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Under section 507(c), 527, or 4947(a)(1) or the internal Revenue Code (except private iounidations)

▶ Do not enter Social Security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013 Open to Public Inspection

-	na revenue dei vi	information about Form 990 and its instructions is at www.iis			in the process of
<u>A</u> _		calendar year, or tax year beginning 02/01/13, and ending 01/31/1		t -	
В	Check if applicable	C Name of organization	1	Emplo	yer identification number
	Address change	THE GUILFORD FOUNDATION, INC.			
	Name change	Doing Business As			-0137132
	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite E		none number
	minai return	PO BOX 35		203	<u>3-458-4040</u>
ï	Terminated	City or town, state or province, country, and ZIP or foreign postal code			
	Amended return	GUILFORD CT 06437		Gross rec	eipts 293,176
	Application pending	F Name and address of principal officer			
	Application pending		H(a) is this a group	return for s	ubordinates? Yes X No
			H(b) Are all subor	dinates incl	uded? Yes No
			If "No," a	tach a list	(see instructions)
	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_		
÷-		www.guilfordfoundation.org	H(2) C-2		
			H(c) Group exempter of formation 19		
	Form of organization		ear or formation 19	75	M State of legal dornicile C:
	T	ummary			
	1	describe the organization's mission or most significant activities.			
õ	CHA	RITABLE			
nar					
er	1	<u></u>			
Activities & Governance	2 Check t	his box $\blacktriangleright_{\pm\pm}$ if the organization discontinued its operations or disposed of more than 25°	% of its net asset	s .	
8	3 Numbe	of voting members of the governing body (Part VI, line 1a)		3	15
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	15
Ϋ́	5 Total nu	imber of individuals employed in calendar year 2013 (Part V, line 2a)		5	1
Ċţį	l .	imber of volunteers (estimate if necessary)		6	0
ď	1	irelated business revenue from Part VIII, column (C), line 12		7a	0
	1	elated business taxable income from Form 990-T, line 34		7b	0
₹	D Net um	stated business taxable income from 1 offit 350-1, line 54	Prior Year	1.0	Current Year
DEC & CUIA Revenue	8 Contribi	utions and grants (Part VIII, line 1h)	90	693	137,546
) j	l	n service revenue (Part VIII, line 2g)			0
3 ×		ent income (Part VIII, column (A), lines 3, 4; and 7d)	82	398	126,200
ايەند		evenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		209	1,300
ב		venue – add lines 8through 11 (must equal Part VIII, column (A), line 12)		300	265,046
		and similar amounts paig (PartriX, column (A), lines 1–3)		224	102,888
www.maintele. kpenses	l			221	102,000
	1	paid to or for members (Part IX, column (A), line 4)	E E	800	37,193
Expenses	i .	other compensation, employee benefits (Part IX, column (A), lines 5–10)		, 800	37,193
§ ä		onal fundraising fees (Part IX, column (A), line 11e)			
Ş X	1	ndraising expenses (Part IX, column (D), line 25) ▶ 23,423		105	
۳,	17 Other e	cpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		486	49,441
	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		510	189,522
		e less expenses. Subtract line 18 from line 12		790	75,524
Net Assets or Fund Balances	_		Beginning of Currer		End of Year
sset	20 Total as	sets (Part X, line 16)	1,457		1,624,136
g t	21 Total lia	bilities (Part X, line 26)		750	3,333
		ets or fund balances. Subtract line 21 from line 20	1,454,	140	1,620,803
		ignature Block			
		perjury. I declare that I have examined this return, including accompanying schedules and statemen		of my kno	owledge and belief, it is
tru	e, correct, and	complete Declaration of preparer (other than officer) is based on all information of which preparer ha	as any knowledge	 	
		Edmon V. Setu	<u>-</u>	12-	-15-14
Sig	n 🖊	Signature of officer		Date	
Her	re 👠 .	EDWARD P. STIBERT, TREASURER			
		Type or print name and title			
	Print/Ty	pe preparer's name Preparer's stepature	Date	Check	X if PTIN
Paid	Denni	s M. Cadwell, CPA	12/12/1	self-emp	- 1
Prep	parer Firm's n	Defection Continue Tro	· ·	s EIN 🕨	20-4202056
Use	Only	741 Boston Post Rd Ste 307	7.4111	- =::1.5	
	Firms a		Phor	e no	203-453-2989
May		ss this return with the preparer shown above? (see instructions)	1.10	•	X Yes No
					100 1110

dule	les
èd	u

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	<u> </u>
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,		i	j
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- 7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			**
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Α.
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	40		Х
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	- ,	A
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	х	
b	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	114		
Ü	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	110		
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c]	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		İ	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1 1	ł	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		- 1	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		1	
4-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			7,
22	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	n 990	120121
		Forn	ロマゴリ	(2013)

