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Form **990**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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20****B** Check if applicable

☐	Address change
☐	Name change
☐	Initial return
☐	Terminated
☐	Amended return
☐	Application pending

C Name of organization

GUILD INCORPORATED

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

130 SOUTH WABASHA STREET, SUITE 90

90

City or town, state or country, and ZIP + 4

SAINT PAUL, MN 55107

F Name and address of principal officer

GRACE TANGJERD SCHMITT

130 S. WABASHA ST., STE 90 ST. PAUL, MN 55107

D Employer identification number

41-1669233

E Telephone number

(651) 450-2220

G Gross receipts \$ 9,000,823.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website. ▶ WWW.GUILDINCORPORATED.COM**H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1990 **M** State of legal domicile MN**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities GUILD INCORPORATED EXISTS TO HELP INDIVIDUALS WITH MENTAL ILLNESS LEAD QUALITY LIVES.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	14.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	14.	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	157.	
	6	Total number of volunteers (estimate if necessary)	185.	
	Revenue	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	
7b		Net unrelated business taxable income from Form 990-T, line 34		
8		Contributions and grants (Part VIII, line 1h)	Prior Year 1,368,914. Current Year 1,539,505.	
9		Program service revenue (Part VIII, line 2g)	6,942,742. 7,439,619.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,032. 547.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	104,939. 4,268.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,422,627. 8,983,939.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	467,132. 512,614.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,173,173. 6,520,579.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 321,075.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,526,153. 1,685,729.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	8,166,458. 8,718,922.	
	19	Revenue less expenses Subtract line 18 from line 12	256,169. 265,017.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,811,095. End of Year 4,184,312.	
	21	Total liabilities (Part X, line 26)	1,808,515. 1,912,151.	
	22	Net assets or fund balances Subtract line 21 from line 20	2,002,580. 2,272,161.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here		04/29/2011			
	Signature of officer	Date			
	Grace Tangjerd Schmitt, President				
	Type or print name and title				
Paid Preparer Use Only	Prnt/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	RANDALL KROLL		04/26/2011	☐	P00096586
	Firm's name ▶ WILKERSON GUTHMANN & JOHNSON LTD	Firm's EIN ▶ 41-0996210	Phone no 651-222-1801		
	Firm's address ▶ 55 EAST FIFTH STREET SUITE 1300 ST PAUL, MN 55101-1790				

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

JSA
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 4,027,886. including grants of \$ _____) (Revenue \$ 4,635,473.)
COMMUNITY TREATMENT SERVICES: SEE SCHEDULE O.**4b** (Code _____) (Expenses \$ 1,322,721. including grants of \$ _____) (Revenue \$ 1,472,286.)
RESIDENTIAL SERVICES: SEE SCHEDULE O.**4c** (Code _____) (Expenses \$ 970,083. including grants of \$ _____) (Revenue \$ 727,559.)
DELANCEY SERVICES: SEE SCHEDULE O.**4d** Other program services (Describe in Schedule O) ATTACHMENT 2
(Expenses \$ 1,006,684. including grants of \$ _____) (Revenue \$ 625,453.)**4e** Total program service expenses ► 7,327,374.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	X
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 10		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 157		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a 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.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Check if Schedule O contains a response to any question in this Part VI ☒ X

Section 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 14		
b Enter the number of voting members included in line 1a, above, who are independent 1b 14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		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? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates? 10a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c	X	
13 Does the organization have a written whistleblower policy? 13	X	
14 Does the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	X	
b Other officers or key employees of the organization 15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MN,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. KENNETH CARR 130 SOUTH WABASHA STREET, SUITE 90 SAINT PAUL, MN 55107
651-450-2220

