions). You must complete	e Part IV,	Sections	A, D, and E.							
	d			I. A supporting organization op										
				e organization generally must s nust complete Part IV, Section				255						
	е	· ·	,	eived a written determination for										
	C			n-functionally integrated suppo			, a 13po 1, 13po 11, 13po 111							
	f	Enter the nun	nber of supported organizati	ons			10. Per							
	g	Provide the fo	ollowing information about the	e supported organization(s).										
(i		e of supported	(ii) EtN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of						
	org	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)						
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,						
(A)														
(B)														
(C)														
					-									
(D)														
/F:\														
(E)														
				, y.										
								I						

Page 2

Schedule A (Form 990 or 990-EZ) 2018
Part II Support Schedu 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						
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,944,589	3,581,247	5,531,468	5,084,222	16,062,377	34,203,903
2	Tax revenues levied for the organization'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	3,944,589	3,581,247	5,531,468	5,084,222	16,062,377	34,203,903
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)	<u> </u>					
6	Public support. Subtract line 5 from line 4						34,203,903
	tion B. Total Support		0.10045	() 0040 T	4.0.0047	() 0040	(D.T.)
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	3,944,589	3,581,247	5,531,468	5,084,222	16,062,377	34,203,903
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	31,127	43,424	57,548	89,133	164,565	385,797
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	665,775	1,336,759	1,543,510	1,253,964	1,006,525	5,806,533
11	Total support. Add lines 7 through 10	Commence of the Commence of th			anaga ar		40,396,233
12	Gross receipts from related activities, etc.	(see instructions)				12	1,991,986
13	First five years. If the Form 990 is for the	-					
	organization, check this box and stop her						
_	tion C. Computation of Public St			(5)		[44]	- 1 B/
14	Public support percentage for 2018 (line 6						84.67 % 77.69 %
15	Public support percentage from 2017 Sch 33 1/3% support test—2018. If the organ	edule A, Part II, line	9 14	0 and the date of	2.4/20/	15	77.69%
16a							» X
	box and stop here. The organization qual					an abook	2 1333 133 E
b	33 1/3% support test—2017. If the organ						
47-	this box and stop here. The organization 10%-facts-and-circumstances test—20						2 +5320 +532 + 201
17a	10%-racts-and-circumstances test—20 10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization						▶ □
b	10%-facts-and-circumstances test—20						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me			_		-	
40	supported organization			47475	ale this have and a -		
18	Private foundation. If the organization di						S
	instructions	in na viy, na viy, n	5 - 600 - 50 - 600 - 5 - 6				

Schedule A (Form 990 or 990-EZ) 2018

Part III Support Schedu

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support							
	ndar year (or fiscal year beginning in) 🕒 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8	(f) Total
9	Amounts from line 6						$\overline{}$	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)		
	organization, check this box and stop here	a						
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2018 (line 8,						15	%
16	Public support percentage from 2017 Sche				15. 81as	25.3	16	<u>%</u>
	tion D. Computation of Investme			- (5)			1 1	
17	Investment income percentage for 2018 (li						17	%
18	Investment income percentage from 2017						18	%
19a	33 1/3% support tests—2018. If the organ							
l.	17 is not more than 33 1/3%, check this bo						and	::
b	33 1/3% support tests—2017. If the organine 18 is not more than 33 1/3%, check the							•
20	Private foundation. If the organization did							

Schedule A (Form 990 or 990-EZ) 2018

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

- 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).
- 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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**.
- 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.
- 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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3b		
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3c		
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Schedu	le A (Form 990 or 990-EZ) 2018 Guadalupe Center, Inc.	59-2617151		Page 5
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Para	t VI. 11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	id		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	SINNSNIDIGIGIGI	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Par	t		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
		p	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	[0000000000000000000000000000000000000		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1_		
Sect	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			200000000000000000000000000000000000000
	organization's tax year, (i) a written notice describing the type and amount of support provided during the pr	E00000000000		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	organization's governing documents in effect on the date of notification, to the extent not previously provide	(CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.CO.C		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	B000000000		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
	the organization maintained a close and continuous working relationship with the supported organization(s).	. 2	Yessen	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	r (see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	nt entity (see instructions).		
				N.
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of)T	k .	garaga k
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			*
	those supported organizations and explain how these activities directly furthered their exempt purposes			
	how the organization was responsive to those supported organizations, and how the organization determine			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or mo	1000000000		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	<i>3</i>		
	reasons for the organization's position that its supported organization(s) would have engaged in these	21-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Karana (k	

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3a

v	withfull Asset Allouit (add line 1 to line 0)			
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Tyne I	Il supporting organization (se	ee.

Schedule A (Form 990 or 990-EZ) 2018

Part	Y Type III Non-Functionally Integrated 509(a)(3	Supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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 the organ	ization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(:)	(::)	(:::)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			7 2000 2000 2000
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI). See instructions.	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
	From 2014			
С	From 2015			
d	From 2016			·····
е	From 2017		- management	
f	Total of lines 3a through e			
- 10	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
i	Carryover from 2013 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.		<u>,</u>	<u> </u>
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h		ALEXANDER MONOCONTO DE LA CONTO	<u></u>
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
_	Excess from 2017	PERMIS		KARA KAR
	Excess from 2018		r Sidinflore	

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (For	m 990 or 9	90-EZ) 2	018	Guad	alupe C	enter,	Inc.	1		!	59-2617151	Page 8
Part VI	Supple III, line B, line: 3a, and	ement : 12; P s 1 and d 3b; F	t al Info art IV, d 2; Pa Part V,	ormation. Section A art IV, Sec line 1; Pa	. Provide the A, lines 1, 2, ction C, line	e explana 3b, 3c, 4l 1; Part IV n B, line 1	tions red b, 4c, 5a ⁄, Sectio 1e; Part	quired by a, 6, 9a, n D, line V, Sectio	9b, 9c, 1 s 2 and 3 on D, line	line 10; 1a, 11b, 3; Part I\ es 5, 6, a	Part II, line 17a o and 11c; Part IV /, Section E, line and 8; and Part V	or 17b; Part /, Section es 1c, 2a, 2b,
Part I	I, Li	ne 1	LO -	Other	Income	Detai	i1					
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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.

2018
Open to Public Inspection

Employer identification number Name of the organization 59-2617151 Guadalupe Center, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X ...

Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tr	easures, or Othe	r Similar <i>i</i>	Assets (continu	ied)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	s, check any of the follo	owing that are a signifi	cant use of i	ts			
а	Public exhibition	d 🔲 I	Loan or exchange prog	ırams					
b	Scholarly research	е 🗌 (Other		e aw ee at	e:			
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	how they further the o	rganization's exempt p	ourpose in P	art			
	XIII.								
5	During the year, did the organization solicit								ì . .
:Da	assets to be sold to raise funds rather than the last of the sold than		art of the organization	s collection?			Ye	S	No
T¢	Complete if the organization 990, Part X, line 21.		on Form 990, Par	rt IV, line 9, or rep	orted an a	mount o	n Form		
1a	Is the organization an agent, trustee, custod	lian or other intermedi	ary for contributions or	r other assets not					
	included on Form 990, Part X?						Ye	s	No
b	If "Yes," explain the arrangement in Part XII	l and complete the fol	lowing table:						
							Amount		
С	Beginning balance	0.000.000.000.000			1c				
d	Additions during the year								
e	Distributions during the year								-
T	Ending balance Did the organization include an amount on F	Form 000 Port V line	21 for occrow or cust	odial account liability?			Ye		No
	If "Yes," explain the arrangement in Part XII						Land T	-	NO
THE PERSON NAMED IN	at V Endowment Funds.	OHOOK HOLO II WID OF	grandadi nao boon gr	oridea on Caresans I.,	**************			•	
er, meren	Complete if the organization	n answered "Yes"	on Form 990, Par	t IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three ye	ars back	(e) Four	years t	oack
1a	Beginning of year balance	3,242,780	3,021,356						
b	Contributions	8,940	170,068	3,008,105					
	Net investment earnings, gains, and								
	losses	147,941	51,356	13,251					
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs					-			_
	Administrative expenses	3,399,661	3,242,780	3,021,356					
2	End of year balance								
a	Board designated or quasi-endowment	29.13 %	y (iiito 1g, coldiiiit (d))	11010 001					
	Permanent endowment ► 70.87 %								
	Tour County we still steel and substitute at the	%							
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held and	administered for the			-		
	organization by:							Yes	No
	(i) unrelated organizations						3a(i)	Х	77
	(ii) related organizations			. (001-000)0-(003-00-1-003-1-00		+	3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiz				9 (9 + 1)(9)(9 + 1 + 1	ž	3b		
4 D:	Describe in Part XIII the intended uses of the Land, Buildings, and Equ		wment iunas.						
	Complete if the organizatio		on Form 990. Par	rt IV. line 11a. See	Form 990). Part X	line 1	D.	
_	Description of property	(a) Cost or other b			Accumulated	1	(d) Book		
	- Contract of	(investment)	(othe		preciation				
1a	Land	374		22,559			39	6,	797
	Buildings				,315,4	06	5,23		
	Leasehold improvements			37,910					910
d	Equipment			41,568	629,3	02			266
	Other			74,504					504
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990. Part	' х. соштп (В). line 10	C. J			6,80	10 .	141

