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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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▶	Information	about Form	990 and	its instructions	is at www	irs gov	/form990

MB-15-5-0047
2014) Open to Public
Open to Public

	Citial Hotel	TIGO OCTVICE				and its instruction				
Α	For th	ne 2014 c	alendar year, or tax y	year beginning (	02/01/1	$oldsymbol{4}$ , and ending	01/31/	<u> 15</u>		
В		applicable	C Name of organization						D Employe	r identification numb∉
Γ	Address			THE GUILF	ORD FOUN	DATION, IN	c.			
<u> </u>	_ _	· ·	Doing business as	-	-	· · · · · · · · · · · · · · · · · · ·			51-0	137132
┕	Name ch	ange		O box if mail is not deliver	red to street addres	ss)		Room/suite	E Telephoni	e number
	Initial reti	um	PO BOX 35						203-	458-4040
	_ ☐ Final retu		City or town, state or pro	vince, country, and ZP or	foreign postal code	е				
Ļ	J terminate ¬	ed	GUILFORD		CT 0	6437			G Gross rece	eipts \$ 307,940
Ĺ_	Amended	d return	F Name and address of pri	incipal officer		•				
	Application	on pending						H(a) Is this a group	p return for su	ibordinates? Yes X No
_	٠٠ ـــ							H(b) Are all subor	rdinates inclu	ded? Yes No
										see instructions)
1 -			[ Tel	<del></del>			$\overline{}$	-		,,
<b>∤</b> 7±	Tax-exe	mpt status	X 501(c)(3)		(insert no )	4947(a)(1) or	527	4		
<u></u>	Website	e 🕨 W	ww.guilfor	<u>dfoundatio</u>	n.org		·	H(c) Group exem		
り <u>ĸ</u>	Form of	organization	X Corporation	Trust Association	Other -		L	Year of formation 19	975	M State of legal domicile CT
	Part I	Sı	ımmary							
_	1	Briefly de	scribe the organization	n's mission or most	significant activ	vities				
		•	ITABLE							
3	월	Cillan								
	<u> </u>									
	E		واستنبغ							
	2	Check th	is box 🕨 🔛 if the org	ganization discontinu	ued its operation	ons or disposed of	more than 25%	of its net assets		
(	3 3	Number	of voting members of t	he governing body (	Part VI, line 1a	a)			3	15
2015	ν 4		of independent voting i						4	15
<u> </u>	≅   ]		nber of individuals em						5	0
<b>5</b>	≧   3				eai 2014 (Fait	( v, lille Za)			6	25
$\sim$	¥   6		nber of volunteers (est	• •					<del></del>	
ඉ	7a	Total unr	elated business reven	ue from Part VIII, co	lumn (C), line	12			7a	0
<del></del>	b	Net unre	ated business taxable	income from Form	990-T, line 34				7b	0
2								Prior Year		Current Year
JAN	a 8	Contribut	ions and grants (Part \	VIII, line 1h)				137	,546	148,422
	Ž   9	Program	service revenue (Part	VIII, line 2g)						0
$\Box$	ยเ	_	nt income (Part VIII, c		and 7d)			126	,200	99,685
Ψ' (	2   1		venue (Part VIII, colum			1110)			,300	12,030
=									,046	260,137
₹-			enue – add lines 8 thro			ımn (A), iine 12)				
SCAINNED	13	Grants a	nd similar amounts pai	ıd (Part IX, column (	A), lines 1–3)			102	,888	75,633
U)	14	Benefits	paid to or for members	3 (Part IX, column (A	A), line 4)					0
	σ 15	Salaries,	other compensation, e	employee benefits (f	art IX, columr	n (A), lines 5–10)		37	,193	0
	sel 15 16a b	Profession	onal fundraising fees (F	Part IX, column (A),	line 11e)					0
	e l		draising expenses (Pa			20.	393			:
	× 1					— - <b>,</b>		40	,441	73,245
(_)	''		penses (Part IX, colum			. l 05)			,522	148,878
		•	enses Add lines 13-1			, line 25)				
$\sim$ _		Revenue	less expenses Subtra	act line 18 from line	12				,524	111,259
21 3	2 8			j	_ KEU	EIVED	1	Beginning of Curre		End of Year
2 1. 5.	[ 20	Total ass	ets (Part X, line 16)	Į	ബ	C	<u> </u>	1,624		1,802,542
	智 21	Total liab	ulities (Part X, line 26)		gi ner	1 4 2015	5		3,333	3,833
<u>ا</u> حر	원 22	Net asse	ts or fund balances S	ubtract line 21 from	<b>扇</b> 20	1 4 2013	시	1,620	<u>,803</u>	1,798,709
	Part II	I Si	gnature Block		<u> </u>		≦			
CJ-	Under n	enalties of	perjury, I decla re that I h	ave examined this ret	um includied ac	complanying sched	ules and stat eme	nts, and to the best	of my kno	wledge and belief, it is
2	true, cor	rect, and c	omplete Deola report	preparer (other th an o	fficer) is based of	on all I nformation of	which prepa rer h	as any knowledge	•	
<u></u>			<del>/ /////</del>	···	<del></del>				<u>-</u>	
2,5				$\overline{}$					/Date	<del> </del>
	Sign Here		Signature of officer	1		45.44.64			, ,	_
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Γ.			Type or print nameand title							
Ċ. ī		Print/Tyj	pe preparer's name		Preparer's sig	gnature	1	Date	Check	X of PTIN
ر F	aid	Denni	s M. Cadwell, CP	·A	V	MITT		ノ   <sub>11/11/</sub>	15 self-em	<u> </u>
	eparer		D		6611 £	Possiden	te, LLC		m's EIN ▶	20-4202056
	e Only						<del>,</del>	F1	III S CIN F	
(K	3£ (111)	<b>'</b>		Boston Po						202-452-2000
<i>"</i> /		Firm's a		lford, CT	06437-			Pr	none no	203-453-2989
<b>D</b> v	May the I	RS discus	ss this return with the p	preparer shown above	ve? (see instru	uctions)				X Yes No
· -			uction Act Notic a see	the constate instruct	lione					7/ Form 990 (2014)