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question 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.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM P. SWEENEY CHAIRMAN	4.00	X		X				0.		0.
(2) ALEXANDER OFTELIE VICE-CHAIRMAN	4.00	X		X				0.		0.
(3) WILL SUSENS SECRETARY	4.00	X		X				0.		0.
(4) JENNIFER A. KALLA, CPA TREASURER	4.00	X		X				0.		0.
(5) WILLIAM BOSCH DIRECTOR	4.00	X						0.		0.
(6) EILEEN CHANEN DIRECTOR	4.00	X						0.		0.
(7) KRISTIN FLATEN DIRECTOR	4.00	X						0.		0.
(8) TIMOTHY FUZZEY DIRECTOR	4.00	X						0.		0.
(9) PATRICIA KILAND DIRECTOR	4.00	X						0.		0.
(10) NIK LARSON DIRECTOR	4.00	X						0.		0.
(11) MARY MICHEL DIRECTOR	4.00	X						0.		0.
(12) T. PRICE REUTER DIRECTOR	4.00	X						0.		0.
(13) MICHAEL P. SAMPSON DIRECTOR	4.00	X						0.		0.
(14) MARIANNE WHELOCK DIRECTOR	4.00	X						0.		0.
(15) GRACE TANGJERD SCHMITT PRESIDENT	52.00			X				89,125.		17,509.
(16) KENNETH CARR CHIEF FINANCIAL OFFICER	45.00			X				87,880.		16,576.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								177,005.		34,085.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								177,005.		34,085.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** 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 individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **2**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	169,235.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	661,051.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	709,219.			
	g	Noncash contributions included in lines 1a-1f \$		58,106.			
	h	Total. Add lines 1a-1f		1,539,505.			
Program Service Revenue				Business Code			
	2a	RESIDENT FEES	624100	207,556.	207,556.		
	b	PRIVATE PAYS	624100	60,994.	60,994.		
	c	GOVERNMENT REIMBURSEMENTS	624100	6,028,375.	6,028,375.		
	d	INSURANCE PLAN REIMBURSEMENTS	624100	999,286.	999,286.		
	e	SERVICE FEES	624100	143,408.	143,408.		
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		7,439,619.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4		547.			547.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		0.			
		(i) Real (ii) Personal					
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
		(i) Securities (ii) Other					
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0.			
	8a	Gross income from fundraising events (not including \$ 169,235. of contributions reported on line 1c) See Part IV, line 18	ATCH 5				
	b	Less direct expenses	16,884.				
	c	Net income or (loss) from fundraising events	ATCH. 6.	-16,884.			-16,884.
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
c	Net income or (loss) from gaming activities		0.				
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue				Business Code			
11a	MISCELLANEOUS	812900	21,152.	21,152.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		21,152.				
12	Total revenue. See instructions		8,983,939.	7,460,771.		-16,337.	

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	512,614.	512,614.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	211,090.	53,317.	147,110.	10,663.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	5,073,851.	4,419,110.	488,961.	165,780.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	115,149.	98,988.	12,362.	3,799.
9 Other employee benefits	724,699.	624,087.	76,401.	24,211.
10 Payroll taxes	395,790.	331,433.	50,879.	13,478.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	686.		686.	
c Accounting	27,700.		27,700.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	493,926.	422,723.	52,190.	19,013.
12 Advertising and promotion	0.			
13 Office expenses	44,850.	16,715.	7,449.	20,686.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	459,196.	320,730.	137,258.	1,208.
17 Travel	252,443.	243,471.	7,108.	1,864.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	51,700.	42,137.	9,283.	280.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	139,094.	111,694.	24,960.	2,440.
23 Insurance	52,890.	41,328.	11,207.	355.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES	90,283.	27,566.	11,798.	50,919.
b FOOD	54,666.	54,666.		
c BAD DEBT EXPENSE	6,173.	6,173.		
d MISCELLANEOUS EXPENSE	12,122.	622.	5,121.	6,379.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	8,718,922.	7,327,374.	1,070,473.	321,075.
26 Joint Costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	209,836.	1	431,702.
	2 Savings and temporary cash investments	103,521.	2	329,036.
	3 Pledges and grants receivable, net	602,196.	3	692,650.
	4 Accounts receivable, net	818,409.	4	714,350.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	30,773.	9	43,235.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	2,968,722.		
	b Less accumulated depreciation	1,045,856.	10c	1,922,866.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	45,909.	15	50,473.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,811,095.	16	4,184,312.	
Liabilities	17 Accounts payable and accrued expenses	570,506.	17	584,556.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,052,943.	23	848,307.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	185,066.	25	479,288.
	26 Total liabilities. Add lines 17 through 25	1,808,515.	26	1,912,151.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,257,866.	27	1,536,462.
	28 Temporarily restricted net assets	703,380.	28	694,115.
	29 Permanently restricted net assets	41,334.	29	41,584.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,002,580.	33	2,272,161.
	34 Total liabilities and net assets/fund balances	3,811,095.	34	4,184,312.

