GUILFORD GREEN FOUNDATION FORM 990 - FYE JUNE 30, 2012 PUBLIC INSPECTION COPY

#### PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047 Open to Public

Department of the Treasury

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012 Check if applicable: C Name of organization D Employer identification number Address change Guilford Green Foundation Name change 56-2091293 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number PO Box 10428 336-790-8419 Amendeo 325,371. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-Greensboro, NC 27404 H(a) Is this a group return pending F Name and address of principal officer: Neda Pitt Yes X No for affiliates? same as C above H(b) Are all affiliates included? I Tax-exempt status: X 501(c)(3) ] 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: > GGFNC.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other -L Year of formation: 1998 M State of legal domicile; NC Part I Summary Briefly describe the organization's mission or most significant activities: To provide financial grant Activities & Governance assistance to tax-exempt organizations serving the gay and lesbian Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets, 20 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 2 Total number of individuals employed in calendar year 2011 (Part V, line 2a)  $\overline{100}$ 6 Total number of volunteers (estimate if necessary) Ū. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ó. b Net unrelated business taxable income from Form 990-T. line 34 **Prior Year** Current Year 63,493. Contributions and grants (Part VIII, line 1h) 134,508. Revenue O. Program service revenue (Part VIII, line 2g) 0. 8,963. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,633. 100,836. 173,292. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 79,070. 227,211. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 13—Grants and similar amounts paid (Part IX, column (A), lines 1-3) 43,400. 29.700. Ō. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 30,654. 76,102. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, other, column (A), line 11e)

16a Professional fundraising fees (Part IX, column (A), line 11e)

10,652. 36,805. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 52,298. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 110,859. 158,100. 62,433. 69,111. 19 Revenue less expenses, Subtract line 18 from line 12 583 Beginning of Current Year End of Year 491,148. 534,738. 20 Total assets (Part X, line 16) 0 0. 21 Total liabilities (Part X, line 26) 491,148. 534 738. 22 Net assets or fund balances. Subtract line 21 from line 20 ....... Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Danielle Hoversten, Treasurer Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature Herman Goins ₽00793681 Paid Firm's name BreslowStarlingFrostWarnerBogerHiatt Preparer 56-0593053 Firm's address Post Office Box 10345 Use Only

May the IRS discuss this return with the preparer shown above? (see instructions)

Greensboro, NC 27404-0345

X Yes No

Phone no. 336 292-6872

Form	990 (2011) Guilford Green Foundation	56-2091293	Page 2
Par	t III   Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
٠	To provide financial grant assistance to tax-exempt org	ranizations	
	serving the gay and lesbian community of counties in the	ne Piedmont	
	Triad of NC.	10 1 1 Comono	······
	Triad or NC.	<del> </del>	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
•	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services,	as maggired by evector	
4			
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	organts and allocations	<b>10</b>
	others, the total expenses, and revenue, if any, for each program service reported.	<u>.</u>	<del></del>
4a	(Code:) (Expenses \$ 29,700 · including grants of \$ 29,700 · ) (Rev	anue \$	)
	Provided grant assistance to tax-exempt organizations	serving (and/	or
	providing awareness with respect to) the gay and lesbia	an community	
	counties in the Piedmont Triad of NC.		
			······································
		**	
	) (6		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$	} )
			<del></del>
		• •	
		W-1-2-7	
			<del></del>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Re	venue \$	
	/ Code/ / Expenses/ / Code.	15(454	
	·		
			· · · · · · · · ·
			-
40	Other program services (Describe in Schedule O.)		
40		١	
_	00 700		
4€	Total program service expenses ► 29,700.	<del></del>	000
132	nn2	Form	<b>990</b> (2011)
	702 19-12		

	·		Yes	No
	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		x	
	f "Yes," complete Schedule A is the organization required to complete Schedule B, Schedule of Contributors?	1 2	$\frac{x}{x}$	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	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		X
	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		<u>X</u>
	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		X
	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	_		₹.
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,			ļ
а	· ·	11a	Х	
ь	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	IIa		<del> </del>
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			<del>                                     </del>
Ŭ	assets reported in Part X, line 16? If *Yes, " complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax-positions under FIN 48 (ASC-740)? If "Yes," complete Schedule D, Part X	_11f_		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1		v
	or more? If "Yes," complete Schedule F, Parts I and IV	145		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-	1	x
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	<u> </u>	+
16	located outside the United States? 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,	10	1	+
11	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part Vill, lines		1	+
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1	1
	complete Schedule G, Part III	19	x	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		For	n 990	(2011