_	m 990 (2013) THE GUILFORD FOUNDATION, INC. 51-0137132		F	age
<u>P</u>	art IV Checklist of Required Schedules (continued)			1
		r	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	ļ	Ì	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			}
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	İ		
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	ļ
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		1	
	to defease any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ĺ	X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	İ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26	i i	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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				ĺ
•	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	200		х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_^
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201		v
_	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)			v
^^	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	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,		' 1	77
	Part I	31		<u> </u>
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301,7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable		ļ	
_	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		İ	
	and that is treated as a nartnership for federal income tay purposes? If "Yes " complete Schedule R	1 1		

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

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

Part VI

38

X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Check if Schedule O contains a response of note to any line in this Part V	<u>′</u>			1	1
10	Enter the number reported in Pox 2 of Form 1006. Feter, 0 of not applicable	1a	0		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	\dashv		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		\dashv		
С				1c		1
20	reportable gaming (gambling) winnings to prize winners?	1 1		"	 	1
2a		2a	1			1
L.	Statements, filed for the calendar year ending with or within the year covered by this return		<u> </u>		X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o			20	1	
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	5)		3-	1	x
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	^		3a 3b	-	A
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		4. .	30	 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ıy	1		1
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	idilcidi		4a		x
	account)?			1-40		-
U	If "Yes," enter the name of the foreign country.	A 000.	nto		1	1
e -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nis	F-0	1	X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ntion?		5a 5b	├	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	יווטווי			├	-21
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie		6-		x
L	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	ŀ	<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contribute)IIS ()I		- Eh		
7	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	naada				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for and services provided to the payor?	yoous		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	10		-,5	 	
٠	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1.0	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		?	7e		Ì
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		
g g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		Q as required?	7g		<u> </u>
h	If the organization received a contribution of qualified intellectual property, and the organization me received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	111017 1110	2410/11/1000-01	 '''		
•	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	1	
9	Sponsoring organizations maintaining donor advised funds.			-		
а	Did the organization make any taxable distributions under section 4966?			9a	ĺ	x
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
0	Section 501(c)(7) organizations. Enter			- 33		
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				
1	Section 501(c)(12) organizations. Enter	L				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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					
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	13ь				
C	Enter the amount of reserves on hand	13c	· -			
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		_X_
b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		·

organization > MELISSA LAMOREAUX

GUILFORD

51-0137132 Form 990 (2013) THE GUILFURD FOUNDATION, INC. 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. $\overline{\mathbf{X}}$ Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 1b 15 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a The governing body? 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 X 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.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 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? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b 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 X 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ CT 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website |X| Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the 20

453 GOOSE LANE

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	x unl	Pos check ess pe nd a c	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dolled line)	Individual trustee or director	Institutional Irustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(organization and related organizations
(1) HELEN RIZZO										
	1.00	ļ		l	l					
DIRECTOR	0.00	X		_	<u> </u>	1		0	0	0
(2) MICHAEL MCNIFF	1 00									
	1.00	,,			ļ	l			•	
DIRECTOR TOYOR	0.00	X		ļ	-	$\vdash \vdash$		0	0	0
(3) ROGER JOYCE	1 00									
DIRECTOR	1.00	x				} }		o	0	0
(4) MARY JO KESTNER	0.00	^		-	├	1		0		
(4) PART OF RESIDER	1.00									
DIRECTOR	0.00	x	ŀ			1 1		ol	0	0
(5) JEFFREY BEATTY		 	_							·
. ,	1.00					1 1				
DIRECTOR	0.00	X		}		1 1		0	0	0
(6) IRVING SCHLOSS										
	1.00									
DIRECTOR	0.00	X	L	<u> </u>				0	0	0
(7) DANIEL FISHER										
	1.00				İ					_
DIRECTOR	0.00	X						0	0	0
(8) MICHAEL MIKOLAY	1 00						į		:	
DIRECTOR	1.00 0.00	x						0	ما	0
(9) DELANEY LUNDBERG		^						<u> </u>	0	<u> </u>
(3) DELANET HONDBERG	1.00									
DIRECTOR	0.00	x]		0	0	0
(10) KYLE EAGLESON										
, ,	1.00									
DIRECTOR	0.00	X						0	0	0
(11) AMY EARLS										
	1.00									
DIRECTOR	0.00	X						0	0	0