orm 990	2014) THE GUILFORD FOUNDATION, INC. 51-0137132	Page 2
Part II	`Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
	ly describe the organization's mission:	
CHA	RITABLE	
	he organization undertake any significant program services during the year which were not listed on the  Form 990 or 990-EZ?  Yes	X No
	es," describe these new services on Schedule O	
	he organization cease conducting, or make significant changes in how it conducts, any program	₩
	ices? es," describe these changes on Schedule O	X No
	cribe the organization's program service accomplishments for each of its three largest program services, as measured by	
exp	enses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
the	otal expenses, and revenue, if any, for each program service reported	
	ITS FOR THE PURPOSES OF TOWN BEAUTIFICATION, PRESERVATION OF NATURAL	&
HIS	TORICAL RESOURCES, SUPPORT OF CULTURAL ACTIVITIES.	
BUS SUP	le )(Expenses \$ 12,750 including grants of \$ 12,750 ) (Revenue \$ LFORD HIGH SCHOOL FOR ACADEMIC AND SOCCER AWARDS; SCHOLARSHIPS FOR INESS TRAINING, VOCATIONAL ARTS, GOVERNMENTAL & PUBLIC POLICY; PORT FOR YOUTH EDUCATION IN ENVIRONMENTAL APPRECIATION, GRANT-MAKING LLS, AND DEVELOPMENT IN GENERAL.	)
<b>4c</b> (Co	de ) (Expenses \$ 45,661 including grants of \$ 45,661 ) (Revenue \$	,
TÒ	SUPPORT SOCIAL SERVICES AND THE INTERESTS OF WOMEN & FAMILIES, OF	,
	LDREN IN NEED, THE VISITING NURSE ASSOCIATION, GUILFORD FREE LIBRARY, FAMILY HOUSING ASSISTANCE.	
2410	THAILI MOODING MODIFICATION.	
	er program services (Describe in Schedule O)	
	penses \$ 14,982 including grants of \$ ) (Revenue \$ ) al program service expenses ▶ 90,615	
70 100	<u> </u>	90 (2014

## Part IV Checklist of Required Schedules

2 3 4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	2	x	
2 3 4	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  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	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		<del></del>	
4	candidates for public office? If "Yes," complete Schedule C, Part I	- 1		
4	·	3		х
	900000000000000000000000000000000000000			_
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
	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		х
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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	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		X
	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
	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		X
	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		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
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	igsquare	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