Part IV | Checklist of Required Schedules (continued) Yes Nο 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, X 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K. If "No", go to line 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24¢ 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 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L, Part I 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 ... Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 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? 34 If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of X 35b 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? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? X Note, All Form 990 filers are required to complete Schedule O Form 990 (2011)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it ochequie o contains a response to any question in this Fart v	<u></u>		<u> </u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			ı
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			-
	filed for the calendar year ending with or within the year covered by this return 2a 2			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Γ
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	ļ
¢	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h_	<b> </b>	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8	-	<del> </del>
	Did the organization make any taxable distributions under section 4966?			
a	Did the organization make a distribution to a donor, donor advisor, or related person?	9a	1	<del> </del>
10	Section 501(c)(7) organizations. Enter:	95	<del> </del>	┼
io a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders 11a			1.
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		
	amounts due or received from them.)	1	٠.	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		1.	T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1
а	is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans	1	1	
С	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Forr	n <b>99</b> 0	(2011)

Form 990 (2011) Guilford Green Foundation 56-2091293 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					****	X	
Sect	ion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	<u> </u>	20				
	If there are material differences in voting rights among members of the governing body, or if the governing			1	i			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			l				
b	Enter the number of voting members included in line 1a, above, who are independent	1b		20				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other	1	l			
	officer, director, trustee, or key employee?	.,		.,	2		X	
3	Did the organization delegate control over management duties customarily performed by or under tr	e dire	ct supervision	ĺ				
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?		4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?			5		X	
6								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?				7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
	persons other than the governing body?				7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye							
а	The governing body?				8a	X	1	
b								
9	· · · · · · · · · · · · · · · · · · ·							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F							
			-			Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			!	10a		X	
	if "Yes," did the organization have written policies and procedures governing the activities of such of							
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	ļ		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo				11a	X		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X		
b	-Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12b	_X_	ļ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	lescribe					
	in Schedule O how this was done				12c	X		
13	Did the organization have a written whistleblower policy?				13		Х	
14	Did the organization have a written document retention and destruction policy?				14		X	
15	Did the process for determining compensation of the following persons include a review and appro-							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?	•					
а	The organization's CEO, Executive Director, or top management official		************	******	15a	X		
b	Other officers or key employees of the organization		************		15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a		1			
	taxable entity during the year?				16a	<u>L</u>	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anizati	on's					
	exempt status with respect to such arrangements?		•		16b	<u> </u>		
Sec	ction C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► None							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-T (Se	ction 501(c)(3)	s only)	availa	ble		
	for public inspection, Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents,	conflic	t of interest po	olicy, ar	nd fina	ancial		
	statements available to the public during the tax year.		·					
20	State the name, physical address, and telephone number of the person who possesses the books	and re	ecords of the c	rganiz	ation:	▶ .		
	Danielle Hoversten - 336-790-8419							
	301 South Elm Street, Suite 211, Greensboro, NC	274	01					
1320	UD							

