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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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 NO 90

City or town, state or country, and ZIP + 4
SAINT PAUL, MN 55107

D Employer identification number
41-1669233

E Telephone number
(651)450-2220

G Gross receipts $ 9,744,470

F Name and address of principal officer
GRACE TANGJERD SCHMITT
130 S WABASHA ST STE 90
ST PAUL, MN 55107

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)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW GUILDINCORPORATED COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1990

M State of legal domicile MN

Part I Summary

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)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	154
6	Total number of volunteers (estimate if necessary)	**6**	220
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,539,505	1,776,360
9	Program service revenue (Part VIII, line 2g)	7,439,619	7,945,733
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	547	2,675
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,268	-12,955
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,983,939	9,711,813
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	512,614	82,119
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6,520,579	6,683,697
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	13,500
b	Total fundraising expenses (Part IX, column (D), line 25) ▶298,991		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,685,729	2,041,841
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,718,922	8,821,157
19	Revenue less expenses Subtract line 18 from line 12	265,017	890,656

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,184,312	4,452,164
21	Total liabilities (Part X, line 26)	1,912,151	1,265,767
22	Net assets or fund balances Subtract line 21 from line 20	2,272,161	3,186,397

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

****** | 2012-05-02
Signature of officer | Date

GRACE TANGJERD SCHMITT PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ROBERT J GEORGES	Date 2012-05-02	Check if self-employed ☐	Preparer's taxpayer identification number (see instructions) P01209197
Firm's name (or yours if self-employed), address, and ZIP + 4: WILKERSON GUTHMANN & JOHNSON LTD, 55 EAST FIFTH STREET SUITE 1300, ST PAUL, MN 551011790			EIN ▶ 41-0996210
			Phone no ▶ (651) 222-1801

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 4,131,099 including grants of $) (Revenue $ 5,042,500)
COMMUNITY TREATMENT SERVICES - SEE SCHEDULE O

4b (Code) (Expenses $ 1,538,295 including grants of $) (Revenue $ 1,585,680)
RESIDENTIAL SERVICES - SEE SCHEDULE O

4c (Code) (Expenses $ 982,794 including grants of $) (Revenue $ 760,143)
DELANCEY SERVICES - SEE SCHEDULE O

(Code) (Expenses $ 320,049 including grants of $) (Revenue $ 270,359)
EMPLOYMENT SERVICES

(Code) (Expenses $ 171,419 including grants of $) (Revenue $)
REHABILITATION SERVICES

(Code) (Expenses $ 300,552 including grants of $) (Revenue $ 306,753)
SUPPORTED HOUSING SERVICES

(Code) (Expenses $ 22,592 including grants of $) (Revenue $)
VOLUNTEER SERVICES

(Code) (Expenses $ 44,176 including grants of $) (Revenue $)
OTHER PROGRAM SERVICES

4d Other program services (Describe in Schedule O)
(Expenses $ 858,788 including grants of $) (Revenue $ 577,112)

4e **Total program service expenses** ▶ $ 7,510,976

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	19		
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**	Yes	
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**	154			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
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**		No
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**		No
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**		No
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**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
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 lines 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 . . . . . ☑

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	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

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 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-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	0
(2) ALEXANDER OFTELIE VICE-CHAIRMAN	4 00	X		X				0	0	0
(3) WILL SUSENS SECRETARY	4 00	X		X				0	0	0
(4) JENNIFER A KALLA CPA TREASURER	4 00	X		X				0	0	0
(5) WILLIAM BOSCH DIRECTOR	4 00	X						0	0	0
(6) EILEEN CHANEN DIRECTOR	4 00	X						0	0	0
(7) NORMAN GOLDBERG DIRECTOR	4 00	X						0	0	0
(8) TIMOTHY FUZZEY DIRECTOR	4 00	X						0	0	0
(9) PATRICIA KILAND DIRECTOR	4 00	X						0	0	0
(10) NIK LARSON DIRECTOR	4 00	X						0	0	0
(11) MARY MICHEL DIRECTOR	4 00	X						0	0	0
(12) T PRICE REUTER DIRECTOR	4 00	X						0	0	0
(13) MICHAEL P SAMPSON DIRECTOR	4 00	X						0	0	0
(14) MARIANNE WHEELOCK DIRECTOR	4 00	X						0	0	0
(15) KARI ROMINSKI DIRECTOR	4 00	X						0	0	0
(16) GRACE TANGJERD SCHMITT PRESIDENT	52 00			X				95,681	0	17,120
(17) KENNETH CARR CHIEF FINANCIAL OFFICER	45 00			X				91,712	0	16,017