## Part IV Checklist of Required Schedules (continued)

domestic government on Part IX, column (A), lins 17 II "Yes", complete Schedule I, Parts I and II   21   X   22   24   25   25   26   26   26   26   26   26		•		Yes	No
22   Did the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, counting A, inc. 27 if IVER, complete Schedule I. Parts I and III   22   X   X   X   X   X   X   X   X	21	• • •			
Part IX, column (A), Ince 2º (Ir Yes, *complete Schedule I, Parts I and III 2 Different (A) and the companisation asset of "se" to Part IXI, Section A, Iina 3, 4 or 35 abut compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 3		· · · · · · · · · · · · · · · · · · ·	21	Χ.	
the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization answer "Yes", organization answer the section of the organization have a lax-exempt bond seue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, "I "No," go to line 25a 24a 24b D of the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any fax-exempt bonds beyond a temporary period exception? 24d D of the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an "on behalf of "issuer for bonds outstanding at any time during the year? 24d D of the organization and as an excess benefit transaction with a disqualified person in a price year, and that the transaction what no regardance in profession of promes officers, directors, trustee, we employee of the profession of the assistance to an officer, director, trustee, key employees of the organization provide a grant or other assistance to an officer, director, tru	22	· · ·			v
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X. 249. Did the organization have a lax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 24a X. 24a X. 24b Did the organization invest any proceeds of flax-exempt bonds beyond a temporary period exception? 24d Did the organization mixed an an escrow account other than a refunding escrow at any time during the year to declease any tax-exempt bonds? 24d Did the organization and as an an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and as an an orbital of "issuer for bonds outstanding at any time during the year? 24d Did the organization average that the dragaged in an excess benefit transaction with a disqualified person during the year? 14d Light transaction with a disqualified person of the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the Variasaction has not been reported on any of the organization person in a prior year, and that the Variasaction has not been reported on any of the organization person in a prior year, and that the Variasaction and the prior of the organization person in a prior year, and that the Variasaction and the variation of the organization person of the organization of the organization person of the organization organization person of the organization organization person of the organization perso		1	22		
employees? If "Yes," complete Schedule I.  23 X  24b Dd the organization have et al. exempt bond issue with an outstanding principal amount of more than  3100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  invough 24d and complete Schedule K II" No." go to line 25a  24d D the organization minimal principal amount of the person of the	23				
through Z4d and complete Schedule K. If "No," go to line 25a			22		¥
s 100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	240		23		
through 24d and complete Scheduke K. If "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  24d Did the organization and an an o'n behalf off issuer for bonds outstanding at any time during the year?  24d Did the organization and an an o'n behalf off issuer for bonds outstanding at any time during the year?  24d Did the organization and an an o'n behalf off issuer for bonds outstanding at any time during the year?  24d Seection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person of an an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b X  25b The difference officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25b The 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 II 27b The Aramy is member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, tr	24a				
b Did the organization minutest any proceeds of fax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d			242		x
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	h				
to defease any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a X  It is lis the organization sware 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  10b 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 "Yes," complete Schedule L, Part II  25b X  27c 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 II  27c X  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV  28d Vas the organization as party to a business transaction with one of the following parties (see Schedule L, Part IV  28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current for former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28d A current or former officer, dire			- 12		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		- · · · · · · · · · · · · · · · · · · ·	24c		
Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 X 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in "Yes," complete Schedule L, Part I 25b X 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 "Yes," complete Schedule L, Part II 26 X X 200 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 X 200 the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 200 the organization of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 200 the organization of a current of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 200 the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 200 the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N 290 X 200 the organization one one to contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N 200 X 200	d	· · · · · · · · · · · · · · · · · · ·			
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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-E2? If "Yes," complete Schedule L, Part I.  25b X  25b X  26b 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 "Yes," complete Schedule L, Part III  26c 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, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II  32 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedul			25a		X
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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  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  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 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  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  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  38 X  39 X  X  X  X  X  X  X  X  X  X  X  X  X	22		31		
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  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	32		32		x
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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 V   37 X	33	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del>
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 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  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 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 X		, - ,	33		х
or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36	34	· · · · · · · · · · · · · · · · · · ·			
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36			34		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 related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	35a	i de la companya de	35a		
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI		If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
related organization? If "Yes," complete Schedule R, Part V, line 2  36 X  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  38 X  X  X			35b		
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	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,  Part VI  37 X		related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X_
Part VI	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ţ		
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		Part VI	37		_X_
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	1		
19? Note. All Form 990 filers are required to complete Schedule O		19? Note. All Form 990 filers are required to complete Schedule O	38		

Form 990 (2014) THE GUILFORD FOUNDATION, INC. 51
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	' <u>-</u>				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0	_		l
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	_]		l
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and					1
	reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					l
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'	?		2b		ĺ
	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		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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 aut	hority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					ĺ
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acc	ounts				ĺ
	(FBAR)					ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
-	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or				
_	gifts were not tax deductible?			6b		ĺ
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 good	ds				ĺ
_	and services provided to the payor?			7a		ĺ
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		ĺ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7 d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	<del></del>	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizatio			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
•	sponsoring organization have excess business holdings at any time during the year?	•		8		ĺ
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	Section 501(c)(7) organizations. Enter					
а	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					
а	Gross income from members or shareholders	11a				İ
b	Gross income from other sources (Do not net amounts due or paid to other sources					ŀ
	against amounts due or received from them )	11b				
12a		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.					L
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					ŧ
-	the organization is licensed to issue qualified health plans	13b				Ė
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<u> </u>	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	<u> </u>		14b		

Form 990 (2014) THE GUILFORD FOUNDATION, INC. 51-0137132 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions 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 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 15 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 2 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 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 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? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? 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 8 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b 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 ) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 13 Did the organization have a written whistleblower policy? X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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? 16b 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) 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 financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records >