01-23-12

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

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

### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r	or any related o	orga	niza	tion	cor	nper	rsat	ed any current officer, o	lirector, or trustee.	
(A)	. (B)		<b>(C)</b> Position					(D)	(E)	(F)
Name and Title	Average	(do	not cl	neck	more	than o	one	Reportable	Reportable compensation	Estimated amount of
	hours per week	box,	unle: er an	ss pe d a d	person is both an a director/trustee)			compensation from	from related	other
	(describe	tor.	§					the	organizations	compensation
	hours for	r direc				led		organization	(W-2/1099-MISC)	from the
	related	stee o	rustae			Bernsa		(W-2/1099-MISC)		organization
	organizations	nai tru	onal t		ploye	9a,				and related organizations
	in Schedule O)	Individual trustee or director	Institutional trustae	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) Neda Pitt	, ,	<u> </u>	=	0	Ť	7 6	عنا			
Co-Chairperson	4.50	Х		Х			ļ	0.	0.	0.
(2) Harvey Lineberry									_	_
Co-Chairperson	4.50	Х		X				0.	0.	0.
(3) Danielle Hoversten					1			_		
Treasurer	4.50	X		X		ļ. <u>.</u>		0.	0.	0.
(4) Tom Campbell			1	ļ						_
Secretary	4.50	X		X	<u> </u>	_	<u> </u>	0.	0.	0.
(5) David Andersen	0.50				l	Ì		0.	_	_
Board of Directors Member	0.50	X		=					0.	0.
(6) Bill Baites	0.50	]				1		0.		0.
Board of Directors Member	0.50	X	ļ	1	-	+		υ,	1 0.	0.
(7) Jehan Benton-Clark	0.50	37			1			0.	. 0.	0.
Board of Directors Member	0.50	X	1	+	┿	+	+	<u> </u>	V •	<u> </u>
(8) Jody Clayton	0.50	x						0.	.) 0.	0.
Board of Directors Member	0.50	<u> </u>	╁	+-	+	+	╁	0 .	· · · · · · · · · · · · · · · · · · ·	0.
(9) Bill Falcon Board of Directors Member	0.50	x			1		1	0.	.) 0.	0.
(10) Corey Fitzgerald	0.50	+	+	╁	+-	+	╁			
Board of Directors Member	0.50	x						0	.l o.	. 0.
(11) Melissa Greer	0.30	+==	-	+	+	+	╁			
Board of Directors Member	0.50	X						0	.  0	.) 0.
(12) Marshand Hager	-	+	+	+	╅	+	+			
Board of Directors Member	0.50	X	: [	-				0	. 0	. 0.
(13) John Lalonde		+	+	+-	+	$\top$	$\top$			
Board of Directors Member	0.50	ı X	:					0	. 0	. 0.
(14) Carol McCauley	1	1		1	_		1			
Board of Directors Member	0.50	1 2					1	0	. 0	. 0.
(15) John Melton		$\top$	丁		$\top$					
Board of Directors Member	0.50	)   2	[ ]			1		0	. 0	. 0.
(16) Gary Palmer		T	T						1	
Board of Directors Member	0.50	) 2	ζ				$\perp$	0	. 0	. 0.
(17) Rusty Powell									_	
Board of Directors Member	0.50	)   2	ζ					0	, 0	. 0.

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Form 990 (2011)

Part VII Section A. Officers, Directors,	, Trustees, Key Er (B)	nplo	yee			High	est			(F)	
<b>(A)</b> Name and title	Average		(C) Position					( <b>D)</b> Reportable	(E) Reportable	(F) Estima	
Name and and	hours per	DOX,	(do not check box, unless pe officer and a c			is bot	h an	compensation	compensation	amour	
	week	<u> </u>	cer an	nd a d	irecte	or/trus	itee)	from	from related	othe	
	(describe hours for	Jirecto						the organization	organizations (W-2/1099-MISC)	compen from	
	related	10 88	stee		1	nsate		(W-2/1099-MISC)	(11 2/1000 1/1100)	organiz	
	organizations	al trust	in the		loyee	эдшоз				and rel	
	in Schedule O)	Individual trustee or director	institutional trustee	Отпевг	Кеу етріоуее	Highest compensated employee	Богтивг			organiza	ations
(18) Minita Sanghvi		, 350		0	¥	X 45	<u> </u>				
Board of Directors Member	0.50	X	<u>L</u>					0.	0.		0.
(19) Barbara Shyloski							1				_
Board of Directors Member	0.50	X	<u> </u>		<u> </u>	ļ	<u> </u>	0.	0.		0.
(20) Jamin Slone	0.50	x						0.	0.		0.
Board of Directors Member	0.50	<u> </u>	-		ļ			U •	U •		<u> </u>
						+	_				<del></del>
					-						
	-	T			T						
					T		1				
1b Sub-total			1	.1		_ <u></u> _	<del>.  </del>	0.	0.		0.
c Total from continuation sheets to Pa							-	0.		1	0.
d Total (add lines 1b and 1c)							-	0.	0.		0.
2 Total number of individuals (including		hose	e list	ted a	abo	ve) v	/ho i	eceived more than \$10	0,000 of reportable		0
compensation from the organization										Y	
3 Did the organization list any former of	ficer, director, or to	ruste	ee, k	еу е	emp	loye	e, or	highest compensated	employee on		
line 1a? If "Yes," complete Schedule										3	X
4 For any individual listed on line 1a, is t											
and related organizations greater than										4	X
5 Did any person listed on line 1a receiv	•							ted organization or indi	vidual for services	_	X
rendered to the organization? If "Yes, Section B. Independent Contractors	" complete Scheal	ne J	tor.	SUCI	тре	rson		<u></u>		5	
Complete this table for your five higher	est compensated in	nder		ient	cor	ntrac	tors	that received more tha	n \$100,000 of comper	sation fro	m
the organization. Report compensation											
(A Name and bus		N	1OI	F.				(B) Description of	services	(C) Compens	ation
										<u>`</u>	
,											
	<del></del>										
Total number of independent contract	ctors (including but	 t not	. limi	ited	to t	hose	liste	ed above) who received	more than		
\$100,000 of compensation from the						0		· 		···	
								· · · · · · · · · · · · · · · · · · ·		Form 9	<b>90</b> (2011)