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								187,393	0	33,137

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

			Yes	No
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*	**3**		No
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*	**4**		No
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*	**5**		No

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 Report compensation for the calendar year ending with or within the organization's tax year

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

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 179,425				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 509,310				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,087,625				
	g	Noncash contributions included in lines 1a-1f $ 205,278				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,776,360			
Program Service Revenue		Business Code				
	2a	GOVERNMENT REIMBURSEME	624100	6,525,810	6,525,810	
	b	PRIVATE PAY AND INSURA	624100	1,122,139	1,122,139	
	c	RESIDENT FEES	624100	207,784	207,784	
	d	SERVICE FEES	624100	90,000	90,000	
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶		7,945,733		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		2,675		2,675
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(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) . . . . . ▶				
	8a	Gross income from fundraising events (not including $ 179,425 of contributions reported on line 1c) See Part IV, line 18 . . . a 0				
	b	Less direct expenses . . . b 32,657				
	c	Net income or (loss) from fundraising events . . ▶	-32,657			-32,657
	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 . . . ▶				
	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 . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS 812900	19,702	19,702		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	19,702			
	12	**Total revenue.** See Instructions . . . ▶	9,711,813	7,965,435	0	-29,982

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	82,119	82,119		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	220,530	88,719	120,530	11,281
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	5,212,613	4,578,408	466,851	167,354
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	129,867	112,499	13,150	4,218
9	Other employee benefits	717,778	622,806	71,367	23,605
10	Payroll taxes	402,909	342,475	46,923	13,511
11	Fees for services (non-employees)				
a	Management				
b	Legal	5,906		5,906	
c	Accounting	26,975		26,975	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	13,500			13,500
f	Investment management fees				
g	Other	357,379	293,297	60,875	3,207
12	Advertising and promotion				
13	Office expenses	39,238	13,683	7,354	18,201
14	Information technology				
15	Royalties . .				
16	Occupancy	486,985	354,752	127,456	4,777
17	Travel	238,987	227,240	8,977	2,770
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	36,735	30,480	6,070	185
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156,485	128,015	25,796	2,674
23	Insurance	51,578	40,512	10,746	320
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	CLIENT ASSISTANCE	469,803	469,803		
b	SUPPLIES	77,243	42,723	9,624	24,896
c	FOOD	59,680	59,680		
d	BAD DEBT EXPENSE	23,765	23,765		
e					
f	All other expenses	11,082		2,590	8,492
25	**Total functional expenses.** Add lines 1 through 24f	8,821,157	7,510,976	1,011,190	298,991
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		431,702	1	340,295
	2	Savings and temporary cash investments		329,036	2	458,297
	3	Pledges and grants receivable, net		692,650	3	612,984
	4	Accounts receivable, net		714,350	4	852,442
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		43,235	9	40,116
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,278,204			
	b	Less accumulated depreciation	10b 1,198,515	1,922,866	10c	2,079,689
	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		50,473	15	68,341
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,184,312	16	4,452,164
Liabilities	17	Accounts payable and accrued expenses		584,556	17	617,982
	18	Grants payable			18	
	19	Deferred revenue			19	45,111
	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		848,307	23	252,621
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		479,288	25	350,053
	26	**Total liabilities.** Add lines 17 through 25		1,912,151	26	1,265,767
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		1,536,462	27	2,600,556
	28	Temporarily restricted net assets		694,115	28	528,278
	29	Permanently restricted net assets		41,584	29	57,563
		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		2,272,161	33	3,186,397
	34	Total liabilities and net assets/fund balances		4,184,312	34	4,452,164

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	9,711,813
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,821,157
3	Revenue less expenses Subtract line 2 from line 1	3	890,656
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,272,161
5	Other changes in net assets or fund balances (explain in Schedule O)	5	23,580
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,186,397

Part 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 ☑ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

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 **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)(vi)** (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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	655,601	1,192,698	1,368,698	1,539,505	1,420,102	6,176,604
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	655,601	1,192,698	1,368,698	1,539,505	1,420,102	6,176,604
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)						593,093
6 **Public Support.** Subtract line 5 from line 4						5,583,511

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	655,601	1,192,698	1,368,698	1,539,505	1,420,102	6,176,604
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,895	-5,672	6,032	547	2,675	12,477
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	14,007	70,560	104,939	21,152	19,702	230,360
11 **Total support** (Add lines 7 through 10)						6,419,441

12 Gross receipts from related activities, etc (See instructions)	12	34,870,136

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	86 980 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	91 300 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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—2010.** 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME TO SUPPORT THE ORGANIZATION'S MISSION

SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS FORGIVENESS OF DEBT DATE 11/30/11 AMOUNT 356258

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GUILD INCORPORATED

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 may 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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, 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 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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 the 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	44,723	39,909	35,292	38,169	
b Contributions	15,979	250		8,240	
c Investment earnings or losses	-707	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	59,995	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 ▶ 100 000 %
- 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)	Yes	
(ii) related organizations	3a(ii)		No

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

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		439,500		439,500
b Buildings		1,755,906	593,790	1,162,116
c Leasehold improvements		168,391	82,343	86,048
d Equipment		911,407	522,382	389,025
e Other		3,000		3,000
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,079,689

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		
Other		
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	
REFUNDABLE ADVANCES	350,053
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	350,053

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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,711,813
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,821,157
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	890,656
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	24,287
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-707
9	Total adjustments (net) Add lines 4 - 8	9	23,580
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	914,236

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	9,784,000
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	40,237		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-707		
e	Add lines **2a** through **2d**			2e	39,530
3	Subtract line **2e** from line **1**			3	9,744,470
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	-32,657		
c	Add lines **4a** and **4b**			4c	-32,657
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	9,711,813

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

1	Total expenses and losses per audited financial statements			1	8,869,764
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	15,950		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	15,950
3	Subtract line **2e** from line **1**			3	8,853,814
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	-32,657		
c	Add lines **4a** and **4b**			4c	-32,657
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,821,157

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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
PART XI, LINE 8 - OTHER ADJUSTMENTS		DECREASE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS -707
PART XII, LINE 2D - OTHER ADJUSTMENTS		DECREASE IN VALUE OF BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS -707
PART XII, LINE 4B - OTHER ADJUSTMENTS		LADDER OF HOPE SPECIAL EVENTS DIRECT EXPENSES - 32,657
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LADDER OF HOPE SPECIAL EVENTS DIRECT EXPENSES - 32,657
		FIN 48 (ASC 740) FOOTNOTE FORM 990, SCHEDULE D, PART X, LINE 2 THE ORGANIZATION'S FEDERAL TAX FILINGS FOR 2008-2010 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

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GUILD INCORPORATED

Employer identification number
41-1669233

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. 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 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	179,425			179,425
	2 Less Charitable contributions	179,425			179,425
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	15,311			15,311
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,346			17,346
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(32,657)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-32,657

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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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 _____

10a 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 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GUILD INCORPORATED

Employer identification number
41-1669233

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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	322	82,119			

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

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	(c) Corrected? No

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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III **Grants or Assistance Benefitting 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 of grant or type of assistance

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 MEMBERS		CERTAIN BOARD MEMBERS HAVE FAMILY SERVICED BY THE ORGANIZATION		No

Part V **Supplemental Information**

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

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2011

Open to Public Inspection

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art	X	1	60,000	APPRAISAL
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	2	55,103	FMV
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	X	1	4,600	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (GIFT CARDS)	X	1	8,400	COST
26	Other ▸ (MS SOFTWARE)	X	1	75,175	COST
27	Other ▸ (DONOR EVENTS)	X	1	2,000	COST
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** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 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?	30a		No
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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

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.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	FORM 990, SCHEDULE M, PART I, LINE 32B THIRD PARTIES UTILIZED TO SELL NONCASH CONTRIBUTIONS GUILD INCORPORATED WORKS WITH CARS WITH HEART TO SELL DONATED VEHICLES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
GUILD INCORPORATED

Employer identification number
41-1669233

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	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.

Identifier	Return Reference	Explanation
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 2011, 790 INDIVIDUALS RECEIVED COMMUNITY TREATMENT SERVICES ON DECEMBER 31, 2011, 82 PERCENT OF INDIVIDUALS SERVED WERE LIVING IN THEIR OWN HOME AND MAINTAINED STABLE HOUSING (AS MEASURED BY THE HOUSING MOVEMENT TABLE ADMINISTERED DURING THE LAST SIX MONTHS OF 2011)

Identifier	Return Reference	Explanation
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 2011, 148 INDIVIDUALS ACCOUNTED FOR 154 ADMISSIONS TO THE 4-BED CRISIS STABILIZATION SERVICES THERE WAS A THIRTY-FIVE PERCENT INCREASE IN THE NUMBER OF ADMISSIONS FROM 2010 TO 2011 AS A RESULT OF MAKING IT EASIER TO ACCESS THE SERVICE THE AVERAGE LENGTH OF STAY WAS 8 DAYS NINETY-FOUR PERCENT (144/154) OF INDIVIDUALS, LEAVING THEIR HOME TO BE ADMITTED FOR SERVICES, STABILIZED THEIR SITUATION WITHOUT HOSPITALIZATION FOR PSYCHIATRIC CARE FIFTY-EIGHT INDIVIDUALS WERE SERVED IN THE 9-BED INTENSIVE RESIDENTIAL TREATMENT SERVICES PROGRAM, WITH AN AVERAGE LENGTH OF STAY OF 56 DAYS THE FOUR UNITS OF SUPPORTIVE HOUSING WITH 24/7 ON-SITE SERVICES BENEFITTED FIVE INDIVIDUALS IN 2011