	TIT ATT , ACCUALLY OF CHIRD	,		٠, ، ،	٠, -	p	vyec	., u	mu mynest vompensatet	ruthioxees (commisen)				Ł
(A) Name and title		(B) Average hours per week (list any	(d	o not	Pos check ess pe	C) sition more erson	than o	one n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation			-
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from organiz and rel organiza	ation lated	
(12)	EDWARD SEIBERT		\vdash		\vdash	-	a.	\vdash						
(,		5.00												
	EASURER	0.00	_		X	<u>L</u>	<u> </u>	_	0	0			_	
(13)	THOMAS PINCHBECK	1												
ומם	ESIDENT	5.00 0.00			x	ļ			0	0				C
	JAN WALZER	0.00	<u> </u>			 	†							
, ,		5.00												
	CRETARY	0.00	<u> </u>	_	X	_	<u> </u>	_	0	0				
(15)	JAMES MANCINI	5.00							<u> </u>					
VIC	CE PRESIDENT	0.00			X				o	0				C
(16)												*****		
(17)														
			<u> </u>											
(18)														
(19)														
1b	Sub-total		1		<u> </u>	L	L	<u> </u>						
	Total from continuation shee	ets to Part VII, S	Secti	on A	A			>						
d	Total (add lines 1b and 1c)							<u> </u>						
2	Total number of individuals (increportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 in				
_													Yes	No
3	Did the organization list any fo employee on line 1a? If "Yes,"								oyee, or highest compensa	ted		3		Х
4	For any individual listed on line	1a, is the sum	of re	porta	able	com	pens	atio						
	organization and related organ individual	izations greater	than	\$15	0,00	02 1	f "Ye	s," c	complete Schedule J for such	ch		4		х
5	Did any person listed on line 1:									individual				
	for services rendered to the org		es,"	com	plete	Sch	nedul	le J	for such person			5		X
1	ion B. Independent Contractor Complete this table for your five	e highest comp	ensa	ted ı	ndep	end	ent c	ontr	actors that received more t	han \$100,000 of				
	compensation from the organiz	(A) business address	ompe	insa	uon	IOI II	ie ca	lend		(B) on of services	ar		(C) mpensat	
	Marile and t	business address							Descript	ion of Services			mpensai	ICH
· · ·										77.73			_	_
														<u> </u>
	· · · · · · · · · · · · · · · · · · ·							-		=				
2	Total number of independent of	ontractors (inclu	ding	but	not I	mite	ed to	thos	se listed above) who					

Part VIII

P	art V		ment of Reve		ains a	response o	or note to any line i	n this Part VIII		
						,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f		dues vents azations (contributions)	1a		137,546				
ŠĘ	h	Total. Add line				_ ▶	137,546			
Program Service Revenue	2a b					Busn. Code				
Program Serv	I .	All other progr	ram service reven	ue						
	3	and other sime	come (including d			•	88,196			88,196
	5 6a b	Royalties Gross rents Less rental exps	(i) Real		(n) P	Personal				
	c d 7a	Rental inc or (loss) Net rental inco Gross amount from sales of assets	(i) Securities		(11)	Other				
		other than inventory Less cost or other basis & sales exps Gain or (loss)	55, 17, 38,	074						
Other Revenue	d	Net gain or (lo Gross income fro (not including \$		ls		•	38,004			38,004
Other F		See Part IV, line Less direct ex Net income or		a b aising e	events	11,760 11,056	704			
	b	See Part IV, line Less direct ex		a b_	a					
	10a b	Gross sales of returns and all Less cost of g	finventory, less owances goods sold	a b						
	11a		(loss) from sales cellaneous Revenue EOUS	oi inve	HOLY	Busn Code	596			596
	c d	All other reven			.		596			
	12		S 11a-110	,			265 046			126 796

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations

D^ -	Check if Schedule O contains a responsot include amounts reported on lines 6b.	(A)	(8)	(C)	(D)
	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	102,888	102,888		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,	ļ			
	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	34,333	11,445	11,444	11,44
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,860	954	953	95
11	Fees for services (non-employees)		4 4 4 5		
a	Management	13,333	4,445	4,444	4,44
b	Legal				
	Accounting	4,800		4,800	
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	14,520		14,520	·
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount list line 11g expenses on Schedule O)	2,973		2,973	
12	Advertising and promotion	2,919		1,133	1,78
13	Office expenses	7,590	549	2,341	4,700
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	88		88	
20	Interest				
21	Payments to affiliates				·
22	Depreciation, depletion, and amortization	360		360	
23	Insurance	2,051		2,051	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	ļ			
	line 24e amount exceeds 10% of line 25, column			•	
	(A) amount, list line 24e expenses on Schedule O)				
а	Telephone	519		519	
b	Payroll Serivce:PS	96	96		
С	Payroll Service:MG	96		96	
d	Payroll Service:FR	96			96
	All other expenses	100 500	100 277	45 700	00 400
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	189,522	120,377	45,722	23,423
40	organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	ł			
144	10.00 and 20 E 10.00 and 1501				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 54,732 61,296 Cash—non-interest bearing 9,282 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 7 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,799 other basis. Complete Part VI of Schedule D 10a 900 1,259 10b b Less accumulated depreciation 10c 1,392,617 1,553,227 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,624,136 1,457,890 Total assets. Add lines 1 through 15 (must equal line 34) 750 3,333 17 Accounts payable and accrued expenses 17 3,000 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities 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 23 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 25 3,750 3,333 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 780,360 27 Unrestricted net assets 844,836 673,780 775,967 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 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 1,454,140 1,620,803 33 Total net assets or fund balances 33 1,457,890 1,624,136 Total liabilities and net assets/fund balances