453 GOOSE LANE

CT 06437

GUILFORD

MELISSA LAMOREAUX

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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for	(d bo	o not	Pos check ess pe nd a c	C) sition more erson directo	than o	ne an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(v. <u>2</u> . 1866 m. 68)	organization and related organizations
(1) HELEN RIZZO	<del></del> _									
	1.00					1 1			_	_
DIRECTOR	0.00	X		<u> </u>	_	<b>├</b>		0	0	0
(2) MICHAEL MCNIFF	1 00									
775-4-07	1.00	7,				] ]				0
OIRECTOR (3) ROGER JOYCE	0.00	X	<u> </u>		-	ł. – ł		0	0	0
(3) ROGER JOICE	1.00									
DIRECTOR	0.00	x		ļ	ļ	Į į		0	0	0
(4) MARY JO KESTNER	0.00				-	1				
(4)111111 00 111101111111	1.00									
DIRECTOR	0.00	X	}					0	0	0
(5) JEFFREY BEATTY										
• •	1.00					1 1				
DIRECTOR	0.00	X						0	0	0
(6) IRVING SCHLOSS										
	1.00			ļ					:	
DIRECTOR	0.00	X				$\sqcup$		0	0	0
(7) DANIEL FISHER					l	} }				
	1.00									•
DIRECTOR	0.00	X			<b>├</b>	$\vdash$		0	0	0
(8) MICHAEL MIKOLAY	1.00	Ì				1 1				
DIRECTOR	0.00	x				1 [		o	o	0
O DELANEY LUNDBERG		1	├-		$\vdash$	┼╌┤				
(*)DELIANET HONDBERG	1.00				l	1		'		
DIRECTOR	0.00	x						O	0	0
(10) KYLE EAGLESON		1	<del>                                     </del>	$\vdash$	<u> </u>	$\Box$		<del></del>		
(,	1.00					l Ì				
DIRECTOR	0.00	X	L					0	0	0
(11) AMY EARLS										
	1.00		1	1						
DIRECTOR	0.00	X	<u>L</u>	L_	L	$\perp \perp$		0	0	0 Form <b>990</b> (2014)

Part VII Section A. Offiœrs,	Directors, Trus	stees	s, Ke	y Er	nplo	yee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unie	Pos check ess pe	rson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	cos	(F) Estimated amount of other mpensate	•	
	hours for related organizations below dotted line)	Individuat trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the ganization nd related ganization	d	
(12) EDWARD SEIBERT	5.00												
TREASURER	0.00		_	x				0	0				0
(13) THOMAS PINCHBECK PRESIDENT	5.00 0.00			x				0	0				0
(14) JAN WALZER	-				_								
CECDEMARY	5.00 0.00			x				0	o				0
SECRETARY (15) JAMES MANCINI	0.00		ļ-—	<u> </u>									
	5.00			<b>.</b>				o	o				0
VICE PRESIDENT (16)	0.00			X				0	0				
(17)			_										
(18)													
(19)													
1b Sub-total c Total from continuation shee	ets to Part VII, S	ecti	on A	•			<b>&gt; &gt;</b>						<u> </u>
d Total (add lines 1b and 1c)  Total number of individuals (inc	cluding but not lin	nited	to th	ose	liste	d abo	ve)	who received more than \$1	00,000 of	I			
reportable compensation from	the organization	<u> </u>	0								TY	es	No
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ıle J	for s	uch i	indiv	idual				_	3		x
4 For any individual listed on line organization and related organi	1a, is the sum o izations greater t	r rep han	οπατ \$150	,000	ompe ? If "	ensat Yes,'	on Co	mplete Schedule J for such	m the		4		x
5 Did any person listed on line 1a for services rendered to the org	ganization? If "Ye								dividual		5		x
Section B. Independent Contracto     Complete this table for your five compensation from the organization.	e highest compe	nsate	ed in	depe	nde	nt co	ntra	ctors that received more tha	n \$100,000 of	-			
	(A) business address	ripe	isau	011 10	i tile	Calc		Descrip	(B)		Comp	C) ensatio	on
								-					
Total number of independent or received more than \$100,000 or received.	contractors (incluof compensation	ding from	but r	ot lir orga	nited niza	to th	nose •	e listed above) who	0			990	(2014)
DAA											Form	ココリ	(2014)

GLFDFOUND 11/11/2015 8 59 AM 51-0137132 Form 990 (2014) THE GUILFORD FOUNDATION, INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (A) (D) Revenue Total revenue excluded from tax exempt function under sections 512-514 revenue 1a 1a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 148,422 1f g Noncash contributions included in lines 1a-1f 148,422 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b d f All other program service revenue ▶ g Total. Add lines 2a-2f Investment income (including dividends, interest, 40,218 40,218 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (ı) Real 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 96,532 other than inventory b Less cost or other 37,065 basis & sales exps 59,467 c Gain or (loss) 59,467 59,467 d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) 22,768 See Part IV, line 18 10,738 b Less direct expenses 12,030 • c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 11a

260,137

0

0

b c

> All other revenue Total. Add lines 11a-11d

Total revenue. See instructions

Form 990 (2014) Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (D) (B) Do not include amounts reported on lines 6b. Fundraising Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 75,633 75,633 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees) 14,511 14,511 43,534 14,512 a Management **b** Legal 3,000 3,000 c Accounting Lobbying e Professional fundraising services See Part IV, line 17 10,803 10,803 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 3,773 3,773 (A) amount, list line 11g expenses on Schedule O) 1,066 1,065 2,131 Advertising and promotion 12 470 7.931 2,644 4.81 Office expenses Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 24 24 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 359 359 Depreciation, depletion, and amortization 22 1,166 166 23 Other expenses Itemize expenses not covered 24 above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 524 524 Telephone b С d All other expenses 37,870 20,393 90,615 148,878 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 61,296 58,171 Cash-non-interest bearing 8,714 13,973 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 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 6 organizations (see instructions) Complete Part II of Schedule L Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,799 10a other basis Complete Part VI of Schedule D 1,259 899 10c 10b b Less accumulated depreciation 1,553,227 1,729 11 Investments—publicly traded securities 11 12 12 Investments—other securities See Part IV, line 11 Investments—program-related See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 1,624,136 1,802,542 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 3,333 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 3,333 3,833 26 Total liabilities. Add lines 17 through 25 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 844,836 918,847 Unrestricted net assets 775,967 879,862 28 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 1,798,709 1,620,803 33