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,983,939.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,718,922.
3	Revenue less expenses Subtract line 2 from line 1	3	265,017.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,002,580.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,564.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,272,161.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII. ☐

		Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

Form **990** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

GUILD INCORPORATED

Employer identification number

41-1669233

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 ☐ 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	567,009.	655,601.	1,192,698.	1,368,698.	1,539,505.	5,323,511.
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.	567,009.	655,601.	1,192,698.	1,368,698.	1,539,505.	5,323,511.
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).						228,028.
6 Public support. Subtract line 5 from line 4						5,095,483.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	567,009.	655,601.	1,192,698.	1,368,698.	1,539,505.	5,323,511.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,693.	8,895.	-5,672.	6,032.	547.	17,495.
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 IV) . ATCH 1	29,260.	14,007.	70,560.	104,939.	21,152.	239,918.
11 Total support. Add lines 7 through 10						5,580,924.
12 Gross receipts from related activities, etc. (see instructions)					12	32,217,536.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	91.30 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	91.61 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐		
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.						
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						
c 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 IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

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

ATTACHMENT 1

SCHEDULE A, PART II - O

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	29,260.	14,007.	70,560.	104,939.	21,152.	239,918.
TOTALS	<u>29,260.</u>	<u>14,007.</u>	<u>70,560.</u>	<u>104,939.</u>	<u>21,152.</u>	<u>239,918.</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

GUILD INCORPORATED

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

41-1669233

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes ☐ No	
6 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?	☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 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 an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to 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 XIV, 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) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, 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 Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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Schedule D (Form 990) 2010

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PAGE 5

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	39,909.	35,292.	38,169.		
b Contributions	250.		8,240.		
c Net investment earnings, gains, and losses	4,564.	4,910.	-10,998.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses		293.	119.		
g End of year balance	44,723.	39,909.	35,292.		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 100.0000 %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		436,000.		436,000.
b Buildings		1,632,312.	531,347.	1,100,965.
c Leasehold improvements		136,842.	63,591.	73,251.
d Equipment		738,988.	450,918.	288,070.
e Other		24,580.		24,580.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				1,922,866.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	479,288.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,983,939.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,718,922.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	265,017.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,564.
9	Total adjustments (net) Add lines 4 through 8	9	4,564.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	269,581.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,018,633.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	13,246.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	4,564.
e	Add lines 2a through 2d	2e	17,810.
3	Subtract line 2e from line 1	3	9,000,823.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-16,884.
c	Add lines 4a and 4b	4c	-16,884.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	8,983,939.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,749,052.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	13,246.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	13,246.
3	Subtract line 2e from line 1	3	8,735,806.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-16,884.
c	Add lines 4a and 4b	4c	-16,884.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	8,718,922.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

ENDOWMENT FUND

FORM 990, SCHEDULE D, PART V, LINE 4

THE ENDOWMENT FUND IS ESTABLISHED TO HELP SUPPORT DIRECT SERVICES FOR THOSE LIVING WITH MENTAL ILLNESS. ALLOCATION OF THE ENDOWMENT INCOME IS THE RESPONSIBILITY OF THE BOARD OF DIRECTORS OF GUILD INCORPORATED.