Page	1	2
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Form 990 (2013)	IHE	GUILLEORD	FOUNDATION.	I NC:

51-013/132

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	55,	046
2	Total expenses (must equal Part IX, column (A), line 25)	2	18	39,	522
3	Revenue less expenses Subtract line 2 from line 1	3		75,	524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,4	54,	140
5	Net unrealized gains (losses) on investments	5		91,	139
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1,62	20,	803
Pa	ort XII Financial Statements and Reporting				 ,
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			:	
	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	X	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				1
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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
þ	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		<u> </u>
			Fore	, ggr	120131

SCHEDULE A (Form 990 or 990-EZ)

ruphic 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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

Employer identification number

винс	0,	o organization	THE	GUILFORI	FOUNDATION,	INC.				51	-013	713	2		
Pa	art i	Reas	on for P	ublic Charity	Status (All organizat	ions must	complet	e this p	art) S	ee ins	tructio	ns.			
he	orga	nization is no	t a private f	oundation because	se it is. (For lines 1 through	n 11, check c	nly one bo	x)							
1		A church, co	nvention o	f churches, or ass	sociation of churches desc	ribed in sect	ion 170(b)	(1)(A)(i).							
2		A school des	scribed in s	ection 170(b)(1)	(A)(ii). (Attach Schedule E	.)									
3		A hospital or	a coopera	tive hospital serv	ice organization described	ın section 1	70(b)(1)(A	(iii).							
4		A medical re	search org	anization operate	ed in conjunction with a hos	spital describ	ed in sect i	on 170(l	o)(1)(A)(iii). Ent	er the h	nospital'	s name	9,	
		city, and sta	te												
5		An organizat	tion operate	ed for the benefit	of a college or university o	wned or ope	ated by a	governm	ental un	ıt descr	ibed in				
). (Complete Par											
6		A federal, st	ate, or loca	l government or g	governmental unit describe	d in section	170(b)(1)(A)(v).							
7	X	An organizat	tion that no	rmally receives a	substantial part of its supp	ort from a go	vernment	al unit or	from the	e genera	al publi	С			
		described in	section 17	<mark>(0(b)(1)(A)(v</mark> i). (C	Complete Part II.)										
8		A community	y trust desc	ribed in section	170(b)(1)(A)(vi). (Complete	e Part II)									
9		An organizat	tion that no	rmally receives: ((1) more than 33 1/3% of its	s support fro	n contribu	tions, me	embersh	ip fees,	and gr	oss			
		receipts from	activities	related to its exer	mpt functions—subject to o	ertain excep	tions, and	(2) no m	ore than	33 1/39	% of its				
		support from	gross inve	stment income a	nd unrelated business taxa	able income (less sectio	n 511 ta	x) from l	ousines	ses				
		acquired by	lhe organız	ation after June 3	30, 1975. See section 509	(a)(2). (Comp	lete Part I	II)							
10		An organizat	ion organiz	ed and operated	exclusively to test for publi	ic 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 mor	e publicly support	ted organizations describe	d in section 5	i09(a)(1) o	r section	509(a)(2). See	sectio	n			
		509(a)(3). Ch	neck the bo	x that describes	the type of supporting orga	nization and	complete	ines 11e	through	11h.					
		а Туре	el b	Type II	c Type III-Fur	ectionally inte	grated	d	[] Тур	e III-N	on-func	tionally	ıntegra	ited	
е	ı	By checking	this box, I d	certify that the org	ganization is not controlled	directly or in	directly by	one or n	nore disc	qualified	l perso	ns			
		other than fo	undation m	anagers and other	er than one or more publicl	y supported	organizatio	ns desc	nbed in :	section	509(a)((1)			
		or section 50	9(a)(2)												
f		If the organiz	ation recei	ved a written dete	ermination from the IRS that	at it is a Type	I, Type II,	or Type	III supp	orting					_
		organization,	check this	box											نــ
g		Since Augus	t 17, 2006,	has the organiza	ation accepted any gift or co	ontribution fr	om any of	the							
		following per	rsons?												, — -
		(i) A person	n who direc	tly or indirectly of	ontrols, either alone or toge	ether with pe	sons desc	ribed in	(II) and					Yes	No
		(III) belo	w, the gove	rning body of the	supported organization?								11g(ı)	<u> </u>	
		(ii) A family	member o	f a person descri	bed in (i) above?								11g(ii)		<u> </u>
		(iii) A 35% c	controlled e	ntity of a person o	described in (i) or (ii) above	9?							11g(in)	<u> </u>	1
h		Provide the	following in	formation about t	the supported organization	(s)				γ					
(1)		of supported		(ii) EiN	(III) Type of organization	1 ' '	e organization	1 ' '	you notify		ls the	(vii)	Amount o		ary
	orga	anization			(described on lines 1–9 above or IRC section	, i) listed in your ng document?		nization in of your		ion in col zed in the		supp	οπ	
					(see instructions))	ļ		1 — 	port?	 	S?				
				_		Yes	No	Yes	No	Yes	No	ļ			
4)															
			ļ					1							