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Complete if the organization answered "Yes" on Form 990, Part IX, line 11b. See Form 990, Part X, line 12b. See Form 990, Part X, line 12b. See Form 990, Part X, line 12b. See Form 990, Part X, line 15b. See Form 990, Part X, line 15b. See Form 990, Part X, line 15c. See Form 990, Part	Part VII	Investments—Other Securities. Complete if the organization answered "Y	es" on Form 990 Part IV line 1	1h See Form 990 Part X line 12
1) Financial derivatives 2) Closelyheid equity interests 3) Other (A) (B) (C) (C) (C) (C) (C) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
2) Closely-held equily interests 3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				Cost or end-of-year market value
2) Closely-held equily interests 3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(1) Financial c	derivatives		
(A) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-he	eld equity interests		
(A) (B) (C) (C) (D) (E) (P) .				
(C) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(A)			
(C) (D) (E) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(B)	811110 FO 0000 FO 0011 FEB 0010 CO 0000 CO 0000 FO 0000 F		
(E)	(C)	\$11.18.181.2000.101.001.1001.0001.0001.00		
(G) (H) (H) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	(D)		0.000	
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Complete If the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Numer Program Related.			3.2	
Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.		n (h) must equal Form 990 Part X col (R) line 12)		· · · · · · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of Investment: (b) Book value (c) Method of valuation: Cost or set-d-d-year market value (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g				
(a) Description of Investment (b) Book value (c) Method of valuation: Cast or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	1 34 5 111		es" on Form 990. Part IV. line 1	1c. See Form 990. Part X. line 13.
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (2) (2) (2) (3) (4) (6) (6) (1) (2) (4) (6) (6) (1) (2) (4) (6) (6) (6) (7) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1				
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				Cost or end-of-year market value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description (b) must equal Form 990, Part X, col. (B) line 25.) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(1)			
(4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (9) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of flability (b) Book value (1) Federal income taxes (2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
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[9] Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book				
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(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		(a) Desc	ription	(b) Book value
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	(6)			
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Part X Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Line 25.	Part X	Other Liabilities.	/" F 000 Port IV line 1	10 or 11f Coo Form 000 Port V
1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			res on Form 990, Part IV, line I	Te of TH. See Form 990, Part A,
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			(h) Book volue	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			(b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		income taxes		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	Control of the contro			
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	70.0			
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶				
		in /h) must equal Form 000. Part V and /P) line 05 1		
				ncial statements that reports the

P	Reconciliation of Revenue per Audited Financial S		•	urn.	
4	Complete if the organization answered "Yes" on Form			1	18,237,732
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	10,231,132
2		2a	40,909		
a	Net unrealized gains (losses) on investments		50,470		
0	Donated services and use of facilities	2c	30/1/0		
d	Recoveries of prior year grants Other (Describe in Part XIII.)	1.191.191			
	Add lines 2a through 2d	5 - 110 - 1015 - 1		2e	91,379
3	Subtract line 2e from line 1			3	18,146,353
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· · · · · · · · · · · · · · · · · · ·			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)		-509,227		
		0.101.01.01		4c	-509,227
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990</i> , <i>Part I, line 1</i> .	2.)		5	17,637,126
P	art XII Reconciliation of Expenses per Audited Financial	Statements With	Expenses per R	etur	
0.40000	Complete if the organization answered "Yes" on Form				
1				1	8,212,801
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	54,030	1000	
	Prior year adjustments				
C	Other losses	2c			
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	54,030
3	Subtract line 2e from line 1			3	8,158,771
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				
b	Other (Describe in Part XIII.)	4b	-509,227		
C	Add lines 4a and 4b	w.na.om.aaa	m. 8	4c	-509,227
5	With the state of	18.)		5	7,649,544
P	art XIII Supplemental Information.				
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and			art X, I	ine
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
	art V, Line 4 - Intended Uses for Endo	owment runds			
	. Com de mahalamahina fan atudanta aha a		the Guada	1	o Contonia
	o fund scholarships for students who w	vere part or	the Guada	Tub	e center.s
	between Comman Decomposition and area convolled as	. f]] +ima	atudonta i	n a	gollege or
	utor Corps Program and are enrolled as	s rurr-crine	students I	a	Correde or
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u	niversity pursuing an academic degree	at the time	: the schor	alb	mp is made.

Ð	art XI, Line 4b - Revenue Amounts Incl	luded on Ret	urn - Othe	r	
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Schedule D (F	orm 990) 2018	Guadalupe	Center,	Inc.		59-2617151	Page 5
Part XIII	Suppleme	Guadalupe ntal Information (continued)				
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SCHEDULE G (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" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 59-2617151 Guadalupe Center, Inc. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity organization or entity (fundraiser) fundraiser listed in control of contributions? col. (i) Yes No 1 6 7 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts g	reater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Signature Event (event type)	Golf Tournament (event type)	None (total number)	(add col. (a) through
Revenue	1 (Gross receipts	1,229,909	73,565		1,303,474
		Less: Contributions Gross income (line 1 minus	1,078,750	56,565		1,135,315
		ine 2)	151,159	17,000		168,159
	4 (Cash prizes				
	5 1	Noncash prizes				
enses	6 F	Rent/facility costs				
Direct Expenses		Food and beverages .				
ij		Entertainment	304,265	35,702		339,967
	9 (Other direct expenses	304,203	33,702		
			Add lines 4 through 9 in column (339,967
. D	11 I art II	Net income summary. Su	btract line 10 from line 3, column (plete if the organization ans)	d)		-171,808
			n Form 990-EZ, line 6a.	wered tes out out soo, t	art 17, 1110 10, 0, 10por	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
 	1 (Gross revenue				
sesu	2 (Cash prizes				
irect Expenses	3 1	Noncash prizes				
Direc	4 1	Rent/facility costs				
	5 (Other direct expenses				
	6 \	Volunteer labor	Yes%	Yes %	Yes %	
	7 [Direct expense summary	. Add lines 2 through 5 in column (d)		
_	8	Net gaming income sumr	mary. Subtract line 7 from line 1, co	olumn (d)		
9			e organization conducts gaming ac			
a b		e organization licensed to o," explain:	conduct gaming activities in each	of these states?		
10a	Wen	e any of the organization	's gaming licenses revoked, suspe			
		es," explain:		and the same state of the same		
		ne, i				

Sche	dule G (Form 990 or 990-EZ) 2018	Guadalupe	Center,	Inc.	59-2617151	Page 3
11	Does the organization conduct gaming				Y	es No
12	Is the organization a grantor, beneficiar	y or trustee of a trust,	or a member of	f a partnership or other entity	51 (55) · · · 51 · · · · 51 · · · 52 · · 55 · · · · 52 · · · · · ·	
	formed to administer charitable gaming	·			Y	es No
13	Indicate the percentage of gaming activ				An 20 20 -	
а	The organization's facility				13a	%
b	An outside facility					%
14	Enter the name and address of the per-	son who prepares the	organization's	gaming/special events books and	ga.cov.g	
	records:	oon this property and		gag. ap a a.a a a a.a a a a a.a		
	70001401					
	Name >					
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	Address					
	Address		83a	S. Man, r. 1 . 1000, em leste les leste les leste.	FG 2000-09-1000-09-01-1-1000	
150	Does the organization have a contract	with a third party from	whom the orga	nization receives gaming		
ısa					Υ.	es No
1.	revenue? If "Yes," enter the amount of gaming re				id the	es No
D					a trie	
	amount of gaming revenue retained by		600 1 000 100 100 100	601 4304 529 4553:		
C	If "Yes," enter name and address of the	e tnird party:				
	Name Name	E. W. W. J	. 2. 200 . 200 . 200	88. M 68 K		
	8.					
	Address >	# 200 PE 1 ESW.	. 11 . 1200 . 120 . 1200 .	er. 600. 26 39. K 600. 24. 6 24		
16	Gaming manager information:					
	12-2					
	Name >	69 (69) (69 (69) (69)	0.50	ena konziliena konziliena konzilienakon ena konz	. 552-5335	
	×2.					
	Gaming manager compensation > \$	200	beliebe.			
	2					
	Description of services provided ▶				. 200 - 200 - 200 - 200 - 200	
	Director/officer Em	ployee	Independent co	ontractor		
17	Mandatory distributions:					
а	Is the organization required under state	e law to make charitat	ole distributions	from the gaming proceeds to		
	retain the state gaming license?					es No
b	Enter the amount of distributions require	red under state law to	be distributed to	o other exempt organizations or		
***********	spent in the organization's own exemp-					
Pa				s required by Part I, line 2b, co		
	Part III, lines 9, 9b, 10b	, 15b, 15c, 16, ar	ıd 17b, as ap	plicable. Also provide any add	litional information.	
	See instructions.					
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Department of the Treasury Internal Revenue Service Name of the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

▶ Attach to Form 990.

2018

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

Open to Public Inspection

Employer identification number

Guadalupe Center, I	Inc.					-65	59-2617151	
Part I General Information on Grants and Assistance	Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? 1 Does the organization or the grants or assistance? 2 Does the organization or the grants or assistance for month or the use of grant finds in the United States.	ie amount of the gr ice?	ants or assi	stance, the grantees'	eligibility for the grant	s or assistance, an	Q	Yes X	No
573	mestic Organi: eceived more to	zations a	and Domestic Go	vernments. Com	plete if the orga	anization answer eeded.	ed "Yes" on Form 990,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) o godosonomen estados de de companya de								
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(5)								
(6)								
(7)								
(8)								
(6)								
 Enter total number of section 501(c)(3) and government organizations listed Enter total number of other organizations listed in the line 1 table 	organizations listed e 1 table	in the line 1 table	1 table	120010000000000000000000000000000000000	(900-000-000-000-000-000-000-000-000-000		200	:

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Guadalupe Center, Inc. Schedule I (Form 990) (2018) Part III

5984 05/15/2020

	Part III can be duplicated if additional space is needed.	onal space is needed.				
(a	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of noncash assistance
		recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 Schol	1 Scholarships	107	378,317			
2						
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Partiv	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	vide the information re	quired in Part I, line 2	2; Part III, column (b)	; and any other additional i	nformation.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

College students must provide invoices, receipts or electronic documents to

be reimbursed for allowable expenses. Whenever possible, checks are made

payable directly to the colleges, housing complexes, bookstores, etc.

