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SCANNED JUL

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_ 2010

Open to Public Inspection

Form 990 (201

 $\overline{01/31}/11$ 02/01/10 For the 2010 calendar year, or tax year beginning and ending D Employer identification number Check if applicable C Name of organization THE GUILFORD FOUNDATION, INC. Address change 51-0137132 Doing Business As Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 203-458-4040 P.O. BOX 35 Terminated City or town, state or country, and ZIP + 4 06437 125,033 GUILFORD CT G Gross receipts \$ Amended return F Name and address of principal officer Application pending X H(a) Is this a group return for affiliates? Yes H(b) Are all affiliates included? If "No," attach a list (see instructions) 4947(a)(1) or **X** 501(c)(3) 501(c) () (insert no) www.quilfordfoundation.org H(c) Group exemption number ▶ X Corporation Form of organization Year of formation M State of legal domicile Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities CHARITABLE Activities & Governance 2 Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 0 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 49,012 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 68,245 10 Investment income (Part VIII, column (A), lines 3, 4 11 Other revenue (Part VIII, column (A), lines 5, 6d, 85,95, 10c, 7,776 125,033 13 Grants and similar amounts paid (Part IX, column (A) lines 143) 38,463 14 Benefits paid to or for members (Part IX, column 15 Salaries, other compensation, employee benefits (Par 16a Professional fundraising fees (Part IX, column (A), line 11e b Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,456 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 73,919 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 51,114 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 1,241,716 1,360,493 20 Total assets (Part X, line 16) 31,971 19,613 21 Total liabilities (Part X, line 26) 209,745 1,340,880 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare thet have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is ation of preparer (other than officer) is based on all information of which preparer has any knowledge Sign PWCHBECK, MEASINER Here Type or print name and title Print/Type preparer's name Check X if Paid self-employed P00647902 Preparer Brierley, Cadwell & Possidente, 20-4202056 Firm's EIN ▶ **Use Only** 741 Boston Post Rd Ste 06437-2638 203-453-2989 Guilford, CT May the IRS discuss this return with the preparer shown above? (see instructions) X Yes For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010) THE GUILFORD FOUN	DATION, INC.	51-0137132	Page 2
Part III Statement of Program Service			
Check if Schedule O contains	a response to any quest	ion in this Part III	
Briefly describe the organization's mission: CHARITABLE			
CHARTIABLE			
			·
2 Did the organization undertake any significant pro	gram services during the year w	hich were not listed on the	
prior Form 990 or 990-EZ?	- 0		Yes X No
If "Yes," describe these new services on Schedul 3 Did the organization cease conducting, or make s		lucts, any program	
services?	ignificant changes in new it cond	isoto, any program	Yes X No
If "Yes," describe these changes on Schedule O			
4 Describe the exempt purpose achievements for e	-		
501(c)(3) and 501(c)(4) organizations and section			
others, the total expenses, and revenue, if any, for	r each program service reported	•	
4a (Code) (Expenses \$ 2	7,148 including grants of	\$ 25,263) (Revenue \$	1
FOR THE PURPOSES OF TOWN			,
ENRICHMENT AND COMMUNITY	SERVICES SUPPORT	T TO NINE	
LOCAL ORGANIZATIONS.			
4b (Code) (Expenses \$	8,000 including grants of	\$ 8,000) (Revenue \$	
4b (Code) (Expenses \$ GUILFORD HIGH SCHOOL FOR			,
SCHOLARSHIPS FOR BUSINESS			
	F 000	5.000	
4c (Code) (Expenses \$ TO SUPPORT THE EFFORTS OF	5,200 including grants of)
TO PROMOTE INNOVATION AND			
4d Other program services. (Describe in Schedule O			
	ing grants of \$) (Revenue \$	
4e Total program service expenses ▶	40,348		