Total revenue. See instructions.

Form 990 (2011)

# Form 990 (2011) Guilford Green Foundation Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response of include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		одропосо	goriolai oxpoliada	САРСПВОЗ
•	organizations in the United States, See Part IV, line 21	29,700.	29,700.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees				
6	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	70,651.		70,651.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,451.		5,451.	
11	Fees for services (non-employees):	97-02-1			
	Management				
	Legal				
	Accounting	1,200.		1,200.	
	Lobbying				
e	n				
f	Investment management fees		. "	· · · · · · · · · · · · · · · · · · ·	
g		3,508.		3,508.	
12	Advertising and promotion	534.		534.	
13	Office expenses	16,129.			10,477.
14	Information technology				
15	Royalties				
16	Occupancy	3,420.		3,420.	
17	Travel	4,143.		4,143.	
18	Payments of travel or entertainment expenses			272200	,
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,142.		2,142.	·
23	Insurance	4,259.		4,259.	
24	Other expenses, Itemize expenses not covered			2,233,	
	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.)	16,788.		16,788.	
i i	A. 1.	175.		10,700.	175.
(					
	All other expenses	150 400	00 800	140 040	40.55
25	Total functional expenses. Add lines 1 through 24e	158,100.	29,700.	117,748.	10,652
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1	
	Check here if following SOP 98-2 (ASC 958-720)		<u> </u>		

Par	t X	Balance Sheet			
			· (A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	88,875	. 1	109,503.
	2	Savings and temporary cash investments		• 2	1,297.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
1	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disgualified persons (as defined under section		-	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	*
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
1	9	Prepaid expenses and deferred charges	1	9	
		Land, buildings, and equipment: cost or other			
		basis Complete Part VI of Schedule D 10a 2, 2	229.		
	b	Less: accumulated depreciation 10b 2,1		• 10c	87.
	11	Investments - publicly traded securities	(0000	• 11	416,570.
	12	Investments - other securities. See Part IV, line 11	***************************************	12	·
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		• 15	7,281.
	16	Total assets. Add lines 1 through 15 (must equal line 34)			534,738.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	L L	20	<u> </u>
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employee			
abil		highest compensated employees, and disqualified persons. Complete Pa	i i	- 1	
_ 🛱		of Schedule L	1	- 22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	of		
		Schedule D	j	25	
	26	Total liabilities. Add lines 17 through 25		). 26	0.
		Organizations that follow SFAS 117, check here   X and comp	lete		
S	-	lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	491,14	3. 27	534,738.
ala	28	Temporarily restricted net assets		28	
ф	29	Permanently restricted net assets		29	
Ë		Organizations that do not follow SFAS 117, check here  ar			
<u>2</u>		complete lines 30 through 34.			
13	30	Capital stock or trust principal, or current funds		30	
556	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		8 . 33	534,738.
	34	Total liabilities and net assets/fund balances	100 41		

Form 990 (2011)