OTHER RECONCILING ITEM

FORM 990, SCHEDULE D, PART XI, LINE 8 AND PART XII, LINE 2D

INCREASE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS.

FIN 48 (ASC 740) FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 2

THE ORGANIZATION'S FEDERAL TAX FILINGS FOR 2007-2009 ARE OPEN FOR INTERNAL REVENUE SERVICE EXAMINATION. THE RELATED STATE TAX FILINGS ARE OPEN FOR EXAMINATION BY THE TAXING AUTHORITY OF THE STATE OF MINNESOTA.

AMOUNTS INCLUDED IN 990 BUT NOT AUDITED FINANCIAL STATEMENTS

FORM 990, SCHEDULE D, PART XII AND PART XIII, LINE 4B

LADDER OF HOPE SPECIAL EVENTS DIRECT EXPENSES - \$16,884. THE EXPENSES ARE INCLUDED WITH EXPENSES ON THE AUDIT AND INCLUDED NET OF REVENUES ON THE FORM 990.

Name of the organization

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

	(a) Event #1 LADDER OF HOPE (event type)	(b) Event #2 (event type)	(c) Other Events 0. (total number)	(d) Total events (add col (a) through col (c))
	Revenue			
1 Gross receipts	169,235.			169,235.
2 Less: Charitable contributions	169,235.			169,235.
3 Gross income (line 1 minus line 2).				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	12,393.			12,393.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	4,491.			4,491.
10 Direct expense summary: Add lines 4 through 9 in column (d)				(16,884.)
11 Net income summary: Combine line 3, column (d), and line 10				-16,884.

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
7 Direct expense summary: Add lines 2 through 5 in column (d)				()
8 Net gaming income summary: Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer
☐ Employee
☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

GUILD INCORPORATED

Employer identification number

41-1669233

OMB No. 1545-0047

2010

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ☐

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part III can be duplicated if additional space is needed ☐

1	(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 non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	CLIENT ASSISTANCE FUNDS	336.	90,836.			
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

CLIENT ASSISTANCE FUNDS MONITORING

FORM 990, SCHEDULE I, PART I, LINE 2

CASE MANAGERS MONITOR THE NEEDS OF INDIVIDUAL CLIENTS, DISCUSS THOSE NEEDS WITH THE TEAM AND AGREE TO REQUEST FUNDS. THE SERVICES DIRECTOR REVIEWS AND APPROVES THE REQUESTS AND SUBMITS THE APPROVAL FOR PAYMENT.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

GUILD INCORPORATED

Employer identification number

41-1669233

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total ► \$ _____										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) BOARD MEMBERS	BOARD MEMBER		SEE DESCRIPTION BELOW.		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

SCHEDULE L, PART IV, LINE 1D

CERTAIN BOARD MEMBERS HAVE FAMILY SERVICED BY THE ORGANIZATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2010

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Name of the organization
GUILD INCORPORATED

Employer identification number
41-1669233

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1.	4,069.	SALE OF COMPARABLE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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 ► (ATCH 1)		10.	54,037.	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

THIRD PARTIES UTILIZED TO SELL NONCASH CONTRIBUTIONS

FORM 990, SCHEDULE M, PART I, LINE 32B

GUILD INCORPORATED WORKS WITH CARS WITH HEART TO SELL DONATED VEHICLES.