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

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

	ction A. Public Support	, 							
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	80,710	59,225	103,646	90,693	137,546	471,820		
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	80,710	59,225	103,646	90,693	137,546	471,820		
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)						14,633		
6	Public support. Subtract line 5 from line 4						457,187		
_	tion B. Total Support	<u> </u>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	137,7107		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	80,710	59,225	103,646	90,693	137,546	471,820		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 50,051 40,770 18,929 53,242 88,196 251,								
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	7,756	,756 1,109 1,929 596 11					
11	Total support. Add lines 7 through 10						734,566		
12	Gross receipts from related activities, etc	(see instructions)				12	11,760		
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year	as a section 501(c	:)(3)			
	organization, check this box and stop her					·	<u> </u>		
Sec	tion C. Computation of Public Su	pport Percent	age						
14	Public support percentage for 2013 (line 6	, column (f) divided	by line 11, column	(f))		14	62.24 %		
15	Public support percentage from 2012 Sche	edule A, Part II, line	14			15	66.67%		
16a	33 1/3% support test—2013. If the organ	zation did not chec	k the box on line 13	3, and line 14 is 33	1/3% or more, che	eck this	. =		
	box and stop here. The organization quali	•					▶ <u>X</u>		
þ	33 1/3% support test—2012. If the organ				is 33 1/3% or more	e,			
	check this box and stop here. The organiz	•		-			-		
17a	10%-facts-and-circumstances test—201	_							
	10% or more, and if the organization meet				,				
	Part IV how the organization meets the "fa organization	cts-ano-circumstan	ces test The orga	inization qualifies a	is a publicly suppor	rtea	.		
b	10%-facts-and-circumstances test—201	2. If the organization	n did not check a b	oox on line 13 16a	16b. or 17a. and I	line	•		
•	15 is 10% or more, and if the organization	•							
	Explain in Part IV how the organization me				•	icly			
	supported organization			-	,	•	> -		
18	Private foundation. If the organization did	I not check a box or	line 13, 16a, 16b,	17a, or 17b, chec	k this box and see		- 1		
	instructions						▶ [

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

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

Sec	tion A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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)						
Sec	tion B. Total Support	<u> </u>	<u></u>	1	<u>L</u>	3	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(2) 2000	(2, 2212	<u></u>		1	
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 organization, check this box and stop here		t, second, third, fo	ourth, or fifth tax year	ar as a section 50	1(c)(3)	>
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2013 (line 8			nn (f))		15	%
16	Public support percentage from 2012 Scho	edule A, Part III, lij	ne 15			16	%
Sec	tion D. Computation of Investme	nt Income Pe	rcentage				
17	Investment income percentage for 2013 (li	ine 10c, column (f	divided by line 13	3, column (f))		17	%_
18	Investment income percentage from 2012					18	%_
19a	33 1/3% support tests—2013. If the organ						
	17 is not more than 33 1/3%, check this bo	•	=				•
b	33 1/3% support tests—2012. If the organ						_
	line 18 is not more than 33 1/3%, check th	-	-		- · · ·	=	P
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	190, check this bo	x and see instruct	ions	<u>,,,,,,</u>

Part IV Supplemental Information. 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).