Form	990 (2010) THE GUILFORD FOUNDATION, INC. 51-0137132		P	age 3
<u>Pa</u>	art IV Checklist of Required Schedules			Γ
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
•	complete Schedule A , Schedule P. Schedule of Contributors? (see Instructions)	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)			<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		1
4	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,			
3	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 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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-			
	endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	ĺ		
	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- T
	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	1.0		.
	Schedule D, Parts XI, XII, and XIII	12a		X
b		425		х
40	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	140		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
,,	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	''		
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	-:-		
••	Part IX, column (A), lines 6 and 11e? 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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
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)

<u>Form</u>	990 (2010) THE GUILFORD FOUNDATION, INC. 51-013/132				<u> </u>	age 4
Pa	rt IV Checklist of Required Schedules (continued)			1		
					Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				х	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			21	^	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			22		x
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		
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					x
	employees? If "Yes," complete Schedule J			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			24-		x
	through 24d and complete Schedule K. If "No," go to line 25			24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			240		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			24c		
	to defease any tax-exempt bonds?			24d	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			240		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			25a		x
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a	_	
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?			1		
				25b		x
26	If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			230	-	
26	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II			26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			-20		
21	substantial contributor, or a grant selection committee member, or to a person related to such an individual?					
	If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,					
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)					
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete					
~	Schedule L, Part IV			28b		X
С	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? If "Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			i		
	Part I			31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					
	complete Schedule N, Part II			32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ł		
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,					
	IV, and V, line 1			34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			35		X
а	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	Yes	X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			l .		7-
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization					
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,					v
20	Part VI			37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			ł		

Form **990** (2010)

19? Note. All Form 990 filers are required to complete Schedule O

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Form **990** (2010)

Form 990 (2010) THE GUILFORD FOUNDATION, INC.

Pa	Chock if Schodule O contains a response to any question in this Part V			\Box
	Check if Schedule O contains a response to any question in this Part V		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		162	NO
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		
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 _b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		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
С	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			İ
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
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. Initiation fees and capital contributions included on Part VIII, line 12	1	ļ	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		Í	ı
11	Section 501(c)(12) organizations. Enter			I
	Gross income from members or shareholders			ı
b	Gross income from other sources (Do not net amounts due or paid to other sources			ı
-	against amounts due or received from them.)			ı
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		ı
 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.	─		ı
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O		$\neg \neg$	
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			
С	Enter the amount of reserves on hand			
l4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
h	If "Vec " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schedule O	14h		

GLFDFOUND 06/22/2011 2 52 PM Form 990 (2010) THE GUILFORD FOUNDATION, INC. 51-0137132 Page 6 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 No 1a Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 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 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X The governing body? 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such 10b chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X 11a 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 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done 13 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 14 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

- Other officers or key employees of the organization
 - 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?
 - 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?

Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available 18 for public inspection. Indicate how you make these available. Check all that apply
 - Own website Another's website X Upon request
- 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: IDEAL LEDGER, LLC 60 VISTA DRIVE

GUILFORD

CT 06437

203-453-1468

15b

16a

16b

X

Form 990 (2010) THE GUILFORD FOUNDATION, INC.

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors
Check 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