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional informationATTACHMENT 1SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
FOOD GIFT CERTIFICATES	X	1.	8,400.	COST
PRINTING	X	2.	6,462.	COST
DONOR RECOGNITION EVENTS	X	4.	17,727.	COST
CONSUMER PROGRAM ACTIVITY	X	2.	21,448.	COST
TOTALS		<u>10.</u>	<u>54,037.</u>	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

GUILD INCORPORATED

Employer identification number

41-1669233

REVIEW FORM 990

FORM 990, PART VI, SECTION B, LINE 11B

THE FINANCE COMMITTEE AND FULL BOARD OF DIRECTORS REVIEW THE FORM 990
BEFORE IT IS FILED. KEY STAFF AND THE EXTERNAL AUDITOR ATTEND THE
MEETING TO EXPLAIN INFORMATION AND ANSWER QUESTIONS. APPROVAL TO FILE
THE FORM 990 IS CAPTURED IN THE BOARD MINUTES.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

THE BOARD OF DIRECTORS AND KEY STAFF COMPLETE ANNUALLY A CONFLICT OF
INTEREST INFORMATION FORM TO DISCLOSE CONFLICTING ACTIVITY OR DECLARE
CONFLICTING ACTIVITY, IF ANY. THE BOARD DETERMINES WHETHER THE
TRANSACTION IS JUST AND FAIR AND IS IN THE BEST INTEREST OF THE
ORGANIZATION. THE BOARD'S CONCERN MUST BE THE WELFARE OF GUILD
INCORPORATED AND THE ADVANCEMENT OF ITS PURPOSE.

COMPENSATION PROCESS

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD OF DIRECTORS PERFORMS AND EVALUATION AND DETERMINES COMPENATION
FOR THE PRESIDENT BASED ON PERFORMANCE AND SALARY MARKET ANALYSIS.

EMPLOYEES RECEIVE A PERFORMANCE ASSESSEMENT EACH YEAR AT THE TIME OF
THEIR ANNIVERSARY DATE OF HIRE OR ENTRY INTO A NEW POSITION. THIS ANNUAL
REVIEW FOCUSES ON BOTH ASSESSING AND DISCUSSING PERFORMANCE, AND ON

Name of the organization

GUILD INCORPORATED

Employer identification number

41-1669233

REVIEWING THE EMPLOYEE'S BASE SALARY WITH CONSIDERATION FOR A SALARY INCREASE.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS INCLUDE THE INCREASE IN VALUE OF THE BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS.

PROGRAM SERVICE 1: COMMUNITY TREATMENT SERVICES

FORM 990, PART III, LINE 4A

COMMUNITY TREATMENT SERVICES:

INTEGRATED TARGETED CASE MANAGEMENT AND CARE COORDINATION SERVICES HELP

INDIVIDUALS WHO HAVE PSYCHIATRIC ILLNESSES OF A SERIOUS NATURE GAIN

ACCESS TO MEDICAL, SOCIAL, EDUCATION, VOCATIONAL, FINANCIAL, AND OTHER

NECESSARY SERVICES RELATED TO INDIVIDUALS' MENTAL AND PHYSICAL HEALTH

NEEDS. STABILITY IN HOUSING, OPTIMAL HEALTH, AND CONNECTIONS TO THEIR

COMMUNITY ARE THE DESIRED RESULTS OF THESE SERVICES. ASSERTIVE COMMUNITY

TREATMENT (ACT) HELPS INDIVIDUALS LIVING IN THE COMMUNITY WHO EXPERIENCE

SEVERE, HARD TO MANAGE SYMPTOMS OF MENTAL ILLNESS. THE GOAL OF ACT IS TO

DECREASE OR PREVENT RECURRING ACUTE EPISODES OF ILLNESS. OVER HALF OF

GUILD INCORPORATED'S WORK IS IN THE COMMUNITY TREATMENT SERVICES AREA.

THE SERVICES ARE MOBILE, DELIVERED WHERE NEEDED, MOST OFTEN IN

INDIVIDUALS' HOMES, USING A TEAM-BASED MODEL.

IN 2010, 768 INDIVIDUALS RECEIVED COMMUNITY TREATMENT SERVICES. ON

DECEMBER 31, 2010, 78 PERCENT OF INDIVIDUALS SERVED WERE LIVING IN THEIR

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OWN HOME AND MAINTAINED STABLE HOUSING (AS MEASURED BY THE HOUSING
MOVEMENT TABLE ADMINISTERED DURING THE LAST SIX MONTHS OF 2010).