Schedule I (Form 990) (2018)

SCHEDULE J (Form 990) **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Guadalupe Center, Inc.

Employer identification number 59-2617151

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	***************************************	130000000000
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
				- 4
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
•	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.	300000		
				MICHAEL
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
		5a	***********	X
a		5b		X
b	· · · · · · · · · · · · · · · · · · ·	35		
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b	N-210-30-32	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

Part II

59-2617151

Page 2

Guadalupe Center, Inc.

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2018

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

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

		2 to	:				
(A) Name and Title	(b) Breakdown of (i) Base compensation	(b) Breakdown of VV-2 and/or 1099-IVISC Compensation (i) Base (ii) Bonus & incentive (iii) Other compensation compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) fotal of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
Dawn Montecalvo	(ii) 210,477	0	0.0	0	0	210,477	0
Connelly elopment	(ii) 172,457 (iii) 0	0 0	0	0.0	0 0	172,457	0
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Schedule J (Form 990) 2018

Guadalupe Center, Inc. Supplemental Information Schedule J (Form 990) 2018

Part III Suppleme

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

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2018

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990.

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

Guadalupe Center, Inc.

Employer identification number 59-2617151

Pa	rt I Types of Property					
		(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determine	ning
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution a	amounts
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications		2000 BEHOD			
5	Clothing and household		20/20/00/0			
	goods		HORISTANICA		_	
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded	X	31	1,286,644	FMV on date of	donation
10	Securities — Closely held stock					
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation					
	contribution — Other					
15	Real estate — Residential					
16	Real estate — Commercial					
17	Real estate — Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(
26	Other ►(
27	Other ►(
28	Other >(
29	Number of Forms 8283 received by	-		l l	20	
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	eagement	29	Yes No
20-	During the year did the ergenization	ropolivo bi	, contribution on arong	turoported in Bort L lines 1	Lthrough	Tes No
30a	During the year, did the organization 28, that it must hold for at least three					
	to be used for exempt purposes for t				•	30a X
b	If "Yes," describe the arrangement in		loiding belied:		Dec. Patros, one LV	. 300
31	Does the organization have a gift ac		onliny that requires the re	view of any ponetandard		
31	1111 11 0					31 X
32a	contributions? Does the organization hire or use thi	rd parties	or related organizations	to solicit process or sell pe	oncash	- J1 22
JEd		-	_			32a X
b	If "Yes," describe in Part II.					· •
33	If the organization didn't report an ar	nount in co	olumn (c) for a type of pr	operty for which column (a)) is checked.	
	describe in Part II.			-py		

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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SCHEDULE O (Form 990 or 990-EZ)

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.

2018

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Guadalupe Center, Inc.

Employer identification number

59-2617151

Form 990, Part III, Line 4a - First Accomplishment The Guadalupe Center's Early Childhood Education (ECE) program is nationally accredited by two agencies and is a Gold Seal program in the state of Florida. The program currently serves 361 children from 6 weeks of age through 5. The ECE center operates year round, five days per week, from 7:00 am until 5:30 pm. To monitor the success of the Early Childhood Education program, track student improvement, and identify developmental delays, we conduct regular evaluations. Research-based evaluation instruments are used including Teaching Strategies Gold (aligned with the Creative Curriculum), Alphabet Letter Recognition Inventory, the Ages and Stages Questionnaire, and Office of Early Learning AP1, AP2, AP3. Teaching Strategies Gold Assessment (TSG) measures growth in the areas of social emotional, physical, language, cognitive, literacy and mathematics. The program provides developmentally appropriate learning activities which incorporate language, literacy, math, science, technology, motor skills and the arts into the children's day preparing them for success in school. Breakfast, lunch and snack are provided to all students daily.

Form 990, Part III, Line 4b - Second Accomplishment

The After-school tutoring program provides educational support to more than 840 children in kindergarten through second grade in five elementary schools in Immokalee. The goal of the program is to provide academic support and enrichment to ensure that students are functioning on grade level when they enter third grade. All students in the program have been

Name of the organization

Employer identification number

59-2617151

Guadalupe Center, Inc.

identified as "at risk for failure" by their teachers. Students are pre and post-tested using the district approved assessment instrument. The assessment results indicate that 100% of the students demonstrated gains in reading and math. A 6 week summer educational program is provided to the students to remediate the summer learning loss that can occur when children are out of school for an extended period of time. Pre and post-assessment data reflects that similar gains were made with the students in the summer program. There is no fee for parents in this program.

Form 990, Part III, Line 4c - Third Accomplishment The Tutor Corps program offers a solution to reduce the high school dropout rate and increase the opportunities for post-secondary education for Immokalee High School students. There are 117 students participating in the program and 145 enrolled in college. The program components include: a wage for working in the after-school tutoring program, a comprehensive college prep program, a mentor from the community, summer pre-college experiences, and college scholarship funds up to \$4000 per year for every year the student is in the program. For the past 14 years 100% of the students in the program graduated from high school and were accepted to college. The college graduation rate for the program exceeds 90%. The average GPA for the students attending college last year was 3.3. 178 students have graduated from colleges and universities and entered professional careers as engineers, teachers, business management trainees, social workers, attorneys, physicians, accountants and many other professions as well. The students often return to Immokalee with the desire to give back to the community. Several students have returned to work in professional positions at the Guadalupe Center.

Name of the organization

Employer identification number Guadalupe Center, Inc. 59-2617151

Form 990, Part III, Line 4d - All Other Accomplishments The organization also operates a resale shop and several special projects to meet the needs of the residents of Immokalee. Back to School Shoes provide new shoes to over 300 children at the beginning of the school year and the Holiday Gift Shop provides over 2,100 gifts to the children of Immokalee during the holiday season.

Form 990, Part VI, Line 4 - Significant Changes to Organizational Documents *Formatted and numbered to proper legal standards with added legal language *Board of Trustee Terms changed from Two (2) consecutive Three (3) year terms plus 1 year extension at the discretion of the Board Chair to Three (3) consecutive Three (3) year terms no 1 year extension except when a board officer's term is not complete *Change second Vice-Chair Officer position to Immediate Past chair *Added language in Article V: Meetings to include Remote Communication (5.8) and Written Action without a meeting (5.9) *Article VII: Committees:

- o Identified Standing Committees
- o Committee membership Trustee and non-trustee members; Each committee to have 5 trustees - including the board chair and President. The number of non-Trustees on any committee may not exceed forty percent of committee's membership. Non Trustees shall not serve as chair of a Board Committee.
- o More detailed duties and responsibilities for each committee
- o Committee Chair 2 year term no term limits
- o Committee Members 1 year terms no term limits
- o 7.5.2 CHARTER. Each Committee shall work with the Governance Committee

Minutes are kept for the both the committee and board meetings. The Committee uses data from 990's of comparable nonprofits in the area and the GuideStar Compensation Report.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Financial statements are available on the organization's website. Governing

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

(99)

Guadalupe Center

Identifying number 59-2617151

-	- Ouddur	WES SOMET	21071					
	ess or activity to which this form relate							
	ee attached detai							
Pa	Election To Expe		-					
4	Note: If you have		W.				4	1,000,000
1	Maximum amount (see instruction						2	1,000,000
2	Total cost of section 179 propert Threshold cost of section 179 pro						3	2,500,000
4	Reduction in limitation. Subtract						4	2,500,000
5	Dollar limitation for tax year. Subtract				ee instructions		5	
6		ion of property		Cost (business use		Elected cost		denombra programa pri state per se seren. De se se de sito situa
				`				
7	Listed property. Enter the amour	nt from line 29			7			
8	Total elected cost of section 179		s in column (c), lines	and 7			8	
9	Tentative deduction. Enter the si						9	
10	Carryover of disallowed deduction	on from line 13 of your	2017 Form 4562				10	
11	Business income limitation. Ente						11	
12	Section 179 expense deduction.						12	
13	Carryover of disallowed deduction				13			
Note	: Don't use Part II or Part III below	v for listed property. Ins	stead, use Part V.					
Pa	rt II Special Deprecia	tion Allowance a	nd Other Deprec	ation (Don't	include listed	proper	ty. Se	e instructions.)
14	Special depreciation allowance for	or qualified property (o	ther than listed proper	ty) placed in ser	vice			
	during the tax year. See instructi	ons				.0000	14	
15	Property subject to section 168(f	(1) election					15	
16	Other depreciation (including AC	RS)					16	249,887
Pε	mt III MACRS Deprecia	ation (Don't includ	le listed property.	See instruction	ons.)			
			Section	4				
17	MACRS deductions for assets pl	laced in service in tax	years beginning before	2018			17	0
18	If you are electing to group any assets place							
	Section B—	-Assets Placed in Ser			e General Depre	ciation S	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciatio (business/investment us only–see instructions)		(e) Convention	(f) Met	thod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
C	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/l		
_		Assets Placed in Serv	ice During 2018 Tax	Year Using the	Alternative Dep			m
20a	Class life					S/I		
b	12-year			12 yrs.		S/I		
				30 yrs.	MM	S/l		
************	40-year			40 yrs.	MM	S/l		
2	art IV Summary (See in							
21	Listed property. Enter amount from					-0000	21	
22	Total. Add amounts from line 12						22	249,887
23	here and on the appropriate lines For assets shown above and pla	•			cuons		22	477,001
		aceu iii seivide duiiily l	ne currem year, enter	uiG	23			

Guadalupe Center, Inc. [61583]
Depreciation Expense Financial
7/1/2018 - 6/30/2019