Form 990 (2014)

1,802,542

1,624,136

Total net assets or fund balances

Total liabilities and net assets/fund balances

, , Form	990 (2014) THE GUILFORD FOUNDATION, INC. 51-0137132			Pa	ge <b>12</b>		
	rt XI Reconciliation of Net Assets						
	. Check if Schedule O contains a response or note to anyline in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	60,	137		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	48,	878		
3	Revenue less expenses Subtract line 2 from line 1	3	1	11,	259		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,6	1,620,803			
5	Net unrealized gains (losses) on investments	5		66,	<u>647</u>		
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	1,7	98,	<u> 709</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to anyline in this Part XII			,			
	<del></del>			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	<u></u>		
	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		1				
b	Were the organization's financial statements audited by an independent accountant?		2b	Ļ	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						
	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	<u> </u>	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			F	orm 990	(2014)		

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE GUILFORD FOUNDATION, INC.

Employer identification number 51-0137132

· · · · · ·	Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions													
	art I						his part ) See instruction	S						
The	orgar			it is (For lines 1 through 11, che										
1	Ц	A church, con	vention of churches, or associ	ciation of churches described in	section 1	70(b)(1)( <i>/</i>	AXi).							
2		A school desc	cribed in section 170(b)(1)(A	)(ii).(Attach Schedule E)										
3			•	organization described in section										
4		A medical res	earch organization operated	in conjunction with a hospital des	scnbed in	section 1	70(b)(1)(A)(iii). Enter the hosp	ıtal's name,						
		city, and state	)											
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmental unit described in							
		section 170(	b)(1)(A)(ıv). (Complete Part I	l)										
6		A federal, stat	e, or local government or gov	vernmental unit described in sec	tion 170(	b)(1)(A)(v	<b>'</b> }							
7	X	An organization	on that normally receives a su	ibstantial part of its support from	a governi	mental un	t or from the general public							
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)										
8		A community	trust described in section 17	0(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	on organized and operated ex	clusively to test for public safety	See sec	tion 509(a	a)(4).							
11		An organization	on organized and operated ex	clusively for the benefit of, to per	rform the	functions (	of, or to carry out the purposes	of						
		one or more p	oublicly supported organizatio	ns described in <b>section 509(a)(</b>	1) or sect	ion 509(a	)(2). See section 509(a)(3). Cl	neck						
		the box in line	s 11a through 11d that descr	ibes the type of supporting organ	nization ar	nd comple	te lines 11e, 11f, and 11g							
а		Type I. A sup	porting organization operated	, supervised, or controlled by its	supported	d organiza	ition(s), typically by giving							
		the supported	organization(s) the power to	regularly appoint or elect a majo	rity of the	directors	or trustees of the supporting							
		organization '	You must complete Part IV	, Sections A and B.										
b		Type II. A sup	porting organization supervis	ed or controlled in connection w	rith its sup	ported org	anization(s), by having							
		control or mar	nagement of the supporting o	rganization vested in the same p	ersons th	at control	or manage the supported							
		organization(s	s) You must complete Part	IV, Sections A and C.										
С		Type III func	tionally integrated. A suppo	rting organization operated in co	nnection v	vith, and f	unctionally integrated with,							
		its supported	organization(s) (see instruction	ons) You must complete Part l	IV, Sectio	ns A, D,	and E.							
d		Type III non-	functionaly integrated. As	upporting organization operated	ın connec	tion with it	s supported organization(s)							
	_	that is not fun	ctionally integrated. The orga	nization generally must satisfy a	distributio	n requirer	nent and an attentiveness							
		requirement (	see instructions) You must	complete Part IV, Sections A a	and D, an	d Part V.								
е		Check this bo	x if the organization received	a written determination from the	IRS that	t is a Type	e I, Type II, Type III							
		functionally in	tegrated, or Type III non-fund	tionally integrated supporting org	ganization									
f	Ent	er the number	of supported organizations											
g	Pro	vide the follow	ing information about the sup	ported organization(s)	_			<u></u>						
(	ı) Nam	e of supported	(n) EIN	(III) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of						
	ord	ganization		(described on lines 1–9		r governing	support (see	other support (see						
				above or IRC section (see instructions)	docui	ment?	instructions)	instructions)						
					Yes	No	,							
(A)														
(B)														
					ļ									
(C)														
					ļ									
(D)														
					<b> </b>									
(E)					1									
					ļ	ļ								
			<b>[</b>		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.)