Part II, Line 10 - Other Income Detail

Other income

\$

11,558

Supplemental Information

Other income consists of the following:

2009: \$ 168 Miscellaneous

2010: \$6,615 Recognize deferred revenue

811 Write off stale checks

330 Adjust cost basis of investment

2011: \$ 537 Student advisory popcorn sales

290 Adjust operating income

282 Send Out Cards reimbursed

2012: \$ 973 Student Advisory popcorn sales

956 Reimbursed expense: conference with other foundations

2013: \$ 596 Miscellaneous

TOTAL \$11,558 as above

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

b Assets included in Form 990, Part X

nament Dadication Ant Matina and the Instructions for Farm 000

Supplemental Financial Statements

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

Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection Employer identification number Name of the organization THE GUILFORD FOUNDATION, INC. 51-0137132 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 300 Aggregate contributions to (during year) 1,200 Aggregate grants from (during year) 23,108 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 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 Yes No 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 , No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))

e Other

che	edule D (Form 990) 2013 THE GULL	TROKD LOOND	ATIUN,	INC.		51-0137	132				Page 2
Pä	art III Organizations Maintainir	ng Collections o	f Art, Hist	orical Trea	asures,	or Other Sir	nilar A	ssets	(contin	ued	l)
3	Using the organization's acquisition, acces collection items (check all that apply)	···									
а	Public exhibition	d ·	Loan or exc	change progra	ams						
b	Scholarly research	e 🗍	Other								
С	Preservation for future generations	_									
4	Provide a description of the organization's	collections and explain	in how they f	further the org	anization'	s exempt purpo	se in Pai	rt			
	XIII										
5	During the year, did the organization solicit	or receive donations	of art, histor	rical treasures	, or other	simılar				-	
	assets to be sold to raise funds rather than	to be maintained as	part of the o	rganization's	collection?	?			Y.	es	No
Pa	art IV Escrow and Custodial A										
	Complete if the organization 990, Part X, line 21.	on answered "Yes	" to Form	990, Part I	V, line 9	, or reported	an am	ount o	n Form	,	
1a	Is the organization an agent, trustee, custo	dian or other interme	diary for con	tributions or o	ther asset	ts not					
	included on Form 990, Part X?		J. J. J. J. J. J. J. J. J. J. J. J. J. J						☐ Y	es [No
b	If 'Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table	e						L	
_	3								Amoun	t	
С	Beginning balance						1c		-		
	Additions during the year						1d				
	Distributions during the year						1e				
	Ending balance						1f			-	
	Did the organization include an amount on	Form 990 Part X line	e 212				سننسا		Y	es	No
	If "Yes," explain the arrangement in Part XI			as been prov	ided in Pa	rt XIII			Ш	1	
	ert V Endowment Funds.	II Oncor noro ii uio c	Apidilodon II	ido codii prov							
, ,	Complete if the organization	n answered "Yes	" to Form	990 Part I	V line 1	0					
	Complete if the organization	(a) Current year	1	or year	(c) Two year	-	Three year	s back	(e) Fou	r vear	s back
1.	Decision of wear balance	(a) Contra year	(5) 1 11	ior year	(c) (wo yee	(4)	Timee year	3 00CK	(6) . 66	. , , , , ,	
	Beginning of year balance		 						<u> </u>		
	Contributions					 		<u></u>	l		
С	Net investment earnings, gains, and										
	losses										
	Grants or scholarships	' 							<u> </u>		
е	Other expenditures for facilities and										
	programs		 								
f	Administrative expenses		ļ								
g	End of year balance	· - · · · · · · · · · · · · · · · · · ·	<u> </u>	l		L					·
2	Provide the estimated percentage of the cu	irrent year end baland	e (line 1g, c	olumn (a)) he	ld as						
a	Board designated or quasi-endowment ▶	%									
b	Permanent endowment ► %										
С	Temporarily restricted endowment ▶	%									
	The percentages in lines 2a, 2b, and 2c she	ould equal 100%									
3a	Are there endowment funds not in the poss	ession of the organiz	ation that are	e held and ad	ministered	I for the					-
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		1
b	If "Yes" to 3a(n), are the related organizatio	ns listed as required	on Schedule	R?					3b		
4	Describe in Part XIII the intended uses of the	ne organization's end	owment fund	ls							
Pa	rt VI Land, Buildings, and Equ	uipment.				<u> </u>					
	Complete if the organization		" to Form	990, Part I	V, line 1	1a See Forn	n 990,	Part X	line 1	0	
	Description of property	(a) Cost or other		(b) Cost or other	I	(c) Accumul			(d) Book		
		(investment)	<u> </u>	(other)		depreciati	on				
1a	Land										
	Buildings										
	Leasehold improvements										
	Faunment			1	.,799		900	٦			899

899

Part VII Investments—Other Securities.