#### **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

OMB No. 1545-0047

Department of the Treasury internal Revenue Service

4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization

Employer identification number

	Guilford Green Foundation									56-	-2091	293	
Par	tl	Reason fo		ty Status (All organiza			this part.	) See instr	uctions.				
The c	rgani	zation is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	nly one bo	) )	•				
1		A church, con	vention of churches	, or association of churc	hes descri	bed in <b>sec</b>	tion 170(	b)(1)(A)(i).					
2		A school desc	ribed in section 170	<b>0(b)(1)(A)(ii).</b> (Attach Sch	nedule E.)								
3		A hospital or a	cooperative hospit	al service organization d	lescribed ir	section 1	170(b)(1)( <i>i</i>	4)(iii).					
4 [		A medical rese	earch organization o	perated in conjunction v	with a hosp	ital descri	bed in <b>sec</b>	tion 170(I	b)(1)(A)(iii)	. Enter the	hospital'	s name,	
		city, and state	:										
5		An organization	on operated for the b	penefit of a college or un	iversity ow	ned or ope	erated by	a governm	nental unit	described	in		
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, stat	e, or local governme	ent or governmental unit	described	in section	170(b)(1	)(A)(v).					
7		An organization	on that normally rece	eives a substantial part o	of its suppo	ort from a g	governme	ntal unit or	from the	general pu	blic desc	ribed in	
		section 170(b	)(1)(A)(vi). (Complet	te Part II.)									
8		A community	trust described in se	ection 170(b)(1)(A)(vi). (	Complete I	Part II.)							
9	X	An organization	on that normally rece	eives: (1) more than 33 1	/3% of its	support fro	om contrib	outions, m	embership	fees, and	gross red	elpts fr	om
		activities relat	ed to its exempt fun	octions - subject to certa	in exceptic	ns, and (2	) no more	than 33 1	/3% of its	support fr	om gross	investm	ent
		income and u	nrelated business ta	axable income (less sect	ion 511 tax	() from bus	inesses a	cquired by	y the orgai	nization af	ter June 3	0, 1975	
		See section 5	<b>509(a)(2).</b> (Complete	Part III.)	-								
10		-		perated exclusively to te									
11		_		perated exclusively for th							-		ſ
				itions described in section				). See <b>sec</b>	tion 509(a	a)(3). Chec	k the box	that	
				organization and comple									
		a L Type I		• •		ili - Funct	•	-			Type III - (		
е		-	-	t the organization is not									
_				han one or more publicly						(a)(1) or se	ection 509	9(a)(2).	
f				ten determination from t									$\overline{}$
			ganization, check th										ш
9		_		organization accepted ar								- I	
A SAME		•	·	lirectly controls, either al								Yes	No -
		_		upported organization? n described in (i) above?								<del>  </del> -	
				ı person described in (i) :									
h				about the supported or				• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		[ i ig(iii)	<u> </u>	
**		Flovide the R	Showing intormation	about the supported of	garnzanom	,S).							
	Mana	4	(::) FIN	(iii) Type of	(iv) is the o	rganization	(v) Did vo	u notify the	(vi) ls	the	Adlt 6		
(1)		e of supported anization	(ii) EiN	organization		sted in your		ion in col.	organizatio (i) organiz	on in col.	- •	nount of	
	Olg	anzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	U.S	.?	out	урогг	
				(see instructions))	Yes	No	Yes	No	Yes	No			
									1				
							i						
		<del></del>			ļ						•		
								-					
<b>.</b>	-1												
Tot	al		I	.1		<u> </u>	1	1	1	<u> </u>			

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

LHA For Paperwork Reduction Act Notice, see the Instructions for

Page 2

Schedule A (Form 990 or 990 EZ) 2011

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

To Zoro of Dot Lovif the organization failed to qualify under Part III. If the organization failed to qualify under Part III. If the organization failed to qualify under Part III.