					Guad	Guadalupe Center, Inc.	ter, Inc.					
					Depre	Depreciation Schedule	hedule					
PBC; highlighting, referencing and typing in blue performed by auditor	performed by auditor											
		Dept.	G/L [Data In Service	Method/Conv	Life	Cost/Other Basis	JCWA/JGT RRA/GO Zone	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Net Book Value
990, Pg 2 #1 - Indirect Depreciation												
LAND - 505 HOPE CIRCLE			170	3/14/1997 No Calc	No Calc		15,161.00	0.00	0.00	0.00	0.00	15,161.00
LAND - 917 MAIN STREET			170	12/27/1999 No Calc	No Calc	_	170,000.00			0.00	0.00	170,000.00
LAND - CARVER AVENUE			170	9/12/2000 No Calc	No Calc		204,238.4	0.00	0.00	0.00	0.00	204,238.41
LAND REMEDIATION			170	6/30/2018 No Calc	No Calc		144,658.28	8 0.00	0.00	0.00	0.00	144,658.28
LAND - JUBILATION			170	3/7/2019 No Calc	No Calc		90,000,00	0.00	0.00	0.00	0.00	90,000.00
BUILDINGS - OTHER (?)	Century Fence		171.3	10/30/2009 No Calc	No Calc	20		0.00	0 774.20	67.00	841,20	498.80
PLAYGROUND	Hagan Engineering		171	9/30/2016 No Calc	No Calc	_	20,551.58	0.00	0.00	0.00	0.00	20,551.59
PLAYGROUND TURF	Playmore		171	9/30/2016 No Calc	No Calc	10			0 9,930.46	5,674.55	15,605.01	41,140.49
PLAYGROUND-EMBANKMENT	Coastal Concrete		171.3	9/30/2016 No Calc	No Calc	_	47,202.98	20		0.00	0.00	47,202.95
PLAYGROUND	Hagan Engineering		171.3	10/31/2016 No Calc	No Calc	_	5,524.19	0.00	0.00	0.00	0.00	5,524.19
PLAYGROUND-EMBANKMENT	Coastal Concrete		171.3		No Calc	2 1		(M)		0.00	0.00	71,379.55
BUILDING IN PROGRESS-JUBILATION			1/2(a)	BIDZIIZIE		30	30 2 4 100,402.00			12.040,4	#,540,27 AJE#9	10,000,00
BOILDING IN PROGRESS-EDEN PARK			173	12/22/2000 SL/N/A	SI/N/A		20.674.00	0.00	0 20.674.00	0.00	20.674.00	0.00
HOUSE - 1006 NEW MARKET		SACP	176	5/27/1993 SL/ N/A	SL/N/A	30		300		2,219.33	58,073.11	8,506.82
LAND - 1006 NEW MARKET			176	5/27/1993 No Calc	No Calc			2		0.00	0.00	7,397.77
RE-ROOF HOUSE	Camp-Rigby	SACP	176	9/22/2006 SL/ N/A	SL/ N/A	39	8,277.23	**	0 2,493.82	212.24	2,706.06	5,571.17
LEASEHOLD IMPROVEMENTS	Mark Spires	SACP	176	8/27/2007 SL/ N/A	SL/ N/A	39		3		80.90	957,31	2,197.69
HOUSE - 2-TON AMANA A/C SYSTEM	General Air & Plumbing	SACP	176	5/30/2017 SL/ N/A	SL/ N/A	7		0.00	0 619.01	571.43	1,190.44	2,809.56
TILE FLOORING	Empire Today	SACP	176	8/31/2016 SL/ N/A	SL/ N/A	10		2		885.60	2,509.20	6,346.80
A/C unit replacement	B&I Contractors	RS	177	4/11/2018 SL/ N/A	SL/ N/A	7)	=	L	931.00	1,124.96	5,392.04
Naples Office Renovations	Heatherwood Construction DEV	DEV	177	6/30/2019 SL/ N/A	SL/ N/A	15	(3)	=		0.00	0.00	46,734.61
SIGNS	Lykins-Signtek	RS	179	1/30/2018 SL/ N/A	SL/ N/A	7				394.64	559.08	2,203.42
SIGNS	Lykins-Signtek	RS	179	2/6/2018 SL/ N/A	SL/ N/A	7	2			366.79	519.62	2,047.88
FIXTURES (121 10th St)	Gully's	RS	179	1/31/2006	SL/ N/A	7		0.00		0.00	600.00	0.00
FIXTURES - Resale Shop		RS	179	3/31/2006 SL/ N/A	SL/ N/A	7	4,778.93	3 0.00	4	0.00	4,778.93	0.00
EQUIPMENT	SunTrust Bankcard		179	5/31/2006 SL/ N/A	SL/ N/A	7	428.22	5.5	0 428.22	0.00	428.22	0.00
FIXTURES - Resale Shop	Gully's	RS	179	7/28/2006 SL/ N/A	SL/ N/A	7	620.50			0.00	620.50	0.00
LIBERTY SOFTWARE-RESALE SHOP	resaleworld.com	RS	179	2/21/2014 SL/ N/A	SL/ N/A	ω				0.00	1,071.95	0.00
DELL COMPUTERS-RESALE SHOP	Dell	RS	179	3/1/2014 SL/ N/A	SL/N/A	ω	3,847.38	0.00	0 3,847.38	0.00	3,847.38	0.00
TAG PRINTER	resaleworld.com	RS	179	3/16/2015 SL/ N/A	SL/N/A	ω		5 0.00	0 923.95	0.00	923.95	0.00
PIANO	Naples Piano	ECE	180	2/1/2006 SL/ N/A	SL/ N/A	7		0.00	0 9,500.00	0.00	9,500.00	0.00
SUN SHADE	Grounds for Play	ECE	180	4/13/2011 SL/ N/A	SL/ N/A	10		9		957.15	7,896,48	1,674.97
INTERCOM	Softrim	ECE	180	9/21/2011 SL/ N/A	SL/ N/A	15	21,757.77	r.	0 9,791.01	1,450.52	11,241.53	10,516.24
PROJECTOR FOR MOBILE SMARTBOARD	AVI-SPL	ECE	180	12/30/2011 SL/ N/A	SL/ N/A	5	549.00	0.00	0 549.00	0.00	549.00	0.00
PUMP REPLACEMENT		MAINT	180	2/16/2012 SL/ N/A	SU N/A	10	3	0.00	0 2,231.25	350.00	2,581.25	918.75
VIPER BURNISHER	Parish Maintenance (CHASE)	ASE)	180	3/30/2012 SL/ N/A	SU N/A	ر ن	889.69	9 0.00	0 889.69	0.00	889.69	0.00
SUN SHADE	Grounds for Play	ECE	180	11/1/2013 SL/ N/A	SL/ N/A	7	20,049.28	8 0.00	0 13,366.18	2,864.18	16,230.36	3,818.92
SUN SHADE PADS	WePadit	ECE	180	11/22/2013 SL/ N/A	SL/ N/A	3		0.00		0.00	2,003.20	0.00
RIDING MOWER	Home-Depot	MAINT	180	4/27/2015 SU N/A	SL/N/A	4	949.05	5 0.00	0 751.33	237.26	988.59	-39.54

Guadalupe Center, Inc. [61583]
Depreciation Expense Financial
7/1/2018 - 6/30/2019