Identifier	Return Reference	Explanation
PROGRAM SERVICE 3 DELANCEY SERVICES	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 2011, 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 SIXTEEN INDIVIDUALS BENEFITTED FROM THIS HOUSING IN 2011 GUILD IS DEMONSTRATING, IN PARTNERSHIP WITH REGIONS HOSPITAL, HEARTH CONNECTION, AND THE OFFICE OF PERFORMANCE MEASUREMENT AND QUALITY IMPROVEMENT WITHIN THE STATE DEPARTMENT OF HUMAN SERVICES, REDUCTION IN AVOIDABLE HIGH-COST HEALTH SERVICES WHILE INCREASING STABILITY IN HEALTH AND HOUSING FOR LOW-RESOURCE HOMELESS INDIVIDUALS WITH COMPLEX HEALTHCARE NEEDS WHO TURN TO HOSPITAL EMERGENCY DEPARTMENTS FOR ONGOING HEALTH CONCERNS WILDER RESEARCH IS CONDUCTING THE ON-GOING EVALUATION OF THIS INITIATIVE AND PUBLISHED THE FIRST OUTCOMES REPORT IN DECEMBER 2011 AFTER APPROXIMATELY ONE YEAR AFTER ENROLLMENT, THE OUTCOMES INCLUDE EMERGENCY DEPARTMENT VISITS DECREASED FOR ALL PARTICIPANTS, INPATIENT HOSPITAL STAYS WERE LESS FREQUENT AND SHORTER AFTER ENROLLMENT, MOST DECREASED THEIR USE OF PRIMARY CLINICS AFTER ENROLLMENTS, AND ALL WERE IN STABLE HOUSING WITHIN THREE MONTHS OF ENROLLMENT

Identifier	Return Reference	Explanation
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 2011, 173 PEOPLE RECEIVED EMPLOYMENT SERVICES SUCH AS JOB SEEKING SKILLS TRAINING, INDIVIDUAL JOB DEVELOPMENT, JOB COACHING, AND JOB SUPPORT

Identifier	Return Reference	Explanation
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 THE AGENCY'S COMMUNITY SUPPORT SERVICE CENTER IS A COMPONENT OF REHABILITATION SERVICES A VARIETY OF SUPPORT AND SOCIALIZATION ACTIVITIES ARE AVAILABLE AS WELL AS CLASSES AND WORKSHOPS IN AREAS OF INTEREST SUCH AS ILLNESS MANAGEMENT AND RECOVERY, NUTRITION, WELLNESS WORKSHOPS, ETC INDIVIDUALS CAN ALSO JUST "DROP-IN" FOR HELP WITH A PARTICULAR PROBLEM

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES VOLUNTEER SERVICES	FORM 990, PART III, LINE 4D	MORE THAN 220 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 EVERY ONE TO DO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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

Identifier	Return Reference	Explanation
	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 NO CONFLICTING ACTIVITY 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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS PERFORMS AN EVALUATION AND DETERMINES COMPENSATION 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 REVIEWING THE EMPLOYEE'S BASE SALARY WITH CONSIDERATION FOR A SALARY INCREASE

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	DONATED SERVICES AND USE OF FACILITIES 24,287 DECREASE IN BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS -707 TOTAL TO FORM 990, PART XI, LINE 5 23,580

Additional Data

Software ID:
Software Version:
EIN: 41-1669233
Name: GUILD INCORPORATED

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code	) (Expenses $	320,049	including grants of $	) (Revenue $	270,359)	EMPLOYMENT SERVICES
(Code	) (Expenses $	171,419	including grants of $	) (Revenue $	)	REHABILITATION SERVICES
(Code	) (Expenses $	300,552	including grants of $	) (Revenue $	306,753)	SUPPORTED HOUSING SERVICES
(Code	) (Expenses $	22,592	including grants of $	) (Revenue $	)	VOLUNTEER SERVICES
(Code	) (Expenses $	44,176	including grants of $	) (Revenue $	)	OTHER PROGRAM SERVICES