(A) Name and Title	(B) Average	erage Position (check all that apply)					ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) TIMOTHY P GEELAN										
IMMEDIATE PAST PRES	6.00	X	ļ		<u> </u>			0	0	0
(2) JOHN CRAWFORD		1				l		_	_	_
PRESIDENT	3.00	X	<u> </u>	X	_	<u> </u>		0	0	0
(3) EDWARD SEIBERT		1				1			_	_
TREASURER	5.00	X		X	_	<u> </u>		0	0	0
(4) THOMAS PINCHBECK		1						_	_	_
VICE PRESIDENT	3.00	X		X	ļ	<u> </u>		0	0	0
(5) KATE LEE								_	_	_
SECRETARY	5.00	X		X		<u> </u>		0	0	0
(6) MARY JO KESTNER		1						_	_	_
DIRECTOR	1.00	X		<u> </u>				0	0	0
(7) JAN WALZER				Ì				_	_	_
DIRECTOR	1.00	X		ļ	_			0	0	
(8) JEFFREY BEATTY			ļ					_	_	_
DIRECTOR	1.00	X	L	<u> </u>	<u> </u>			0	0	0
(9) KATHRYN TUTTLE								_	_	_
DIRECTOR	1.00	X				<u> </u>		0	0	0
(10) DANIEL FISHER								_		_
DIRECTOR	1.00	X		_				0	0	0
(11) ALLEN JACOBS				ł	ĺ			_		_
DIRECTOR	1.00	X	_		-	_		0	0	.0
(12) SANDRA RUOFF								_	_	_
DIRECTOR	1.00	X		ļ	ļ			0	0	0
(13) JAMES MANCINI								_	_	_
DIRECTOR	1.00	X		<u> </u>				0	0	0
(14) STEVEN PAGE								_	_	
DIRECTOR	1.00	X		<u> </u>	<u> </u>	<u> </u>		0	0	0
(15) ROBYN WESTERCAMP	<u> </u>							_	_	_
DIRECTOR	1.00	X	<u> </u>	\vdash		<u> </u>		0	0	0
(16)										
	_					l				

Form 990 (2010) THE GUILFORD FOUNDATION, INC. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (D) (F) (E) (C) Reportable Reportable Estimated Name and Title Average Position (check all that apply) compensation compensation from amount of hours per Individual trustee or director Officer Highest compensated employee Institutional trustee Key employee from related other week the organizations compensation (describe organization (W-2/1099-MISC) hours for from the (W-2/1099-MISC) organization related and related organizations ın Schedule organizations O) (17) (18)(19)(20)(21)(22)(23)(24)(25)(26)(27)(28)Sub-total Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) 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 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 3 employee on line 1a? If "Yes," complete Schedule J for such individual 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 individual 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 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 (B) Description of services Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 in compensation from the organization Form **990** (2010) DAA

Form 990 (2010) THE GUILFORD FOUNDATION, INC. Statement of Revenue (B) Related or (C) Unrelated (D) Revenue (A) Total revenue excluded from tax under sections 512, 513, or 514 exempt function business revenue 1a 1a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations Contributions, given and other similar e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 49,012 1f g Noncash contributions included in lines 1a-1f S 49,012 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, 28,099 28,099 and other similar amounts) Income from investment of tax-exempt bond proceeds > Royalties (II) Personal (ı) Real 6a Gross Rents **b** Less rental exps Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 40,146 other than inventor **b** Less cost or other hasis & sales exps 40,146 c Gain or (loss) 40,146 40,146 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 6,965 See Part IV. line 18 b Less. direct expenses 6,965 c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 а **b** Less direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less cost of goods sold \triangleright Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 811 811 11a MISCELLANEOUS b All other revenue ▶ 811 Total. Add lines 11a-11d 125,033 40,146 0 28,910 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) but are not required to complete columns (B), (C), and (D)