PRECLIPINI GRAPHARE (AMENIA ELANGES) PROCLIPINI SOFTWARE (AMENIA ELANGES) Dept. AL. Dass is sortine Dept. AL. Dass is sortine Lis. Colorate Falls RECURTY SOFTWARE (AMENIA ELANGES) Demonication-stabilist RECURTY SOFTWARE (AMENIA ELANGES) RECURTY SO						Guada	Guadalupe Center, Inc.	ter, Inc.					
PRINTER PRINTER ENGINEER SHEETHER CommunicationALDAIN 190 Analysis 150 Analysi						Depre	ciation So	hedule					
						7/	1/18-6/30	/19			-		
PROPERTY	PBC; highlighting, referencing and typing in blue po	erformed by auditor											
PRINTERS CommunicationAbdala 190 42,950,75 N.A.M. 5 7,940,00 0.00 48,90,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,93,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,720,00 1,73,30 1,73,30 1,720,00 1,73,30 1,			Dept.	eh e	Data In Service	Method/Conv	Life	Cost/Other Basis	JCWA/JGT RRA/GO Zone		Current Depreciation	Total Depreciation	Net Book Value
No.File C.Aubrett	SECURITY SOFTWARE (LINEAR EMERGE)			180	4/28/2015	SL/N/A		7	0.0	1	1,478.00	6,158.33	1,231.67
Differ CABRIET Colmo Disport (NSA) R. 161 34120071 St. NA. 7 86528 0.00 619.98 COLOR ST. St. American Color Cilico C	BADGE PRINTER			180	6/9/2017	SL/ N/A	60	1	0.00		571.34	1,190.29	523.73
No. Part. C. Albard Part. Salari Salar	LATERAL FILE	Office Depot (VISA)		181	3/31/2007	SL/ N/A	7		0.00		0.00	619.98	0.00
ASA FRENÇALL Softlim AUM 181 622/2011 S. IVAN 5 2000 281000 2	HON 500 FILE CABINET	Marco Office	퓨	181	5/13/2011	SL/ N/A	7		0.00		0.00	995.32	0.00
DESTREPHISE Inhalt	CISCO ASA FIREWALL	Softrim		181	6/23/2011	SL/ N/A	(D		0.00		0.00	819.00	0.00
If E PAD (NOTESOCKS) FC Connection ECE 81 898/2011 \$I.N.A 5 825/89 0.00 975/99 0.00 975/99 0.00 975/99 0.00 975/99 0.00 975/99 0.00 975/99 0.00	INTUIT OB ENTERPRISE	Intuit	ADM	181	6/29/2011	SL/ N/A	(D		0.0		0.00	2,100.00	0.00
Inter-Pro NOTEBOOKS (2) Fo Commodition ECE 81 88/2011 St. NA 5 549.99 0.00 623.00 0.00	VERITON DESKTOP COMPUTER	PC Connection	ECE	181	8/8/2011	SL/ N/A	(B		0.00		0.00	975.99	0.00
PIPELES ALM DESKYCP Soltim	SATELLITE PRO NOTEBOOKS (2)	PC Connection	ECE	181	8/8/2011	SL/ N/A	(D	i adding 1	0.00	_	0.00	1,623.05	0.00
TOP R (abbally) Best Bay (VISA) ADM 181 1/5/2012 SUNA 55.89.99 0.00 554.99 0.00 554.99 0.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 0.00 554.99 1.00 554.99 1.00 554.99 0.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.90 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.99 1.00 554.89 1.00 554.99 1.00	DELL OPTIPLEX SLIM DESKTOP	Softrim		181	8/8/2011	SL/ N/A	m		0.00		0.00	623.00	0.00
TICH PA MONITOR (Jody) Bast Bay (MSA) FC Connection FOHAMS FOHAMS	HP LAPTOP (Barbara)	Best Buy (VISA)	ADM	181	1/5/2012	SL/ N/A	(T)		0.00		0.00	549.99	0.00
OLAPTOP (Mogan) PC Commerction PC PC H 18 5762072 St NA	HP LAPTOP & MONITOR (Jody)	Best Buy (VISA)	TC	181	1/5/2012	SL/ N/A	(1)		0.00		0.00	639.98	0.00
IEL_APTOP STORAGE CART BAH (CAASE) ITC 181 10122012 SI NA 3 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,000,00 1,250,00 1,2	LENOVO LAPTOP (Megan_	PC Connection	PO/HR	181	5/16/2012	SUNA	l (D		0.00		0.00	620,30	0,00
RCH POINT (NOER CHANT) RCH RCH RCH NOER (NOER CHANT) RCH RCH RCH NOER (NOER CHANT) RCH RCH RCH RCH RCH NOER (NOER CHANT) RCH	LOCKABLE LAPTOP STORAGE CART	B&H (CHASE)	5 0	1 2	10/15/2012	SUNA			0.0		148.19	536 30	24./
DECENTRALIE FINDER Blackbaud DEV 181 11/20012 SUNA 3 10.00 0.00 1.090.00 0.00 1.090.00	RESEABCH POINT	Rlackhaud	7 3	<u> </u>	11/20/2012	SUNA	·		0.00		0.00	1.795.00	0.00
VICTHINIC PORTICION PC Connection 18th 1/18/2013 SL NA 3 1/18/21 0.00 1/13/21 0.00 0	AGE FINDER - EMAIL FINDER	Blackbaud	DEV.	<u>.</u>	11/20/2012	SL/N/A			0.0		0.00	1,080.00	0.00
DEV 181 1/28/2013 S.I.V.M. 3 1/28/2010 0.00 1/28/20 0.00 0	2 LENOVO THINK PADS (NCEF GRANT)	PC Connection		181	1/1/2013	SL/ N/A	63		0.0		0.00	1,136.14	0.00
TIPER TC EDGE 72 (Shellar)	TV-NAPLES OFFICE		DEV	181	1/8/2013	SL/ N/A	~1		0.00		73.86	480.04	36.95
PECT POINT Blackbaud DEV 181 37/2013 SL NA 3 1,625,00 0.00 1,255,00 0.00 518.75 0.00 0.00 518.75 0.00 0.00 518.75 0.00 0.00 518.75 0.00 0.00 518.75 0.00 0.00 518.75 0.00		Softrim		181	1/18/2013	SL/N/A	63	Total Property	0.0		0.00	1,230.00	0.00
TIER TC EDGE T2 (Shellar)	PROSPECT POINT	Blackbaud	DEV	181	1/31/2013	SL/N/A	63		0.0	_	0.00	1,625.00	0.00
THER TO EIGGE 72 (Juana) PC Connection DEV 181 227/2013 SL/ NA 5 518.75 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00 430.00 0.00	COMPUTER TC EDGE 72 (Sheila?)	PC Connection	DEV	181	2/7/2013	SL/N/A	(17)		0.0		0.00	518.75	0.00
ATION SEARCH Metasoft Systems, Inc. DEV 181 22202013 SL/NA 3 430.00 0.00 4390.00 0.00 397.50 0.00 397.50 0.00 397.50 0.00 397.50 0.00 397.50 0.00 397.50 0.00 0.00 0.00 0.00 0.00 0.00 0.00	COMPUTER TC EDGE 72 (Juana)	PC Connection	DEV	181	2/7/2013	SL/ N/A			0.0		0.00	518./5	0.00
AITON SEARCH Metasoft Systems, Inc. DEV 181 Tazzazzo113 SL/N/A 5 3997-20 0.00 3,997-20 0.00 3,997-20 0.00 3,997-20 0.00 3,997-20 0.00 3,997-20 0.00 6,900-20 0.00 6,900-20 0.00 6,900-20 0.00 6,900-20 0.00 6,900-20 <th< td=""><td></td><td></td><td></td><td>1 81</td><td>2/20/2013</td><td>SL/ N/A</td><td>160</td><td></td><td>0.0</td><td></td><td>0.00</td><td>430.00</td><td>0.00</td></th<>				1 81	2/20/2013	SL/ N/A	160		0.0		0.00	430.00	0.00
DESKYLDP Brandon Glodowill Industries DEV 181 5/28/2013 SL/NIA 5 587,000 0.00	FOUNDATION SEARCH	Metasoft Systems, Inc.	DEV	181	12/28/2012	SL/ N/A	, ,	ca	0.0		0.00	3,997.50	0.00
National Business Furnity DeV 181 83/2/2013 SU N/A 3 1,482.26 0.00 1,482.26 0.00 1,482.26 0.00 1,482.26 0.00 1,482.26 0.00 1,482.26 0.00 1,482.26 0.00 0.	HP3500 DESKTOP (Brandon)	Goodwill Industries	DEV	181	5/28/2013	SL/ N/A	(7		0.00		0.00	600.00	0.00
HOULEH (Board Replacement) PSS 181 1928/2013 SLV NA 3 4,990.74 0.00 1,90.74 0.00 4,900.74 0.00 0.00 550.00	TABLE	National Business Furnit	UDEV	181	8/30/2013	SL/ N/A	,,,		0.0		76.61	00.782	0.00
ROUNT GOODWIII Industries RO GOODWII Industri	DOUGH CON I ROLLER (Board Replacement)	FSS		2 2	9/24/2013	SUNA			0.0		0.00	1,402.20	0.00
ACCORDINATIONS GOOWNII INDUSTRIES 101/28/2014 SLV N/A 3 300,000	POWEREDGE SERVER	Goodwill Industries		181	10/28/2013	SU NA		4	0.0	I	0.00	4,990.74	0.00
Tech Schwing Part	DELL VOSTRO	Goodwill Industries	2	101	10/28/2013	SL/N/A	3 6		0.0		0.00	202,00	0.00
Dell Business Credit 181 1/29/2014 SL/N/A 3 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 7,846.92 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 1,349.55 0.00 911.37 0.00 950.95 80.00 950.95 80.00 950.95 80.00 950.95 80.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37	I ATITI IDE ESSON ACTIVIDA	Dell Rusiness Credit	DEV.	20 0	1/23/2014	SI/N/A			0.0	Ţ	0.00	1,200.54	0.00
ANG WIN SERVER 2012R2 Dell Business Credit 181 1/29/2014 SL/N/A 3 1,349.55 0.00 1,349.55 0.00 1,349.55 8TB STORAGE DEVICE B&H (CHASE) 181 1/29/2014 SL/N/A 3 950.95 0.00 950.95 0.00 950.95 8TB STORAGE DEVICE B&H (CHASE) 181 1/29/2014 SL/N/A 3 950.95 0.00 950.95 0.00 950.95 8TB STORAGE DEVICE B&H (CHASE) ADM 181 1/29/2014 SL/N/A 3 950.95 0.00 950.97 0.00 950.97 0.00 950.97	POWEREDGE SERVER R720	Dell Business Credit		100	1/29/2014	SL/ N/A			0.0		0.00	7.846.92	0.00
8TB STORAGE DEVICE 88H (CHASE) 181 1/29/2014 SL/N/A 3 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 950.95 0.00 951.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 911.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 913.37 0.00 0.00 913.37 0.00 913.37 <t< td=""><td>OLP SNGL LANG WIN SERVER 2012R2</td><td>Dell Business Credit</td><td></td><td>1<u>8</u>1</td><td>1/29/2014</td><td>SL/ N/A</td><td>"</td><td></td><td>0.0</td><td></td><td>0.00</td><td>1,349.55</td><td>0.00</td></t<>	OLP SNGL LANG WIN SERVER 2012R2	Dell Business Credit		1 <u>8</u> 1	1/29/2014	SL/ N/A	"		0.0		0.00	1,349.55	0.00
INITOWER PC (7010) Dell Business Credit ADM 181 3/7/2014 SL/ N/A 3 911.37 0.00 911.37 0.00 911.37	SYNOLOGY 8TB STORAGE DEVICE	B&H (CHASE)		181	1/29/2014	SL/ N/A	63		0.0		0.00	950.95	0.00
INITOWER PC (7010) Dell Business Credit ADM 181 3/31/2014 SL/ N/A 3 911.37 0.00 911.37 0.00 911.37	OPTIPLEX MINITOWER PC (7010)	Dell Business Credit	ADM	181	3/7/2014	SL/ N/A	63		0.0		0.00	911.37	0.00
INITOWER PC (7010) Dell Business Credit EHS 181 4/1/2014 SL/ N/A 3 649.07! 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00 649.07 0.00	OPTIPLEX MINITOWER PC (7010)	Dell Business Credit	ADM	181	3/31/2014	SL/ N/A	60		0.0		0.00	911.37	0.00
INITOWER PC (7010) Dell Business Credit ECE 181 4/1/2014 SL/ N/A 3 649.07 0.00 649.07 0.00 17,986.00 0.00 17,986.00 0.00 17,986.00 0.00 17,986.00 0.00 17,986.00 0.00 17,986.00 0.00	OPTIPLEX MINITOWER PC (7010)	Dell Business Credit	EHS	181	4/1/2014	SL/ N/A	60		0.0		0.00	649.07	0.00
Apple, Inc. Apple	OPTIPLEX MINITOWER PC (7010)	Dell Business Credit	ECE	181	4/1/2014	SL/ N/A	63				0.00	649.07	0.00
RTS (2) Datamation Systems SACP 181 5/7/2014 SL/ N/A 5 2,737.891 0.00 2,737.89 0.00 2,737.89 5 5000 SERIES LAPTOP Dell Business Credit ADM 181 7/11/2014 SL/ N/A 3 1,172.32 0.00 1,172.32 0.00 1,172.32 Best Buy (VISA) DEV 181 1/13/2015 SL/ N/A 3 644.96 0.00 544.96 0.00 644.96 Best Buy (VISA) Dell Business Credit PO/HR 181 1/17/7/2014 SL/ N/A 3 932.28 0.00 932.28 0.00 932.28	iPADS (46)	Apple, Inc.	SACP	181	4/24/2014	SUNA	63				0.00	17,986.00	0.00
5 5000 SERIES LAPTOP Dell Business Credit ADM 181 7/11/2014 SL/ N/A 3 1,172.32 0.00 1,172.32 0.00 1,172.32 Marco Office DEV 181 8/29/2014 SL/ N/A 3 512.40 0.00 512.40 0.00 512.40 ERA Best Buy (VISA) DEV 181 1/13/2015 SL/ N/A 3 644.96 0.00 644.96 0.00 644.96 020 CTO (Selene) Dell Business Credit PO/HR 181 10/17/2014 SL/ N/A 3 932.28 0.00 932.28 0.00	LAPTOP CARTS (2)	Datamation Systems	SACP	181	5/7/2014	SL/ N/A	(7				0.00	2,737.89	0.00
Marco Office DEV 181 8/29/2014 St./ NA 3 512.40 0.00 512.40 0.00 512.40 ERA Best Buy (VISA) DEV 181 1/13/2015 St./ NA 3 644.96 0.00 644.96 0.00 644.96 020 CTO (Selene) Dell Business Credit PO/HR 181 10/17/2014 St./ N/A 3 932.28 0.00 932.28 0.00 932.28	LATITUDE 15 5000 SERIES LAPTOP	Dell Business Credit	ADM	181	7/11/2014	SL/ N/A	63				0.00	1,172.32	0.00
Best Buy (VISA) DEV 181 1/13/2015 SL/ N/A 3 644.96 0.00 644.90 0.00 644.90 0.00 644.90 0.00 644.90 0.00 644.90 0.00 644.90 0.00 644.90 0.00 644.90 0.0	SHREDDER	Marco Office	DEV	181	8/29/2014	SL/ N/A					0.00	512.40	0.00
Dell Business Credit PO/HR 181 10/17/2014 SU N/A 3. 932:28 0.00 932:28 0.00 932:28	NIKON CAMERA	Best Buy (VISA)	DEV	181	1/13/2015	SL/ N/A		644.96			0.00	644.96	0.00
	OPTIPLEX 3020 CTO (Selene)	Dell Business Credit	PO/HR	181	10/17/2014	SUNA		932.28			0.00	932.28	0.00