	(Complete only if you checked fails to qualify under the tests				n falled to qualify t	inder Part III. II trie	organization
	tion A. Public Support	····	***	4 ) 0000	(-1) 0040	(-) 0011	(A Total
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and			•			_
	membership fees received. (Do not						-
	include any "unusual grants.")						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to					1	
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3		<b>_</b>	1			
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly		-			1	
	supported organization) included on line 1 that exceeds 2% of the			]			
	amount shown on line 11,				1		
		·		1			
c	Column (f)  Public support. Subtract line 5 from line 4.				<b> </b>		i
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	\4,550				,	
8	Gross income from interest,						
Ü	dividends, payments received on						
	securities loans, rents, royalties				1		
	and income from similar sources						
9	Net income from unrelated business						
Ť	activities, whether or not the						
	business is regularly carried on						
- 10							
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	7.55 market 40		-				<u></u>
12	Gross receipts from related activities	s, etc. (see instruct	ions)			12	
13	First five years. If the Form 990 is for	or the organization	s first, second, th	nird, fourth, or fifth	tax year as a sect	ion 501(c)(3)	. 🗀
	organization, check this box and sto	p here		•			<u> </u>
Se	ction C. Computation of Pub						
14							%
15	Public support percentage from 201	IO Schedule A, Par	t II, line 14	.,	441 00 4 000	15	%
16	a 33 1/3% support test - 2011. If the						
	stop here. The organization qualifie	s as a publicly sup	ported organizati	ion			**** h a
	b 33 1/3% support test - 2010. If the						
	and stop here. The organization qu	alifies as a publicly	supported organ	nization	10 160 or 16h	and line 14 is 100	
17	a 10% -facts-and-circumstances to	est - 2011. If the or	ganization did no	ot check a box on	ine is, iba, or ibi	o, and line 14 is 107	o or more,
	and if the organization meets the "fa						
	meets the "facts-and-circumstances	s" test. The organiz	ration qualifies as	s a publicly suppor	ted organization	or 17a and English	is 10% or
	b 10% -facts-and-circumstances to	est - 2010. If the o	ganization aid no	or check a box on	une io, ioa, iob, (	on in Part Macual Signia Part Macuat	ha 1076 UL
	more, and if the organization meets	the "tacts-and-circ	cumstances" test	t, check this box a	iblicty cupperted a	am an Fait IV NOW I rospization	<b>▶</b> □
	organization meets the "facts-and-og Private foundation. If the organization	arcumstances" tes	i. ine organizatio	лт quailles as a pt deadebd7a ar	initely supported 0	y and see instruction	ons
18	Private toundation, if the organiza	BOTI DID NOT CHECK	a pox on tine 13,	roa, rob, ira, or	TID, OHEON HIS DO	A ALICA GOO II ISLLUCLI	

Schedule A (Form 990 or 990-EZ) 2011

### Schedule A (Form 990 or 990-EZ) 2011 Guilford Green Foundation [Part III] Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

	qualify under the tests listed be	low, please compl	ete Part II.)			·	
Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in) 🖊 📘	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 (	Gifts, grants, contributions, and	1			1		
1	membership fees received. (Do not						
1	include any "unusual grants.")	97,585.	47,536.	95,186.	63,493.	134,508.	438,308.
	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		ŀ				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-		•				
	ization'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	1					
6	Total. Add lines 1 through 5	97,585.	47,536.	95,186.	63,493.	134,508.	438,308.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
С	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						438,308.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	97,585.	47,536.	95,186.	63,493.	134,508.	438,308.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties	21,012.	9,251.	9,561.	8,963.	13,633.	62,420.
	and income from similar sources Unrelated business taxable income	22,0120		3,002.	0,,,,,,,,		02,72200
,	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	21,012.	9,251.	9,561.	8,963.	13,633.	62,420.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			,			
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)	42,657.		25,616.			
13	Total support (Add lines 9, 10c, 11, and 12.)	161,254.	86,369.	130,363.	173,292.	227,211.	778,489.
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thir	d, fourth, or fifth to	ax year as a secti	on 501(c)(3) organi	zation,
							<b>&gt;</b>
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2011 (	(line 8, column (f) c	livided by line 13, o	column (f))		15	56.30 %
16	Public support percentage from 2010	D Schedule A, Par	t 111, line 15			16	55.37 %
Se	ction D. Computation of Inve	stment Incom	ie Percentage				
17	Investment income percentage for 26	<b>011</b> (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	8.02 %
18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	9.23 %
19	19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
							ightharpoons X
	more than 33 1/3%, check this box a						
	b 33 1/3% support tests - 2010. If the	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	ore than 33 1/3%	
		e organization did	not check a box or	n line 14 or line 19	a, and line 16 is n	ore than 33 1/3%	

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Employer identification number

56-2091293 Guilford Green Foundation Organization type (check one): Filers of: Section: 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Eorm 990 or 990-EZ that met the 33.1/3% support test of the regulations under sections... 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

Guilford	Green	Foundation
(+1) 1   O (*C)	171 221	roundartor

56-2091293

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	<u> </u>	\$\$	Person X Payroil		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
No. 3		\$\$.	Person X Payroll		
(a) No	(b) Name, address, and ZIP + 4	(c)Total_contributions	(d) Type of contribution		
4		\$\$.	Person X Payroll  Noncash (Complete Part II if there is a noncash contribution.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$\$, 5,125.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
123452 01-		\$\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution m 990, 990-EZ, or 990-PF) (201		