Characteristics Characteri	(D) Fundraising expenses
organizations in the U S See Part IV, line 21 2 Grants and other assistance to individuals in the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
organizations in the U S See Part IV, line 21 2 Grants and other assistance to individuals in the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
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organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4. Benefits paid to or for members 5. Compensation of current officers, directors, trustees, and key employees 6. Compensation not included above, to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8) 7. Other salaries and wages 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9. Other employee benefits 10. Payroll taxes 11. Fees for services (non-employees). a. Management b. Legal c. Accounting d. Lobbying e. Professional fundraising services. See Part IV, line 17	
U S See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(8) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees). Management Legal C Accounting Lobbying Professional fundraising services See Part IV, line 17	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
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persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
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9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
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11 Fees for services (non-employees). a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
a Management b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17	
c Accounting 2,400 2,400 d Lobbying e Professional fundraising services See Part IV, line 17	
d Lobbying e Professional fundraising services See Part IV, line 17	
e Professional fundraising services See Part IV, line 17	·
	····
f Investment management fees 8,427 8,427	
g Other	
12 Advertising and promotion	
13 Office expenses 4,270 1,723 1,583	964
14 Information technology	-
15 Royalties	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	··
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	
24 Other expenses Itemize expenses not covered	
above (List miscellaneous expenses in line 24f lf	
line 24f amount exceeds 10% of line 25, column	
(A) amount, list line 24f expenses on Schedule O)	
a CATERER 7,249	7,249
b BOOKKEEPING 3,735 3,735	
c INSURANCE 1,825 1,825	
d SECRETARIAL 1,314 1,314	
e MEMBERSHIPS 1,125 1,125	
f All other expenses 5,111 162 1,482	3,467
25 Total functional expenses. Add lines 1 through 24f 73, 919 40, 348 21, 891	11,680
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 2	K Balance Sheet		- 1	
		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	274,530	2	<u> 152,833</u>
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
- 1	employees, and highest compensated employees. Complete Part II of	ļ		
	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		1	
	employees' beneficiary organizations (see instructions)		6	
\$ 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
و 🏲	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			-
	other basis Complete Part VI of Schedule D			
ь	Less accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	942,127	11	969,229
12	Investments—other securities See Part IV, line 11	25,059	12	238,431
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,241,716	16	1,360,493
17	Accounts payable and accrued expenses	7,500	17	-167
18	Grants payable	.,,333	18	
19	Deferred revenue	6,615	19	6,615
20	Tax-exempt bond liabilities	3,323	20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
E 22	Payables to current and former officers, directors, trustees, key			······································
≒ "	employees, highest compensated employees, and disqualified persons.			
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Complete Part II of Schedule L		22	
23	·		23	
24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D	17,856	25	13,165
26	Total liabilities. Add lines 17 through 25	A	26	19,613
	Organizations that follow SFAS 117, check here ► X and complete	31,911	20	
Net Assets or Fund Balances 25 28 29 30 31 32 33 34	lines 27 through 29, and lines 33 and 34.	i l		
Ē 27	- '	450,718	27	834,582
8 27 8 28	Unrestricted net assets		28	522,412
교 20 면 29	Temporarily restricted net assets	739,021	29	322,412
בַּן '	Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and		29	
<u>-</u>				
ō	complete lines 30 through 34.		20	
S 30	Capital stock or trust principal, or current funds		30	·
98 31 88 33	Paid-in or capital surplus, or land, building, or equipment fund		31	
\mathbb{Z} 32	Retained earnings, endowment, accumulated income, or other funds	1 200 745	32	1 240 000
ĕ 33	Total net assets or fund balances		33	1,340,880
Z 34	Total liabilities and net assets/fund balances	1,241,716	34	1,360,493

Form **990** (2010)

orn	1990 (2010) THE GUILFORD FOUNDATION, INC. 51-0137132			Pa	ge 12				
Pa	rt XI Reconciliation of Net Assets				_				
	Check if Schedule O contains a response to any question in this Part XI								
		1 1	-	. -					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			033 919				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,2						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		во <u>,</u>	021				
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	1,3	40,	<u>880</u>				
Pa	rt XII Financial Statements and Reporting				_				
	Check 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 X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O		1 1						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X				
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight								
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O								
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				İ				
	issued on a separate basis, consolidated basis, or both								
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?		3a		X				
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		3b						
			Form	990	(2010)				

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. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GUILFORD FOUNDATION. INC