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	59,225	103,646	90,693	137,546	154,708	545,818
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	59,225	103,646	90,693	137,546	154,708	545,818
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						11 510
	shown on line 11, column (f)						11,518
6	Public support. Subtract line 5 from line 4 tion B. Total Support	<u> </u>			1.	<u>_</u>	534,300
	idar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	59,225	103,646	90,693	137,546	154,708	545,818
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	40,770	18,929	53,242	88,196	40,218	241,355
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	7,756	1,109	1,929	596		11,390 798,563
11	Total support. Add lines 7 through 10		<u></u>		<u></u>	12	22,768
12	Gross receipts from related activities, etc. ( First five years. If the Form 990 is for the		acand third fauith	or fifth tax wass as	a cootion 501/a\/3		22,766
13	· ·		econa, uma, mun	, or militax year as	a section 50 r(c)(5	,	▶ □
Sac	organization, check this box and stop here tion C. Computation of Public Su		ge				
	Public support percentage for 2014 (line 6,					14	66.91%
14 15	Public support percentage for 2014 (line o, Public support percentage from 2013 Sche			,,		15	62.24%
	33 1/3% support test—2014. If the organi			and line 14 is 33 1/	/3% or more, check		02.2470
	box and stop here. The organization qualif	ies as a publicly sup	ported organizatior	1			<b>▶</b> X
b	33 1/3% support test—2013. If the organic check this box and stop here. The organiz	ation qualifies as a p	ublicly supported o	rganization			▶ □
17a b	10%-facts-and-circumstances test—201 10% or more, and if the organization meets Part VI how the organization meets the "factorganization 10%-facts-and-circumstances test—201	d	<b>&gt;</b> []				
	15 is 10% or more, and if the organization in Explain in Part VI how the organization med supported organization	ets the "facts-and-cir	cumstances" test	The organization qu	ualifies as a publicly	,	<b>&gt;</b> [
18	Private foundation. If the organization did instructions	not check a box on	line 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		<b>▶</b> □

Page 3

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	·					
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			_			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	<u></u>	I	1	<u> </u>		
	idar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	(-,			, ,		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-					
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	· · · · · · · · · · · · · · · · · · ·					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12)  First five years. If the Form 990 is for the o	L	second third four	th, or fifth tax vear :	as a section 501(c)	(3)	1
1-7	organization, check this box and stop here		5500,1a, tima, 10th	, or martua your		\ <del>-</del> /	▶ □
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2014 (line 8,			(f))		15	%
16	Public support percentage from 2013 Sche			<u> </u>		16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2014 (lir	ne 10c, column (f) o	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2013					18	%
19a	33 1/3% support tests—2014. If the organ	nization did not che	ck the box on line				
	17 is not more than 33 1/3%, check this bo						▶ 🗌
b	33 1/3% support tests—2013. If the organ						. $\frown$
	line 18 is not more than 33 1/3%, check this						<b>▶</b> ∐
20	Private foundation. If the organization did	not check a box of	n line 14, 19a, or 1	9b, check this box	and see instruction	s	<u> </u>

**Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete

<u></u>	Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and C and D, and C and D, and C and D, and C and D, and D and	piete Part V.)		
	on A. All Supporting Organizations		Yes	No.
1	Are all of the organization's supported organizations listed by name in the organization's governing		res	No
	documents? If "No," describe in Part VI how the supported organizations are designated lif designated by			
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer		ĺ	
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c_		-
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c	,	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only.Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		,
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		,
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	j		
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings )	10b		

Schea	the A (Form 990 of 990-EZ) 2014 THE GOTHFORD FOORDATION, THO:	<del>-</del>		, age c
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	·	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	'		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Soot	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations	_ 4		
Sect	ion C. Type it Supporting Organizations	-	Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		. 00	
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	·	1		
Sect	the supported organization(s) ion D. All Type III Supporting Organizations			
0000	ion D. All Type in eapporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations		_	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions	)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explainhow these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			ŀ
	that these activities constituted substantially all of its activities	2a		<b> </b>
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	۱		1
	activities but for the organization's involvement.	2b		<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	· ·	} _		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	· · · · · · · · · · · · · · · · · · ·	۱		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	<u> </u>

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

3

4

5

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

•							
Schedule A	A	(F	orm	990	or	990-EZ)	2014

3

Enter greater of line 2 or line 3
Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990 EZ) 2014

Breakdown of line 7

d Excess from 2013 e Excess from 2014

Part VI 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

\$

11,390

Supplemental Information

Other income consists of the following:

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 \$11,390 as above

SCHEDULE D (Form 990)

DAA

Department of the Treasury Internal Revenue Service Name of the organization

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, 11t, 12a, or 12b.

► Attach to Form 990.

► Information aboutSchedule D (Form 990) and its instructions is at www.irs.qov/form990.