Name of organization	

Employer identification number

Guilford Green Fo	undation
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	d Green Foundation		-2091293
Part I C	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 -		\$\$,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution

Employer identification number

### Guilford Green Foundation

56-2091293

art II N	t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. irom	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$	,			
(a)		(c)				
No. rom Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received			
-						
-		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
-						
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
3453 01-23-	12		990, 990-EZ, or 990-PF)			

123454 01-23-12

09461109 350693 562091293

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

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			<del></del>
	e of organization			Emplo	yer identification number
	Guilfor	d Green Foundation	Ω		56-2091293
Pa	rt I-A Complete if the org	anization is exempt under	section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours			▶\$	
Pa	rt I-B Complete if the org	anization is exempt unde	r section 501(c)(	[3]	
	Enter the amount of any excise tax	incurred by the organization under	section 4955	<u>, , , , , , , , , , , , , , , , , , , </u>	
2	Enter the amount of any excise tax	incurred by organization managers	under section 4955	<b>▶</b> \$	
	If the organization incurred a section				
	Was a correction made?				1 1 1 1
b	if "Yes " describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	r section 501(c)		
	Enter the amount directly expende				
2	Enter the amount of the filing organ				
	exempt function activities				
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here an	d on Form 1120-POL	· ·	•
	line 17b  - Did the filing organization file <b>Form</b>	4400 DOL farithin was 2			Yes No
	Enter the names, addresses and e				****
5	made payments. For each organiza	ation listed, enter the amount paid	from the filing organi	zation's funds. Also enter th	e amount of political
	contributions received that were p	romptly and directly delivered to a	separate political org	ganization, such as a separa	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provide	le information in Parl	t IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
					·

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

Schedule C (Form 990 or 990-EZ) 2011

132041 01-27-12

Schedule C (Form 990 or 990-EZ) 2011

4,398.

0.

0.

4,398.

0.

f Grassroots lobbying expenditures

### Schedule C (Form 990 or 990-EZ) 2011 Guilford Green Foundation 56-2091293 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(:	а)		(b	)
f the lobbying activity.	Yes	No		Amo	unt
1 During the year, did the filing organization attempt to influence foreign, national, state or	·				
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:	1	-			
a Volunteers?		ļ	_  .		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	ļ			
c Media advertisements?		ļ			
d Mailings to members, legislators, or the public?		<u> </u>	_		
e Publications, or published or broadcast statements?		ļ			
f Grants to other organizations for lobbying purposes?		ļ			
g Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>			
h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		ļ			
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912	1				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), sec	tion 501(c	(5), or	rsect	tion	
501(c)(6).	•	<i>/ / /</i> .			
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
answered "Yes."  1 Dues, assessments and similar amounts from members		1	1		
2 Section 1.62(e) nondeductible lobbying and political expenditures (do not include amounts of po					
expenses for which the section 527(f) tax was paid).					
a Current year			2a		
b Carryover from last year			2b		•
			2c		
c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			3		
		·····	<del>-</del>		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying an					
expenditure next year?	,		4		
5 Taxable amount of lobbying and political expenditures (see instructions)			5		
Part IV Supplemental Information				4 41	
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	i; Part II-A; ai	nd Part II	I-B, line	1. Also	, comple
this part for any additional information.					

### **SCHEDULE D**

(Form 990)

Department of the Treasury internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