Employer identification number 51 - 0137132

			THE COTHICK	TOURDILL TOUT						<u> </u>	<u>, </u>		
Р	art I	Reaso	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons.		
he	orgar	nization is not a	private foundation because	e it is (For lines 1 through 11, che	ck only or	ne box)							
1	Ň			ociation of churches described in			A)(i).						
2	H	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	Ħ			ce organization described in secti	on 170(b)	(1)(A)(iii)							
4	H			d in conjunction with a hospital de				(A)(iii).	Enter th	ne hospi	tal's name.		
·	لــا	city, and state											
5		•		of a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	ın			
J	ш				Оролаков	o, a gore							
_		section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
6	7												
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
			section 170(b)(1)(A)(vi). (C										
8	Н	-		70(b)(1)(A)(vi). (Complete Part II									
9		-) more than 33 1/3% of its suppo									
		•		pt functions—subject to certain e						its			
		• • •	~	nd unrelated business taxable inco			11 tax) fr	om busii	nesses				
	_			0, 1975. See section 509(a)(2) . (
10		An organization	on organized and operated	exclusively to test for public safety	,. See sec	tion 509(a)(4).						
11		•		exclusively for the benefit of, to pe									
				ed organizations described in sec						tion			
		509(a)(3). Ch	eck the box that describes t	he type of supporting organization	n and comp	plete lines	11e thr	ough 11	h				
		a Type	I b Type II	c Type III–Functiona	ally integra	ted	d	Тур	e III-Ot	her			
е		By checking t	his box, I certify that the org	anization is not controlled directly	or indirect	tly by one	or more	disqual	ified per	sons			
		other than fou	indation managers and othe	r than one or more publicly suppo	orted organ	nizations o	describe	d in sect	ion 509	(a)(1)			
		or section 509	9(a)(2)										
f		If the organiza	ation received a written dete	rmination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organizat	tion accepted any gift or contributi	on from ar	ny of the							
9		following per		, , ,									
				ontrols, either alone or together wi	ith persons	s describe	ed in (ii) a	and				Yes	No
			w, the governing body of the								11g(i)		
			member of a person describ								11g(i)		
			•	described in (i) or (ii) above?							11g(:::	1	
				he supported organization(s)							(3(<u>'</u>	
<u>h</u>		e of supported	(II) EIN	(III) Type of organization	(iv) is the o	rganization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
,,	•	ganization	(11) 2.11	(described on lines 1–9		sted in your		nization in	organizat		sup		
	_	•		above or IRC section	governing	document?		of your port?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
					163	- 110	103	''	103	'''			
(A)							ĺ						
					1	<u> </u>			-	-			
(B)													
					<u> </u>		<u> </u>	-	ļ				
(C)													
				 	+	 	<u> </u>						
(D)]					
/E\					 	 			_				_
(E)													
Tot	al		1		1		1	Ì	1	<u> </u>			

Schedule A (Form 990 or 990-EZ) 2010

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) 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.")	124,549	124,879	84,477	80,710	55,977	470,592
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	124,549	124,879	84,477	80,710	55,977	470,592
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)						7.007
_				-			7,997
6 Sec	Public support. Subtract line 5 from line 4 tion B. Total Support			l			462,595
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	124,549	124,879	84,477	80,710	55,977	470,592
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,569	43,285	16,148	50,051	28,099	172,152
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)				168	811	979
11	Total support. Add lines 7 through 10					- 011	643,723
12	Gross receipts from related activities, etc. (s	see instructions)				12	6,965
13	First five years. If the Form 990 is for the co	•	second, third, fourth	or fifth tax year as	s a section 501(c)(<u> </u>	0,703
. •	organization, check this box and stop here	=		i, or mar tax your at	o a ooo oo(o)(.	-,	▶ □
Sec	tion C. Computation of Public Su		ge				
14	Public support percentage for 2010 (line 6,		_	n)		14	71.86 %
15	Public support percentage from 2009 Scheo	dule A, Part II, line 1	4			15	67.68%
16a	33 1/3% support test—2010. If the organiz box and stop here. The organization qualifi	ation did not check es as a publicly sup	the box on line 13, ported organization	n		k this	► X
b	33 1/3% support test—2009. If the organization check this box and stop here. The organization			-	33 1/3% or more,		> []
17a	10%-facts-and-circumstances test—2010 10% or more, and if the organization meets Part IV how the organization meets the "fac organization	the "facts-and-circuts-and-circumstance	ımstances" test, ch es" test The organ	eck this box and st ization qualifies as	top here. Explain in a publicly supporte	n ed	▶ []
b	10%-facts-and-circumstances test—2009 15 is 10% or more, and if the organization in Explain in Part IV how the organization mee supported organization	neets the "facts-and	l-circumstances" te	st, check this box a	and stop here.		▶ □
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b,	17a, or 17b, check t	this box and see		> []