1		Complete if the organization answered	"Yes" to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.
(2) Closely-held equally interests (3) Other (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C		(a) Description of security or category		(c) Method of valuation
3) Other	(1) Financial	derivatives		
(A) (B) (C) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(2) Closely-ho	eld equity interests		
(B) (C) (C) (C) (E) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (I) Descriptor of investments (B) line 13.) ▶ (B) See See See See See See See See See Se	(3) Other			
(C) (D) (E) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (G) (H) (F) (F) (G) (H) (F) (F) (G) (H) (H) (F) (F) (F) (G) (H) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)			
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(7) (8) (9) Total (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
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(8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(7)			
Total (Column (b) must equal Form 990, Part X, col (B) line 15)				
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Part X Other Liabilities. Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		n (b) must equal Form 990, Part X, col. (B) line 15)	•
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	_			
(1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		-	'Yes" to Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	1.	(a) Description of liability	(b) Book value	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(1) Federal	income taxes		
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	(2)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		1. A		
(8) (9) Totał. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	•			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
		n (h) must equal Form 990. Part Y col. (R) line 25.1	•	
				ncial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SUIT	edule D (Form 990) 2013 111B GOTHFORD FOONDATION, IN	<u> </u>	. 013/132	i age
Pi	art XI Reconciliation of Revenue per Audited Financial State	ments With Reve	nue per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.		
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			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d			
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 XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial State		enses per Return.	
	Complete if the organization answered "Yes" to Form 990,	Part IV, line 12a.	····	
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			
á	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	s 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	•		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII

Supplemental Information

CHEDULE 1		Grants	and Ot	Grants and Other Assistance to Organizations,	e to Organiza	tions,
orm 990)		Governm Complete of the	ents, a	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	in the United o Form 990, Part IV,	States line 21 or 22.
partment of the Treasury ernal Revenue Service	Ā	nformation about	Schedule	► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form9!	990. nstructions is at ww	w.irs.gov/form
ime of the organization						
	HE GUILFORD FOUNDATION,	ATION, INC	7.1			
Part i General I	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, the selection criteria used to award the grants or assistance?	ne amount of the gace?	rants or ass	istance, the grantees'	eligibility for the gran	is or assistance
2 Describe in Part IV the	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ntoring the use of	grant funds	in the United States		
Part II Grants and Part IV. line	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the or Part IV, line 21, for any recipient that received more than \$5,000. Part II can be diinlicated if additional snace is	vernments an	d Organi than \$5.0	zations in the Ur	nited States. Con	plete if the
1 (a) Name and a	(a) Name and address of organization	(a)	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuatio (book, FMV, appraisa
1) GUILFORD AGRICULTURAL	CULTURAL SOCIETY		и аррисаріе	aloib B	casil assistance	other)
P O BOX 290						
UILFORD	CT 06437		ю	25,725		
2) BRANFORD COMMUNITY PO BOX 462	MITY FOUNDATION					
RANFORD	CT 06405		m	10,000		
3) THE MADISON FO	FOUNDATION					
adison	CT 06443		3	10,000		
_						
-						
2 Enter total number of s 3 Enter total number of s	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	organizations listed	In the line	1 table		
Date of the state	T Department Deduction Act Method and other statement and programme of the Programme of the	000				

4

► 0 Schedule I (Form 990) (20 ganization answered "Yes" to Form 990, (h) Purpose of grant or assistance SUPPORT PROGRAMS SUPPORT PROGRAM SUPPORT PROGRAM Employer identification number 51-0137132 X Yes (g) Description of non-cash assistance is needed. and 99

Open to Publinspection

Grants and Other Assistance to Individuals in the United States. Complete if the organization, answered "Yes" to Form 990, Part IV, line 22 51-0137132 THE GUILFORD FOUNDATION, INC. chedule I (Form 990) (2013) Part III

	Part III can be duplicated if additional space is needed.	nal space is needed.				
_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistant
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
1						
2						
4						
2						
æ						
7	;					
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	ide the information re-	quired in Part I, line	2. Part III. column (b)	and any other additional	Information

GRANTS AND GIFTS PRIOR TO THEIR RECOMMENDATION. ALL RECOMMENDED GRANTS AND ARE LOCAL, COMMITTEE MEMBERS AND DIRECTORS CAN EFFECTIVELY MONITOR THE USE BECAUSE ALL GRANTS REQUESTING THEM. THE BOARD ASKS RECIPIENT ORGANIZATIONS TO REPORT ON ITS THESE ARE MONITORED BY THE GRANTS COMMITTEE AND EXECUTIVE THE GUILFORD FOUNDATION SUPPORTS OTHER NOT-FOR-PROFIT ORGANIZATIONS AND LOCAL GOVERNMENT BRANCHES. VARIOUS COMMITTEES REVIEW ALL REQUESTS FOR OF THESE GRANTS BY OBSERVATION AND INQUIRY OF AND REPORTS FROM THOSE - Procedures for Monitoring the Use of Grant Funds GIFTS ARE APPROVED BY VOTE OF THE BOARD OF DIRECTORS. Part I, Line 2 USE OF FUNDS. DIRECTOR

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2013

OMB No 1545-0047

Open to Public

Inspection

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

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

THE GUILFORD FOUNDATION, INC.