PROGRAM SERVICE 2: RESIDENTIAL SERVICES

FORM 990, PART III, LINE 4B

RESIDENTIAL SERVICES:

CRISIS STABILIZATION RESIDENTIAL SERVICES (MAUREEN G. HEANEY GUEST HOUSE)

HELP INDIVIDUALS IN PSYCHIATRIC OR OTHER CRISES STABILIZE IN THE

COMMUNITY WITHOUT BECOMING HOMELESS, AND, WHENEVER POSSIBLE, WITHOUT

HOSPITALIZATION. INTENSIVE RESIDENTIAL TREATMENT SERVICES (GUILD SOUTH)

ASSIST INDIVIDUALS TO DEVELOP AND ENHANCE PSYCHIATRIC STABILITY, PERSONAL

AND EMOTIONAL ADJUSTMENT, SELF-SUFFICIENCY, AND SKILLS NEEDED TO LIVE IN

A MORE INDEPENDENT SETTING. PERMANENT, SUPPORTIVE HOUSING PROVIDES 24/7

ON-SITE SERVICES FOR RESIDENTS WHO NEED A HIGHER LEVEL OF CARE TO ASSURE

STABILITY IN HOUSING AND OPTIMAL HEALTH (EMERSON HOUSE).

IN 2010, 97 INDIVIDUALS ACCOUNTED FOR 114 ADMISSIONS TO THE 4-BED CRISIS

STABILIZATION SERVICES. THE AVERAGE LENGTH OF STAY WAS 8 DAYS.

EIGHTY-NINE PERCENT (100/112) OF INDIVIDUALS, LEAVING THEIR HOME TO BE

ADMITTED FOR SERVICES, STABILIZED THEIR SITUATION WITHOUT HOSPITALIZATION

FOR PSYCHIATRIC CARE. FIFTY-FOUR INDIVIDUALS WERE SERVED IN THE 9-BED

INTENSIVE RESIDENTIAL TREATMENT SERVICES PROGRAM, WITH AN AVERAGE LENGTH

OF STAY OF 65 DAYS. THE FOUR UNITS OF SUPPORTIVE HOUSING WITH 24/7

ON-SITE SERVICES BENEFITTED SEVEN INDIVIDUALS IN 2010.

PROGRAM SERVICE 3: DELANCEY SERVICES

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FORM 990, PART III, LINE 4C

DELANCEY SERVICES:

THE DELANCEY STREET PROGRAM ENGAGES PEOPLE WHO HAVE HISTORIES OF LONG-TERM HOMELESSNESS COMPOUNDED BY PROBLEMS OF MENTAL ILLNESS AND SUBSTANCE USE. DELANCEY STREET TAKES A "HOUSING FIRST" APPROACH, ASSISTING PARTICIPANTS TO ESTABLISH AND MAINTAIN HOUSING; IMPROVE THEIR HEALTH; AND, INCREASE THEIR QUALITY OF LIFE THROUGH MEETING DESIRED GOALS. INITIALLY BEGUN IN 2003 AS A PILOT PROJECT TO DEMONSTRATE THE POTENTIAL TO END HOMELESSNESS FOR THE "MOST MARGINALIZED SINGLE ADULTS", DELANCEY STREET IS NOW A PROVIDER FOR THE METRO LONG-TERM HOMELESS SUPPORTIVE SERVICES PROJECT IN THE SEVEN-COUNTY METROPOLITAN AREA IN MINNESOTA.

IN 2010, 58 INDIVIDUALS WERE SERVED IN THIS "HOUSING FIRST", CONTINUOUS-CARE MODEL, 100 PERCENT OF CAPACITY. OF THE 58, 40 (71%) HAD MAINTAINED CONTINUOUS HOUSING FOR AT LEAST ONE YEAR WITHIN THEIR FIRST TWO YEARS OF PARTICIPATION.