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	tion A. Public Support				•		
Cale	ndar 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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		+				
	line 6)		l	<u> </u>			- · · · · · · · · · · · · · · · · · · ·
	tion B. Total Support	(-) 0000	4. 2007	T (1) 0000	/ th 0000	T (1) 2040 T	(0.T-1-1
	ndar 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						
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 IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the o	organization's first,	second, third, four	th, or fifth tax year a	is a section 501(c)	(3)	
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2010 (line 8,	• •		(f))		15	%
16	Public support percentage from 2009 Sche					16	%_
	tion D. Computation of Investmer						
17	Investment income percentage for 2010 (lin			column (t))		17	%_
18 19a	Investment income percentage from 2009 \$ 33 1/3% support tests—2010. If the organ	•		l4 and line 15 is m	ore than 33 1/30/	18 and line	%
174	17 is not more than 33 1/3%, check this box				•		▶ □
b	33 1/3% support tests—2009. If the organ	•		• •			
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did		=				▶

Schedule A (Form 990 or 990-EZ) 2010 THE GUILFORD E			51-013		Page 4					
Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).										
Support Schedule - Unusual Grants										
CASH BEQUEST FROM ESTATE OF EFFIE	A GOOD [FY	E1/31/07]	\$	310,891						
SCHOLARSHIP FUND OF GUILFORD SAVIN	NGS BANK [F	YE 1/31/10]	\$	70,000						
Part II, Line 10 - Other Income Detail										
Other income	\$	168								

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 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 Name of the organization 51-0137132 THE GUILFORD FOUNDATION, INC. 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor 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 Yes conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to 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 an historically important land area Preservation of a certified historic structure Protection of natural habitat 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 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 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 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, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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) Yes (i) and section 170(h)(4)(B)(ii)? 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 \$

Sched		RD FOUNDATION		51-013		Page 2 (continued)				
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets									
3	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	• 🗀								
	Provide a description of the organization's collect	ctions and explain how th	ev further the organiz	zation's exempt purpos	e ın Part					
	XIV.									
	During the year, did the organization solicit or re	ceive donations of art, hi	storical treasures, or	other similar						
	assets to be sold to raise funds rather than to be	e maintained as part of th	e organization's colle	ection?		Yes No				
Par	rt IV Escrow and Custodial Arran	gements. Complet	e if the organiza	tion answered "Y	es" to Form 9	90, Part IV,				
	line 9, or reported an amoun									
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	assets not						
	ıncluded on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table			Amount				
С										
d	Additions during the year				1d					
е	Distributions during the year				1e					
	Ending balance				lf l					
	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.									
Pa	rt V Endowment Funds. Complet				i -	(.) 6				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	ck (e) Four years back				
	Beginning of year balance				 	 				
	Contributions				 					
С	c Net investment earnings, gains, and									
_	losses d. Grante or scholarships									
	Grants or scholarships			 	 					
е	e Other expenditures for facilities and									
	programs Administrative expenses									
	End of year balance			 	1	 				
_	-	l halance held as:		1	L	<u> </u>				
	2 Provide the estimated percentage of the year end balance held as:									
	a Board designated or quasi-endowment ► % b Permanent endowment ► %									
	c Term endowment ► % 3a Are there endowment funds not in the possession of the organization that are held and administered for the									
	organization by					Yes No				
	(i) unrelated organizations					3a(i)				
	(ii) related organizations					3a(iı)				
	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	dule R?			3b				
4	Describe in Part XIV the intended uses of the or	ganization's endowment	funds							
Pa	rt VI Land, Buildings, and Equipr	nent. See Form 99	0, Part X, line 10).						
	Description of investment			mulated	(d) Book value					
		(investment)	(other)	depred	ciation					
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment									
	Other									
Total.	. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10(c))		▶					