OMB No 1545-0047

Employer identification number

Open to Public Inspection

TF	E GUILFORD FOUNDATION, INC.		51-0	137132
Pa	t I Organizations Maintaining Do nor Advised Fu	nds or Other Similar Funds or Ac	counts	S.
	Complete if the organization answered "Yes" to I	orm 990, Part IV, line 6.		
		(a) Donor advised funds	(	(b) Funds and other account
1	Total number at end of year	2		
2	Aggregate value of contributions to (during year)	1,575		
3	Aggregate value of grants from (during year)	3,550		
4	Aggregate value at end of year	23,047		
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 exclu-	isive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose		
	conferring impermissible private benefit?			X Yes No
Pa	t II Conservation Easements.			
	Complete if the organization answered "Yes" to I	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impor	tant land	area
	Protection of natural habitat	Preservation of a certified historic s	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conser-	vation contribution in the form of a conservation	on	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure inclu	uded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/0			·
_	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ext	inquished, or terminated by the organization	during the	2
•	tax year ▶	ggggg.		
4	Number of states where property subject to conservation easement is k	ocated >		
5	Does the organization have a written policy regarding the periodic monit			
3	violations, and enforcement of the conservation easements it holds?	orning, mapedatori, narraning or		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	no conservation easements during the year		
٥	Stall and volunteer flours devoted to mornioring, inspecting, and emoror	ing conservation casements during the year		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c	onservation easements during the year		
′	S	onservation casements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy the	he requirements of section 170(h)(4)(R)(i)		
ŭ	and section 170(h)(4)(B)(ii)?	The requirements of section 17 o(1)(4)(2)(1)		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	ants in its revenue and expense statement, ar	nd	
3	balance sheet, and include, if applicable, the text of the footnote to the			
	organization's accounting for conservation easements	, and the state of		
	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	mila r A	Assets
	Complete if the organization answered "Yes" to I	Form 990, Part IV, line 8		
12	If the organization elected, as permitted under SFAS 116 (ASC 958), no		ce sheet	
10	works of art, historical treasures, or other similar assets held for public			•
	public service, provide, in Part XIII, the text of the footnote to its financial			
h	If the organization elected, as permitted under SFAS 116 (ASC 958), to		sheet	
	works of art, historical treasures, or other similar assets held for public			
	public service, provide the following amounts relating to these items	, , , , , , , , , , , , , , , , , , , ,		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b>	· \$
	(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 dain inrovide	the	<b>~</b>
-	following amounts required to be reported under SFAS 116 (ASC 958)			
_	Revenue included in Form 990, Part VIII, line 1	Colonia to tricoo nomo	_	· \$
a	Assets included in Form 990, Part X			• \$
	Paperwork Reduction Act Notice, see the Instructions for Form 990	).		Schedule D (Form 990) 2014

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land b Buildings				
c Leasehold improvements				
d Equipment		1,799	1,259	540
e Other  Total. Add lines 1a through 1e (Column (d) mu	I st equal Form 990, Part X, columi	1 (B), line 10c)	<b>•</b>	540

Schedule D (Form 990) 2014

Part VII

Investments—Other Securities.

•	Complete if the organization answered "Yes" to	Form 990, Part IV, line	11b. See Form 990, Part X, line 12	
	(a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
` '	ın (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.			
r dit viii	Complete if the organization answered "Yes" to	Form 990 Part IV line	11c. See Form 99.0. Part X. line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation	
	(a) Description of investment	(D) Dook value	Cost or end-of-year market value	
-/4\				
(1)				
(2)				
(3)				
(4)				
_(5)				
_(6)	<u> </u>			
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col_(B) line 13 ) ▶			
Part IX	Other Assets.  Complete if the organization answered "Yes" to  (a) Description	o Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)		<b>&gt;</b>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" t line 25	o Form 990, Part IV, line	11e or 11f. See F orm 990, Part X,	
1.	(a) Description of liability	(b) Book value		
	I income taxes			
(2)	Titrodino taxos			
(3)				
			1	
(4)			1	
(5)			1	
(6)			1	
(7)			1	
(8)			4	
(9)			4	
	nn (b) must equal Form 990, Part X, col (B) line 25 ) ▶		<u> </u>	
	r uncertain tax positions. In Part XIII, provide the text of the for			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 740)	Check here if the text of the foot	note has been provided in Part XIII	

Sche	dule D (Form 990) 2014 THE GUILFORD FOUNDATION, INC.		51-0137132	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Return.	
	<ul> <li>Complete if the organization answered "Yes" to Form 990, Pa</li> </ul>	rt 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 (losses) 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		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
C	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	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per Return.	
	Complete if the organization answered "Yes" to Form 990, Pa	art 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			
а	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		3	<del> </del>
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	
₽a	rt XIII Supplemental Information.			

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

Schedule D (Form 990) 2014 THE GUILFORD FOUL
Part XIII Supplemental Information (continued) THE GUILFORD FOUNDATION, INC. 51-0137132

Page 5

#### SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines17, 18, or 19, or if the organization entered morethan \$15,000 on Form 990-EZJine 6a

2014

2014

Department of the Treasury Internal Revenue Service ► Attach to Form990 or Form 990-EZ.