DELANCEY APARTMENTS OPENED IN 2009, RESULTING FROM COLLABORATION BETWEEN GUILD INCORPORATED AND PROJECT FOR PRIDE IN LIVING. IT PROVIDES 13 UNITS OF PERMANENT, SUPPORTIVE HOUSING FOR PEOPLE EXPERIENCING CHRONIC HOMELESSNESS WHO HAVE HAD DIFFICULTY MAINTAINING THEIR HOUSING; AND FEATURES EASY ACCESS TO THINGS LIKE NURSING AND EMPLOYMENT SUPPORT. BY THE END OF 2010, ELEVEN OF THIRTEEN (85%) TENANTS HAD MAINTAINED THIS HOUSING SINCE IT OPENED IN MAY OF 2009. OF THE TWO WHO MOVED, ONE WENT TO JAIL, AND ONE HAD TO MOVE TO A NURSING HOME BECAUSE OF HER HEALTH.

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OTHER PROGRAM SERVICES: EMPLOYMENT SERVICES

FORM 990, PART III, LINE 4D

EMPLOYMENT SERVICES PROMOTE WORK AS PART OF THE RECOVERY PROCESS.

SERVICES HELP INDIVIDUALS WHO HAVE SERIOUS MENTAL ILLNESS PURSUE

EDUCATION OR FIND, GET, AND KEEP SUITABLE EMPLOYMENT THAT MEETS THEIR

ABILITIES AND PREFERENCES. THE SERVICES TAKE A PERSON-CENTERED APPROACH

TO HELP INDIVIDUALS PARTICIPATE IN THE COMPETITIVE LABOR MARKET. IN

2010, 211 PEOPLE RECEIVED EMPLOYMENT SERVICES SUCH AS JOB SEEKING SKILLS

TRAINING, INDIVIDUAL JOB DEVELOPMENT, JOB COACHING, AND JOB SUPPORT.

GUILD IS IN ITS FIFTH YEAR OF THE NATIONAL PRIVATE-PUBLIC-ACADEMIC

INITIATIVE BETWEEN JOHNSON & JOHNSON, THE STATE OF MINNESOTA, AND

DARTMOUTH COMMUNITY MENTAL HEALTH PROGRAM, DESIGNED TO ADVANCE THE

PRACTICE OF SUPPORTED EMPLOYMENT AND SHOW THE EFFECTIVENESS OF

INTEGRATING EMPLOYMENT AND CLINICAL SERVICES.

OTHER PROGRAM SERVICES: REHABILITATION SERVICES

FORM 990, PART III, LINE 4D

WHEN LIVING AND COPING WITH MENTAL ILLNESS, IT CAN BE DIFFICULT TO KEEP

UP WITH EVERYDAY DEMANDS AND REACH GOALS. REHABILITATION SERVICES HELP

INDIVIDUALS DEVELOP, RESTORE AND ENHANCE THEIR PSYCHIATRIC STABILITY,

SOCIAL COMPETENCIES, PERSONAL AND EMOTIONAL ADJUSTMENT, AND COMMUNITY

LIVING SKILLS. 202 INDIVIDUALS RECEIVED INDIVIDUAL MENTAL HEALTH

REHABILITATIVE SERVICES IN 2010. PROVISION OF THESE SERVICES WAS

SUSPENDED EFFECTIVE 10/31/10 DUE TO SUSTAINABILITY CONCERNS RELATED TO

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THE LOW REIMBURSEMENT RATE. THE AGENCY'S COMMUNITY SUPPORT SERVICE CENTER IS A COMPONENT OF REHABILITATION SERVICES AND HAS HAD 153 MEMBERS PARTICIPATE IN ACTIVITIES. INDIVIDUALS CAN "DROP-IN" FOR SOCIALIZATION, SUPPORT, INFORMAL ACTIVITIES, EDUCATIONAL CLASSES, OR FOR HELP WITH A PARTICULAR PROBLEM.