Guadalupe Center, Inc. [61583] Depreciation Expense Financial 7/1/2018 - 6/30/2019

					Guad	Guadalupe Center, Inc.	iter, Inc.					
					Depre 7	Depreciation Schedule 7/1/18-6/30/19	chedule 1/19					
PBC; highlighting, referencing and typing in blue performed by auditor	rformed by auditor											
		Dept.	G/L	Data In Service	Method/Conv	Ei e	Cost/Other Basis	JCWA/JGT RRA/GO Zone	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Net Book Value
I ATITUDE 15 5000 SERIES LAPTOP (Kiara) Dell Business Credit	Dell Business Credit	SACP	=1		SL/ N/A	3	1,054.02	0.00	00 1,054.02	0.00	1,054.02	0.00
POWER CONNECT 2848	Dell Business Credit	ਨ	181	5/1/2015 SL/ N/A	SL/ N/A					0.00	1,165.18	0.00
	Dell Business Credit	7.	181	10/18/2015 SL NA	SL/N/A		3 27,436.44		N	3,048.49	27,436.44	0.00
540 LAPTOP (Megan)	Dell Business Credit	PO/HR	181	3/31/2016 SL/ N/A	SUNA			Ī		362.88	997.92	90.72
SONIC WALL	Dell Business Credit		181	2/24/2016 SL/ N/A	SL/ N/A	3		=	თ	3,597.84	10,493.70	299.81
	GBC	ECE	181	7/27/2016 SL/ N/A	SL/ N/A			×		329.40	686.25	960.75
COMPUTERS	Dell Business Credit		181	9/16/2016 SL/ N/A	SL/ N/A					1,083.24	1,985.95	1,263.77
FIREPROOF CABINET	New Pig Corp.		183	10/27/2008 SL/ N/A	SL/N/A		1,059.5	4 0.00	00 1,059.54	0.00	1,059.54	0.00
HINGS	School Specialties		183	11/24/2008	SL/ N/A			0.00		0.00	40,966.00	0.00
DING	School Specialty		183	11/24/2008 SL/ N/A	SL/ N/A			0.00	_	0.00	14,265.51	0.00
	Cummins		183	12/1/2008 SL/ N/A	SL/ N/A		1,386.29		0.00 1,386.29	0.00	1,386.29	0.00
KITCHEN EQUIPMENT	Beltram/Foster		183	12/5/2008 SL/ N/A	SL/ N/A		5,974.48	3	0.00 5,974,49	0.00	5,974.49	0.00
REFRIGERATORS, WASHER,	Good Deals		<u></u>	1/29/2009 SL/ N/A	SL/N/A		7 3,433.00	0.00	00 3,433.00	0.00	3,433.00	0.00
CLASSROOM FURNISHINGS	School Specialties		183	2/9/2009 SL/ N/A	SL/ N/A				_	0.00	10,264.05	0.00
PRINTS - LAMINATED	Kinko's		183	3/9/2009 SL/ N/A	SL/ N/A	15			0.00 685.54	73.46	759.00	342.87
CLASSROOM FURNISHINGS	School Specialties		183	4/3/2009 SL/ N/A	SL/ N/A		889.92	0.00	00 889.92	0.00	889.92	0.00
	Commercial Appliance		183	4/23/2009 SL/ N/A	SL/ N/A		3,187.50			0.00	3,187.50	0.00
CLASSROOM FURNISHINGS	School Specialties		183	6/26/2009 SL N/A	SUNA				0.00 2,3/0.80	0.00	2,370.60	0.00
WA70	AVILSBI		20 00	8/10/2009 SL / N/A	SI / N/A		35 184 08	2	00 35 184 08	0.00	35 184 08	0.00
SMARTBOARDS	PC Connection		183	10/14/2009 SL/ N/A	SUNA		5 542.91	Ξ.		0.00	542.91	0.00
	Luna/AVI		183	11/2/2009 SL/ N/A	SL/ N/A		1		0.00 1,052.00	0.00	1,052.00	0.00
SMARTBOARDS	Luna Technology		183	11/9/2009 SL/ N/A	SL/ N/A				_	0.00	1,700.00	0.00
COMPUTER (Butterflyfish - Teachers)	Softrim		183	1/26/2011 SL/ N/A	SU N/A			2		0.00	598.00	0.00
COMPRESSOR (Jellyfish)	B&I Contractors		183	6/28/2013 SL/ N/A	SU N/A		-	9		0.00	1,057.00	0.00
80-GALLON HOT WATER HEATER	Paragon Plumbing		183	1/16/2014 SL/ N/A	SL/N/A			9		0.00	870.00	0.00
COMPRESSOR	B&I Contractors		183	11/21/2014 SL/ N/A	SL/ N/A			, ,		903.57	4,141.37	2,183.63
DOL	Page Mechanical	2 6	183	1/21/2015 SU N/A	SUNA		2,369.00	Ī			2,092,62	62/5,30
	Page Mechanical	ח ה	200	2/07/0015 C1 / NA	N/A		7 1 698 00	- 10	0.00	232.57	988 43	639 57
TRUE T-49 REFRIGERATOR	Central Restaurant Prod.		183	6/15/2015 SL/ N/A	SL/ N/A		3,085,58			440.80	1,781.57	1,304.01
WALK-IN COOLER COMPRESSOR	Page Mechanical	_	183	11/4/2015 SL/ N/A	SL/ N/A			_		313.57	1,149.76	1,045.24
SMARTBOARDS	AVI-SPL	ECE	183	6/10/2016	SL/ N/A				0.00 2,062.08	1,010.00	3,072.08	1,977.92
2 TON AMANA A/C SYSTEM	General Air & Plumbing	ECE	183		SU/N/A			Г	0.00 696,66	597.14	1,293.80	2,886.20
COMPRESSORS	General Air & Plumbing		183	10/18/2016 SL/ N/A	SL/ N/A					1,997.14	5,408.93	8,571.07
16 SEER	General Air & Plumbing		183		SL/N/A					1,362.86	2,612.15	6,927.85
40-GALLONE PROPANE WATER HEATER	General Air & Plumbing		8 8	12/15/2016	SL/N/A		1,265.00			253.00	643.04	621.96
80-GALLON WATER HEATER	General Air & Plumbing		183	4/5/2017 SL/ N/A	SUNA				4.	ي	00.160	3 430 00
TRANE COMPRESSOR	General Air & Plumbing		3 83	9/30/2017 SL/ N/A	SUNA						3 376 06	7,050.00
	Cintas Fire Protection		183	10/23/2017 SL/ N/A	SLINA					Ļ	2,276.05	2,050.20
2.5 I ON AMANA A/C SYSTEM	General Air & Plumbing		3 0	0/2/0/2017 SL 14/A	OL WA		3		f	28 663	1,114.23	0,000,7
3- I ON 14 SEER H410A LENNOX A/C SYSTE General Air & Plumbing	General Air & Plumbing		3 8	8/2//2010 SL / N/A	OL MA		4,000.00		0.00		301.66	5 721 64
ICE WACHINE	I W C Services		100	WALTE BLOZICH	OL INV		0,000.00		0.00		001.00	0,701.07