► Information about Schedule G (Form 990 or \$0-EZ) and its instructions isat www irs gov/form990

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lame of the organization  THE GUILFORD FOUND  THE GUILFORD TOUND   ATION, IN	c.			51-0137		
Fundraising Activities. Complete if	the organizatio	n ans	wer	ed "Yes" to Form 99		
Form 990-EZ filers are not required to	complete this	part				
1 Indicate whether the organization raised funds through an	y of the following a	ctivitie	s Ch	eck all that apply		
a Mail solicitations			-	ernment grants		
b Internet and email solicitations	f Solicitation	of gov	ernm	ent grants		
c Phone solicitations	g 🗌 Special fun	draisin	g eve	ents		
d In-person solicitations						
<ul> <li>Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in</li> <li>If "Yes," list the ten highest paid individuals or entities (fun compensated at least \$5,000 by the organization</li> </ul>	connection with pre	ofession to agr	eeme	indraising services?	raiser is to be	Yes No
(i) Name and address of individual or entity (fundraiser)	(II) Activity	raiser custo conti	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
		contrib			çol (ı)	
1		Yes	NO			
•						
2						
		1				
3						
4						
5						
6						
7						
8						
9						
10						
Total		t	<b></b>	<del></del>		
		. 4 1 1 - 1 - 1		t has been notified it is ev	omnt from	<del></del>

THE GUILFORD FOUNDATION, INC. 51-0137132 'Schedule'G (Form 990 or 990-EZ) 2014 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col (a) through ANNUAL DINNER None col (c)) (event type) (event type) (total number) Revenue 22,768 22,768 1 Gross receipts 2 Less Contributions 3 Gross income (line 1 minus 22,768 22,768 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 10,738 10,738 9 Other direct expenses 10,738 10 Direct expense summary Add lines 4 through 9 in column (d) 12,030 11 Net income summary Subtract line 10 from line 3, column (d) 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 (d) Total gaming(add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No ▶ 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities Yes No a Is the organization licensed to conduct gaming activities in each of these states? 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

ocned	dule G (Form 990 or 990-EZ) 2014 THE GUILFORD FOUNDATION, INC. 51-0137	132	Page <b>3</b>
11	Does the organization conduct 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 conducted in:		
а	The organization's facility	13a	%
b	An outside facility	3b	%_
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records		
	Name ►		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?		Yes   No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
	amount of gaming revenue retained by the third party ▶ \$		
С	If "Yes," enter name and address of the third party		
	Name ▶		
	Address ▶		
16	Gaming manager information		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_	
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Par			
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informat	ion (see	
	instructions)		

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 930, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

▶ Attach to Form 990.

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

2014

OMB No 1545-0047

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Name of the organization Name of the organization	OMT MOTH					<u></u>	Employer identification number 51 – 01 371 30	
Dad   Congret Information on Grants and Assistance	Assistance							
es the c	amount of the grain	nts or assista	ance, the grantees' eligi	bility for the grants or	assistance, and			;
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ce? Itoring the use of gra	ant funds in t	he United States				X Yes	2
ī	mestic Organi received more	zations a than \$5,00	nd Domestic Gov	<b>Dom estic Governmen ts.</b> Complete if the organization Part II can be duplicated if additional space is needed.	onal space is n	nization answe eeded.	red "Yes" to Form 990,	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable		(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1) BRANFORD COMMUNITY DINING ROOM							SUPPORT PROGRAM	
BRANFORD CT 06405		က	5,250					
(2) PARTNERSHIP FOR STRONG COMMUNITIES								
HARIFORD CT 06106			7,500					
(3)								
(4)								
(5)								
(9)								
(1)								
(8)								
(6)								
on patral anniegies of section 501/c)/(3) and assertment or test rated in	roanizations listed i	n the line 1 table	ahle	·			۳۰ •	

Schedule 1 (Form 990) (2014)

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

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

22.

	rail III can be duplicated II addi tional space is needed	ומו אלמרט וא ווכני מכת				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	ok,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
2						
2						
4						
ıc						
٥						
^						
Part IV	Supplemental Information. Provide the information	de the information rec	quired in Part I, line 2	, Part III, column (b),	required in Part I, line 2, Part III, column (b), and any other additional information.	ıfor mation.

GRANTS AND GIFTS PRIOR TO THEIR RECOMMENDATION. ALL RECOMMENDED GRANTS AND ARE LOCAL, COMMITTEE MEMBERS AND DIRECTORS CAN EFFECTIVELY MONITOR THE USE GIFTS ARE APPROVED BY VOTE OF THE BOARD OF DIRECTORS. BECAUSE ALL GRANTS REQUESTING THEM. THE BOARD ASKS RECIPIENT ORGANIZATIONS TO REPORT ON ITS USE OF FUNDS. 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 Part I, Line 2 - Procedures for Monitoring the Use of Grant 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.

OMB No 1545-0047
2014

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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.

s.gov/form990. Inspection

51-0137132

Name of the organization

THE GUILFORD FOUNDATION, INC.

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.