Employer Identification number 51-0137132

Form 990, Part III, Line 4d - All Other Accomplishment
THESE EXPENDITURES REPRESENT THE COST OF EFFORTS TO INCREASE THE GUILFORD
FOUNDATION'S VISIBILITY THROUGH ITS WEBSITE, TO NETWORK WITH EXECUTIVE
DIRECTORS OF OTHER FOUNDATIONS, AND TO INCREASE PUBLIC AWARENESS OF THE
HISTORY AND PROGRAMS OF THE GUILFORD FOUNDATION IN THE COMMUNITY. THESE
COSTS ARE NOT DIRECTLY ALLOCABLE TO SPECIFIC PROGRAMS AS ARE OTHERS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Guilford Foundation distributes a copy of its Form 990 to each director for review. Upon approval by the board, the return is signed and filed.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Copies of the conflict of interest policy are e-mailed annually to all
directors for their review. Included is a form to be signed by the
director in acknowledgement and to be returned by the last day in February
of each fiscal year.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation of the Excutive Director is reviewed annually by the officers of the Foundation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the general public or potential donors upon written request and board approval.

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99)

➤ See separate instructions.

Attach to your tax return.

Identifying number

	THE GU	TPLOKD LOOP	NDATION, INC.	·		j ⊃ <u>⊤</u>	<u>-013</u>	/132
	ess or activity to which this form relates	-						
	<u>ndirect Depreciat</u>							
Pi			perty Under Section			S- 4 I		
			y, complete Part V b	erore you c	ompiete i	art ι.		<u> </u>
1	Maximum amount (see instructio	·					1	500,000
2	Total cost of section 179 property	•		ut.omo)			3	2,000,000
3	Threshold cost of section 179 pro	•	,	ctions)			4	2,000,000
4	Reduction in limitation Subtract I		·				5	
5_	Dollar limitation for tax year Subtract I			ing separately, s ost (business use		(c) Elected co		
6	(a) Descripio	on of property	(6) (osi (ousiness use	Unity)	(C) Elected CO		
								
7	Listed property Enter the amoun	t from line 20			7			
	Total elected cost of section 179		te in column (c) lugge 6 a	nd 7	L		8	
8	Tentative deduction Enter the sn		• •	nu /			9	
9							10	
10	Carryover of disallowed deduction	=		zoro) or line	E /coo voetre	intiona)	11	
11	Business income limitation Enter		•	•	ວ (ຣຍຍ ແຣແ	ictions)	12	-
12	Section 179 expense deduction			iine 11	42		1 12	
13	Carryover of disallowed deduction Do not use Part II or Part III below				13		. <u> </u>	
			nd Other Depreciat	ion (Do no	• includo	listed pror	orty) ((See instructions)
						iistea prot	Jerty.)	See instructions.
14	Special depreciation allowance for		otner than listed property)	piaced in ser	vice			
	during the tax year (see instruction	-					14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including ACI		oda lada di avana di A	(Can instru	otione \		16	
Pa	rt III MACRS Deprecia	tion (Do not incit	ude listed property.) Section A	See instru	cuons.)			· · · · · · · · · · · · · · · · · · ·
				240			147	360
17	MACRS deductions for assets pla						17	300
18	If you are electing to group any assets place	d in service during the tax ye	ear into one or more general asset vice During 2013 Tax Y	accounts, check	here General F	enreciation	System	
	Section B—/			T	General	epreciation	System	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation(business/investment use only-see instructions)	(d) Recovery period	(e) Convent	ion (f) Me	thod	(g) Depreciation deduction
19a	3-year property	_						
b	5-year property							
С	7-year property							
d	10-year property	_		ļ				
е	15-year property			<u> </u>				
f	20-year property	_	· · · · · · · · · · · · · · · · · · ·	ļ				
g	25-year property			25 yrs		S	/L	
h	Residential rental			27.5 yrs	MM	<u>s</u>	/L	
	property			27 5 yrs	MM	S	<u>/L</u>	· · · · · · · · · · · · · · · · · · ·
1	Nonresidential real			39 yrs	MM	S	<u>/L</u>	
	property			<u> </u>	MM	S		
	Section C—As	sets Placed in Serv	ice During 2013 Tax Yea	r Using the	Alternative	Depreciatio	n Syster	m
20a	Class life	4				<u></u>	<u>/L</u>	
b	12-year			12 yrs		S	<u>/L</u>	
_	40-year			40 yrs	MM	S	<u>/L</u>	
Pa	rt IV Summary (See ins	structions.)				i	, ,	
21	Listed property Enter amount from						21	
22	Total Add amounts from line 12,	=		=		ere		-
	and on the appropriate lines of yo			ſ	<u> </u>		22	360
23	For assets shown above and place		he current year, enter the	ļ				
	portion of the basis attributable to	section 263A costs			23			