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)

Sche	dule D (Form 990) 2010 THE GUILFORD FOUNDATION, INC.	51-013713		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	udited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2_	
3	Excess or (deficit) for the year Subtract line 2*from line 1		3	
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	·
9	Total adjustments (net). Add lines 4 through 8	9_	·	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10		
Pa	rt XII Reconciliation of Revenue per Audited Financial Statement	s With Revenue per Retu		·-·-
1	Total revenue, gains, and other support per audited financial statements		1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1		
а	Net unrealized gains on investments	2a	ł	
þ	Donated services and use of facilities	2b	ł	
С	Recoveries of prior year grants	2c	ł	
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIV.)	4b		
	Add lines 4a and 4b		4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statemen	turn 1		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	اما		
a	Donated services and use of facilities	2a 2b	1	
b	Prior year adjustments	2c	-	
	Other losses	2d		
d	Other (Describe in Part XIV)		2e	
	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:] [<u> </u>	
4		4a		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4b	1	
	Other (Describe in Part XIV)	_ 	4c	
	Add lines 4a and 4b Total expanses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		1 3	

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

Schedule D (Form 990) 2010 THE GUILFORD FOUNDATION, INC.

51-0137132

Page 5

Part XIV Supplemental Information (continued)

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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

1545-0047	10
OMB No	20

Open to Public Inspection

Name of the	Name of the organization					Employer	Employer identification number	ē	
	THE GUILFORD FOUNDATION,	TION, INC	<u>ن</u>			51-01	51-0137132		
Part	General Information on Grants and Assistance	Assistance							
- ,	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? Describe in Dod IV the organization's procedures for monitoring the use of grant finds in the United States.	amount of the goe?	rants or assi	stance, the grantees'	eligibility for the grant	s or assistance, and	7	X Yes	≗ □
ल	Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that rec can be duplicated if additional space is needed	reining increase or reipient that reis needed	id Organi eceived m	zations in the Unione than \$5,000	ited States. Com. Check this box	iplete if the org if no one recipi	anization ans ent received n	Organizations in the United States. Complete if the organization answered "Yes" to seived more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II	ar = X
-	(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	
Ē									
(3)									
(3)									
3								;	
(2)									
(9)									
6									
(8)									
(6)									
2 En	Enter total number of section 501(c)(3) and government organizations	rganizations							

Schedule I (Form 990) (2010)

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

Page 2	rm 990, Part IV, line 22.	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)		,	•		
	Inited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. ed.	(e) Method of valuation (book, FMV, appraisal, other)					
51-0137132	plete if the organizati	(d) Amount of non-cash assistance					
INC.	ı⊃∻	(c) Amount of cash grant					
FOUNDATION,	Individuals in the tional space is need	(b) Number of recipients					
Schedule (Form 990) (2010) THE GUILFORD FOUNDATION,	Part III Grants and Other Assistance to Individuals in the Unit Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. RECOMMENDATION. ALL RECOMMENDED GRANTS AND GIFTS ARE APPROVED BY VOTE OF THE BOARD OF DIRECTORS. BECAUSE ALL GRANTS ARE LOCAL, COMMITTEE MEMBERS THE GUILFORD FOUNDATION SUPPORTS OTHER NOT-FOR-PROFIT ORGANIZATIONS AND COMMITTEES REVIEW ALL REQUESTS FOR GRANTS AND GIFTS PRIOR TO THEIR Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds AND DIRECTORS CAN EFFECTIVELY MONITOR THE USE OF THESE GRANTS BY LOCAL GOVERNMENT BRANCHES SUCH AS THE TOWN LIBRARY. VARIOUS OBSERVATION AND INQUIRY OF THOSE REQUESTING THEM. Part IV

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

2010

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

THE GUILFORD FOUNDATION, INC.

51-0137132

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTN REQUEST OF THE BOARD OF DIRECTORS.