Guadalupe Center, Inc. [61583]
Depreciation Expense Financial
7/1/2018 - 6/30/2019

International by auditor International by au		-3,2/6.10		-3,276.10									
Application Dept. Cal. Dept. Dept. Cal. Dept. Dept. Cal. Dept.	0.00	64,209.20	0.00	64,209.20	0.00	64,209.20	7	SL/ N/A	8/23/2006	188		School Specialties	CLASSROOM FURNITURE
Dept. Calcana Ark Phrambing 185 47820719 SUNA 155 22820716 SUNA 20 228274.55 20 20 20 20 20 20 20	0.00	26,474.45	0.00	26,474.45	0.00	26,474.45	7	SL/ N/A	6/20/2006	188		Office Furniture Rental Alliance	FURNITURE
Dept. Calebrand by unificar Dept. Cal. Dept. Dept. Cal. Dept.	0.00	22,400.00	0.00	22,400.00		22,400.00	7	SL/ N/A	4/7/2006	188		Business Interiors	FURNITURE
Part	4,301.79	78.21	78.21	0.00		Ē	76	SL/N/A	5/20/2019	187		General Air & Plumbing	2-TON LENNOX A/C (Sea Turtles)
Interface Inte	8,499.29	260.71	260.71	0.00			7 %	SL/ N/A	4/18/2019	187		General Air & Plumbing	2-TON LENNOX A/C (Sea Horses)
Population Pop	3,306.67	1,173.33	640.00	533.33			7	7 SL N/A	9/5/2017	187		General Air & Plumbing	2-TON AMANA
purformed by yundition	1,681.50	973.50	531.00	442.50		2,655.00	5	7 SL/N/A	8/30/2017	187		Brentpoint	CHECK SCANNER
Purchamed by audition	4,362.20	769.80	513.20	256.60		5,132.00	10	7 SL/N/A	9/30/2017	187	E C E	Dino Rentos Studios	DONOR RECOGNITION WALL
Experimental by saction	182.99	2,452.01	878.33	1,573.68		2,635.00	ယ	SL/N/A	9/21/2016	187	ECE	ProCare	PROCARE TOUCH PADS
Purplemend by auditor	4,997.53	1,935.47	693.30	1,242.17		6,933.00	10	SLINA	9/19/2016	187	DEV	Dino Rentos Studios	DONOR RECOGNITION WALL
Performed by auditor Dept. Col. Data in Service Dept. Dept. Col. Dept. D	879.02	691.98	224.43	467.55		1,571.00	7	SL/ N/A	6/3/2016	187	ECE	Ferguson	WASHER/DRYER
Epichamed by auditor	794.86	776.14	224.43	551.71		1,571.00	7	SL/ N/A	1/20/2016	187	ECE	Ferguson	WASHER/DRYER
Performed by auditor	748.10	822.90	224.43	598.47		1,571.00	7	SL/ N/A	11/4/2015	187	ECE	Ferguson	WHIRLPOOL WASHER/DRYER
performed by saidion Dept. CAL Dept. Dept. CAL Dept.	0.00	12,592.80	0.00	12,592.80		12,592.80	ω	SUNA	5/12/2015	187	ECE	Dell Business Credit	10 DELL MINI-TOWERS and SETUP
parformed by auditor	0.00	699.99	116.66	583.33		699.99	51	SUNA	5/1/2014	187	ECE	Good Deals	MAYTAG DRYER
Performed by auditor	0.00	799.00	133.17	665.83		799.00	()	I SL/ N/A	5/1/2014	187	ECE	Good Deals	MAYTAG WASHER
Performed by auditor	89.98	665.82	107.97	557.85		755.80	7	3 SL/ N/A	4/25/2013	187	ECE	Softrim	OUTSIDE INTERCOM BOX
Performed by auditor	0.00	4,623.34	0.00	4,623.34		4,623.34	O1	SL/ N/A	11/23/2011	187	ECE	PC Connection	COMPUTERS, MONITORS (Sample Fdn.)
Performed by auditor	0.00	4,623.34	0.00	4,623.34		4,623.34	(J1	SL/ N/A	11/23/2011	187	ECE	PC Connection	COMPUTERS, MONITORS Trinity-by-Cove
Performed by auditor	0,00	8,737.00	0.00	8,737.00		8,737.00	7	SL/N/A	6/1/2011	187		Page Mechanical	TRANE A/C UNIT
Performed by audition	0.00	504.00	0.00	504.00		504.00	7) SL/ N/A	4/20/2010	187	ECE	Good Deals	FRONT-LOAD WASHER (Starfish/Angelfish)
Performed by sadditor	0.00	855.16	0.00	855.16		855.16	7	SL/ N/A	2/25/2010	187		Page Mechanical	SOLENOID VALVE
Dept. Carrent Pumbing 183 4/18/2019 SUN/A 185 5/4/2018 SUN/A 185 1/2/2020	0.00	1,9/4./0	0.00	1,9/4./0		1,974.70	7	SL/ N/A	1/8/2010	187		FSS	FIRE ALARM PANEL
Performed by auditor	0.00	454.00	0.00	454.00		454.00	1	SL/ N/A	2/25/2008	187	l	Good Deals	DRYER
Performed by sudition	3,254.17	7,395.83	710.00	6,685.83		10,650.00	다	SL/ N/A	2/12/2009	187		Signs & Things	SIGNS
Performed by auditor	0.00	1,350.97	0.00	1,350.97	0.00	1,350.97	o	SU N/A	11/26/2007	187	ECE	AccuCut	START-UP NEW CLASSROOM
Performed by auditor	0.00	549.95	0.00	549.95	0.00	549.95	(J)	'SL/N/A	10/1/2007	187	ECE	Kaplan	LANGUAGE CENTER
Performed by auditor	0.00	1,116.90	0.00	1,116.90	0.00	1,116.90	CI	SL/ N/A	3/31/2007	187		PC Connection	PROJECTOR
performed by auditor Dept. G/L Data in Service Cost/Other Basis Cost/Other Bas	0.00	6,519.00	0.00	6,519.00	0.00	6,519.00	7	SL/N/A	1/20/2006	187	ECE	Good Deals	APPLIANCES
performed by audition Dept. G/L Data in Service Dept. G/L	1,215.00	1,485.00	180.00	1,305.00	0.00	2,700.00	15	SL/ N/A	4/14/2011	186	ECE	Jencraft Construction	BUILDINGS - OTHER (?)
Performed by audition	2,925.02	3,574.98	433,33	3,141.65	0.00	6,500.00	15	SL/ N/A	4/14/2011	186	ECE	Jencraft Construction	BUILDINGS - OTHER (?)
Performed by audition	10,935.00	13,365.00	1,620.00	11,745.00	0.00	24,300.00	15	SL/ N/A	4/4/2011	186	ECE	Jencraft Construction	BUILDINGS - OTHER (?)
Performed by auditor Pept. Column Pept. Column Pept. Pep						-3,200.00			9/30/2009	186			
Performed by auditor	2,344,833.16	1,183,442.44	88,206.89	1,095,235.55	0.00	3,528,275.60	40		1/20/2006	186		1000	BUILDING - PHASE I
Performed by auditor Popt Columbing Popt	2,629.35	1,195.25	95.62	1,099.63		3,824.60	40	SL/ N/A	12/29/2006	186		Trophy World	SIGNAGE
Performed by auditor	4,050.00	2,025.00	2,025.00	0.00	0.00	6,075.00	3	SL/ N/A	6/30/2018	185	RS	Donation	2006 FORD E350 CARGO VAN
Foreformed by auditor Controlled Contro	19,714.33	6,000.02	5,142.87	857,15	0.00	25,714.35	5	SL/ N/A	5/4/2018	185		CarMax	2017 FORD TRANSIT 350
Ferformed by auditor Controlled Control	9,652.59	42,997.91	10,530.10	32,467.81	0.00	52,650.50	ហ	SL/ N/A	5/28/2015	185		Galeana Chrysler	2015 RAM PRO-MASTER (14 passenger)
Control Cont	0.00	28,507.45	0.00	28,507.45	0.00	28,507.45	cn	SL/ N/A	2/1/2006	185	RS		VEHICLES
Experiormed by auditor	2,850,104.35	1,025,391.65	96,887.40	928,504.25	0.00	,875,496.	40	SUNA	11/19/2008	184			BUILDING - JIM NEAR
Controlled by auditor Controlled Contr	10,245.71	314.29	314.29	0.00	0.00	10,560.		SL/ N/A	4/18/2019	183		General Air & Plumbing	2 3.5 TON LENNOX 14 SEER A/C SYSTEM
7/1/18-6/30/19 Total Dept. G/L Data in Service Method/Conv Life Cost/Other Basis Zone Depreciation Depreciation	4,851.19	148.81	148,81	0.00	0.00	5,000.		SL/ N/A	4/18/2019	183		General Air & Plumbing	3.5 TON LENNOX 14 SEER A/C SYSTEM
	Net Book Value	Total Depreciation	Current Depreciation	Beg. Accum. Depreciation			Life		Data In Service		Dept.		
7/1/18-6/30/19												erformed by auditor	PBC; highlighting, referencing and typing in blue performed by auditor
polytomation to the property of the property o						9	1/18-6/30/1	7/1					
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Guadalune Center, Inc.						ir Inc	lime Cente	Guada					