OTHER PROGRAM SERVICES: SUPPORTED HOUSING SERVICES

FORM 990, PART III, LINE 4D

GUILD ADMINISTERS HOUSING SUBSIDIES TO FACILITATE ACCESS BY INDIVIDUALS SERVED TO SAFE, AFFORDABLE HOUSING. GUILD ALSO PROVIDES SHARED HOUSING IN WHICH INDIVIDUALS WHO SHARE SIMILAR CIRCUMSTANCES CHOOSE TO LIVE TOGETHER IN A PERMANENT, SUPPORTIVE LIVING ARRANGEMENT TO COUNTER SOCIAL ISOLATION.

OTHER PROGRAM SERVICES: VOLUNTEER SERVICES

FORM 990, PART III, LINE 4D

MORE THAN 180 COMMUNITY MEMBERS HELP GUILD INCORPORATED MEET ITS MISSION AND PURPOSE THROUGH VOLUNTEER SERVICE. BE A FRIEND TO SOMEONE WHO IS ISOLATED, DRIVE SOMEONE TO THE GROCERY STORE, PLAY SPORTS OR CARD GAMES, HELP RAISE FUNDS - THERE'S SOMETHING FOR EVERYONE TO DO.

FILINGS OF ORGANIZATION

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GUILD INCORPORATED EXISTS TO COUNTER THE DEVASTATING EFFECTS OF POOR PHYSICAL HEALTH, CHRONIC HOMELESSNESS, HIGH UNEMPLOYMENT, AND EXTREME POVERTY FOR INDIVIDUALS EXPERIENCING COMPLEX AND LONG-TERM PSYCHIATRIC ILLNESSES: SEEING STRENGTHS; CREATING OPTIONS; AND, RESTORING HEALTH - ALL TOWARD THE GOAL OF HELPING PEOPLE WITH MENTAL ILLNESS LEAD QUALITY LIVES.

SERVICES ARE SUCCESSFUL WHEN INDIVIDUALS SERVED: LIVE IN SAFE, AFFORDABLE HOUSING AND HOMELESSNESS IS PREVENTED; MAINTAIN THEIR OPTIMAL PHYSICAL AND MENTAL HEALTH; FIND SUITABLE EMPLOYMENT OR PURSUE EDUCATION; HAVE RECREATION AND SOCIALIZING OPPORTUNITIES; AND, REPORT A SENSE OF SATISFACTION WITH THEIR QUALITY OF LIFE.

ATTACHMENT 2FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
EMPLOYMENT SERVICES - SEE SCHEDULE O.		374,599.	305,074.
REHABILITATION SERVICES - SEE SCHEDULE O.		363,565.	114,129.
SUPPORTED HOUSING SERVICES - SEE SCHEDULE O.		243,160.	206,250.
VOLUNTEER SERVICES - SEE SCHEDULE O.		25,360.	
TOTALS		<u>1,006,684.</u>	<u>625,453.</u>

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
STATE OF MN STATE OPERATED SERVICES 1801 TECHNOLOGY DRIVE WILLMAR, MN 56201	PSYCHIATRIC SERVICES	175,115.
DR. HELEN WOOD 5253 LOCHLOY DRIVE EDINA, MN 55436	PSYCHIATRIC SERVICES	148,814.
TOTAL COMPENSATION		<u>323,929.</u>

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST	547.			547.
TOTALS	<u>547.</u>			<u>547.</u>

ATTACHMENT 5FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LADDER OF HOPE EVENTS	169,235.
TOTAL	<u>169,235.</u>

ATTACHMENT 6

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ATTACHMENT 6 (CONT'D)FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
LADDER OF HOPE EVENTS	16,884.	-16,884.
TOTALS	<u>16,884.</u>	<u>-16,884.</u>

ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAIDS AND OTHER ASSETS	43,235.
TOTALS	<u>43,235.</u>