Guadalupe Center, Inc. [61583]
Depreciation Expense Financial
7/1/2018 - 6/30/2019

					Guada	Guadalupe Center, Inc.	ter, Inc.						
					Depre	Depreciation Schedule	hedule						
					7/:	7/1/18-6/30/19	/19						
PBC; highlighting, referencing and typing in blue performed by auditor	rformed by auditor												
		Dept	_ ଜୁ	Data In Service	Method/Conv	Life	Cost/Other Basis	JCWA/JGT RRA/GO Zone	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation		Net Book Value
		-	4						-6,897.16		-6,897.16	-	
MOBILE SHELVING UNITS	Discount School Supply		188	11/26/2007 SL/ N/A	SL/ N/A	_	666.72	0.00		0.00	666.72		0.00
2-DRAWER ATERAL FILE	Office Max		88	12/20/2007 SL/ N/A	SL/N/A	_		0.00		0.00	700.70		0.00
STOVE/MICROWAVE	Good Deals		191	5/20/2010 SL/ N/A	SL/ N/A	-1		0.00		0.00	802.00		0.00
WATER HEATER	Mark Spires		191	7/13/2010 SL/ N/A	SL/N/A	_		0.00		0.00	561.66		0.00
PHONE SYSTEM	Softrim		192	7/18/2011 SL/ N/A	SL/ N/A		13	0.00	12	156.05	13,108.00		0.00
	Dell Business Credit	DEV	192	9/1/2015	SL/ N/A	(1)		0.00		59.34	1,068.19		0.00
2 LAPTOPS	Dell Business Credit	DEV.	192	12/2/2015 SL/N/A	SL/N/A	ω		0.00		557.40	2,229.60		0.00
1 APTOP	Dell Business Credit	ADM	190	12/2/2015 SL/ N/A	SI/N/A	(3)		0.00		278.70	1,114.80	_	0.00
CONFERENCE TABLE/CHAIRS	Office Exchange	ADM/DE	192	3/24/2017	SL/ N/A		5,550.00	0.00		792.86	1,783.92		3,766.08
							и 9,896,214,28	0,00	2,692,351.08	M 256,392.05	W 2,948,743.13	-	6,940,497.89
					Less Land AFS		518,896.69		Adjusted	251,851.78 6000		2400	
					Net fixed Assets, per sched	, per sched	9		Variance	4,540.27	4,035.33		
					Per GL						(4,540.27)		
3					Variance		707.15	<trivial< td=""><td></td><td></td><td>(504.94) <пиа</td><td>ctrivial</td><td></td></trivial<>			(504.94) <пиа	ctrivial	
Cash purchases	∑ (1) 850,851.44	2400							Himano	Financial Statement Disclosure			
Work performed:												Pe	Per GL
Auditor selected accounts for analysis determined on the criteria on I. Auditor selected individual current year additions > \$30,000	the criteria on I. Auditor sele	cted individu	al curren	t year additions >	\$30,000			Land		£ 22,558.77	N/A 2	2400	22,558.77 2400
Auditor noted there were no individual disposals > \$30,000	\$30,000							Leasehold in	Leasehold improvements			2400	53,251.61 2400
Examined fixed assets detailed schedule, noting estimated useful lives and depreciation method were consistent with the prior year	mated useful lives and deprec	iation methor	d were co	nsistent with the	prior year			Building &	bs.	7		2400	7,550,070.75 2400
Auditor recalculated current year additions to depreciation > \$30,000 ISI	iation > \$30,000 ISI							Fumiture an	Furniture and equipment		SS	2400	671,874.25 2400
Auditor performed a test on depreciation expense to assess the reasonableness of depreciation.	assess the reasonableness of	depreciation.						Vehicles		≥ 112,947.30		2400	
								Playground		56,745.50	36	2400	56,745.50 2400
8 Per Gloria Crosby, CFO on 10/31/19, schedule did not include additions that were posted to the GL on 6/30/19, Auditor examined support	not include additions that we	ere posted to	the GL o	n 6/30/19, Audito	or examined suppo	ort		Construction	Construction in Progress	ы		2400	
included in schedule to reflect the GL posting.								Land improvement	/ement	234,658.28	N/A	2400	234,658.28 2400
4 Examined Settlement Statement #2502-0265 from	n US Department of Housing	and Urban D	evelopm	ent with a gross a	mount of \$902,5	80.98		Total		9,377,317.59			9,376,610.44
Building 810,627.21		Building		810,627.21				Accumulate	Accumulated Depreciation	(2,944,707.80)			(2,944,707.80)
		Land		90,000.00				Net assets		6,432,609.79			6,431,902.64
		County taxes	axes	1,953.77								-	
	Noted in 2/5/19 Minutes	9 Minutes	,	902,580.98									
		Back out non building	aurorme	(91,933.77)	2000			3 D. Ildia		a therefore should not us	he demonstrated		
		Partial demolition	TOTATION	112 925 62	0000			C Dumini	IS HOL YOU III SOLY	Editable is not yet in service, dicterate shown not yet be delirectated	r pc ach rectainn		
		Ca Hallzen cyl-tiaca	Speriors.										
				-									
4) Additionally, Examined GL listing of additions to building noting one invoice > ISI. Examined invoice #1 from Heatherwood Construction dated May 30, 2019	o building noting one invoice	> ISI. Exam	ined invo	ice #1 from Heat	herwood Constru	ction date	1 May 30, 2019						
for a total of \$46.452.89 for developing building and	floor plans												
Per estimate provided by Walter Crawford, Heatherwood Construction Company President, on 6/24/19, after demolition, the loss of value on the building was estimated at \$60/sf for 6,233 square feet, or a \$373.980 loss	rwood Construction Com an	President, o	m 6/24/19	9, after demolitio	n, the loss of valu	e on the b	uilding was estimated at	\$60/sf for 6,	233 square feet, or	a \$373,980 loss.			
X1				Cartan Ambitant	allo datad Anni	17 2010						-	
Examined listing of additions to building noting one invoice > ISI. Examined invoice #1 from David Corban Architects, pllc dated April 17, 2019	le invoice > ISI. Examined in	voice #1 fron	n David	Corban Architects	s, pllc dated April	17, 2019							

Guadalupe Center, Inc. [61583] Depreciation Expense Financial 7/1/2018 - 6/30/2019

					Depre	Depreciation Schedule	hedule					
					7,	7/1/18-6/30/19	19					
PBC; highlighting, referencing and typing in blue performed by auditor	lue performed by auditor											
		Dept.	G/L	Data In Service	Method/Conv	Life	Cost/Other Basis	JCWA/JGT RRA/GO Zone	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation	Net Book Value
for a total of \$35,437.50 for developing building and floor plans.	and floor plans.											
 Examined Heatherwood Construction company Application#2 dated June 30, 2019 for \$40,490.48 	nany Application#2 dated June 30,	2019 for \$	Ю,490.48									
Examined Heatherwood Construction com any Application#1 dated May 30, 2019 for \$6,244.13	any Application#1 dated May 30,	2019 for \$6	5,244.13									
DISPOSALS		DATE										
FAX MACHINE	Office Depot		181	6/29/2006 SL/ N/A	SL/ N/A	7	92.56			0.00	92,56	0.00
EQUIPMENT (Paper Folder)	Office Max	DEV	181	8/17/2007 SL/ N/A	SL/ N/A	7	1,321.50			0.00	1,321.50	0.00
RAISER'S EDGE SOFTWARE	Blackbaud (Ck #11051)	DEV	181	12/31/2007 SL/ N/A	SL/ N/A	O1	5,906.22			0.00	5,906.22	0.00
FUNDRAISING SOFTWARE	Blackbaud (Ck #11051)	DEV	181	12/31/2007 SL/ N/A	SL/ N/A	5	1,300.00	0.00	1,300.00	0.00	1,300.00	0.00
P72 TAPE RECORDER	Marco Office	ADM	181	2/1/2010 SL/ N/A	SL/ N/A	₅				0.00	635.22	0.00
5000 PROSPECT POINT	Blackbaud	DEV	181	11/20/2012 SL/ N/A	SUNA	3				0,00	1,625.00	0.00
FOUNDATION SEARCH	Metasoft Systems, Inc.	DEV	181	12/28/2012 SL/ N/A	SL/ N/A	5				0.00	3,997.50	0.00
2010 KIA	Airport Kia		185	4/8/2010 SL/ N/A	SL/ N/A	5	19,951.50			0.00	19,951.50	0.00
OAS PHONE CARD REPLACEMENT	Communication&Data		181	12/1/2013 SL/ N/A	SL/ N/A	ω	550.00		П	0.00	550.00	0.00
SPECIAL EVENTS MODULE	Blackbaud	DEV	181	5/6/2014 SL/ N/A	SL/ N/A	ω	6,280.00	0.00		0.00	6,280.00	0.00
					Total di	Total disposals CY	41,659.50		41,659,50	0.00	41,659.50	0.00