Guilford Green Foundation

Employer identification number 56-2091293

_	Guilford Green Found	acton	r Accoun	ate Complete if the
Part		runus or Other Similar Funds o	i Accou	Tea. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	(-) D	/L\	le and other apparents
	<u></u> .	(a) Donor advised funds	(b) Func	ls and other accounts
1 .	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advised	l funds	·
	are the organization's property, subject to the organization's exc			Yes No
6	Did the organization inform all grantees, donors, and donor advi-	sors in writing that grant funds can be us	sed only	
•	for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose co	onferring	
	impermissible private benefit?			Yes No
Par		ization answered "Yes" to Form 990, Par	t IV, line 7.	
	Purpose(s) of conservation easements held by the organization			
'	Preservation of land for public use (e.g., recreation or edu		rically impo	ortant land area
		Preservation of a certific		
	Protection of natural habitat	- Treservation of a continu	JG ( )(JG: G) 10 4	
_	Preservation of open space	I conservation contribution in the form of	a concent	ation essement on the last
. 2	Complete lines 2a through 2d if the organization held a qualified	Conservation contribution in the form of	a 0011361 V	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
			2a	TION At the End of the Tax Tour
	Total number of conservation easements			
	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic struc			
d	Number of conservation easements included in (c) acquired aft			
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	organizatio	n during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ment is located >		
-5	Does the organization have a written policy regarding the perio	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, as	nd enforcing conservation easements du	ring the ye	ar <b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, and er	forcing conservation easements during t	the year ►	\$
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170(I	h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization reports conservation	n easements in its revenue and expense	statement,	and balance sheet, and
·	include, if applicable, the text of the footnote to the organization	on's financial statements that describes t	he organiza	ation's accounting for
	concentation easements			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Of	her Sim	ilar Assets.
L	Complete if the organization answered "Yes" to Form 9			
10	If the organization elected, as permitted under SFAS 116 (ASC		ent and ba	lance sheet works of art,
16	historical treasures, or other similar assets held for public exhi	bition, education, or research in furtherar	nce of publ	ic service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ			
	If the organization elected, as permitted under SFAS 116 (ASC	3 958), to report in its revenue statement	and balan	ce sheet works of art, historical
r	treasures, or other similar assets held for public exhibition, ed	unction or research in furtherance of put	hlic service	provide the following amounts
		ucation, of research in furtherizates of pur	0110 301 1100	, provide the temeting amount
	relating to these items:			¢
	(i) Revenues included in Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X	12 - F. H		' <del></del>
2	If the organization received or held works of art, historical trea		u gain, prov	nue
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	þ.	•
;	a Revenues included in Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Sched	tule D (Form 990) 2011 Guilford Green Foundatio	n		56-2091	293 Page 4
Par	t XI   Reconciliation of Change in Net Assets from Form 99	to Audited Fin	ancial State	∍ments	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments	.,,	7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines	3 and 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial State	ements With Re	venue per l	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a		_	
b	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		_	
ď	Other (Describe in Part XIV.)	2d		4	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
þ	Other (Describe in Part XIV.)	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 XIII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses pe	r Return	· · · · · · · · · · · · · · · · · · ·
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:	1 1			
а	Donated services and use of facilities	i I		_	
b	Prior year adjustments	1 1			
c	Other losses	i i		<b></b> -	
	Other (Describe in Part XIV.)			- 1	
	Add lines 2a through 2d				
3-	Subtract line-2e from line 1		***********	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIV.)	4b		$\dashv$ . $\mid$	
C	Add lines 4a and 4b			. 4c	<del></del>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIV Supplemental Information	).)		.   5	
		Dat III. Book to and	4. Dort IV lines		art V. line 4: Bort
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9;				
X, II	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also	complete this part	to provide any a	additional imon	manon.
_					
-					
					-
				<del></del>	
		<u> </u>			
	•				

#### SCHEDULE G

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open To Public

Employer identification number Name of the organization 56-2091293 Guilford Green Foundation Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants еl Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or No No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iji) Did fundralser (vi) Amount paid (iv) Gross receipts to (or retained by) (i) Name and address of individual have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2011

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

SALA Party   Party   1   (swent type)   (cotal number)	arı	of fundraising event contributions and gr	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receip	
GALA Party   Party   1					(c) Other events	(d) Total events
1 Gross receipts			1	· · · · · · · · · · · · · · · · · · ·	1	(add col. (a) through
1 Gross receipts	1					col. (c))
2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) 95,474. 36,325. 10,344. 142,1. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 6,500. 1,713. 1,000. 9,2 7 Food and beverages 23,584. 500. 24,0 8 Entertainment 1,000. 700. 375. 2,0 9 Other direct expenses 39,593. 1,361. 808. 41,7 10 Direct expense summary. Add lines 4 through 9 in column (d) 51,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Chhar gaming (d) Total gaming content on the state(s) and state of the state(s) in which the organization operate gaming activities in each of these states?  9 Enter the state(s) in which the organization operate gaming activities in each of these states? 14 No.   Ves.	Ee		(event type)	(event type)	(totar number)	
3 Gross income (line 1 minus line 2) 95,474 36,325 10,344 142,14 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 6,500 1,713 1,000 9,2 7 Food and beverages 23,584 500 24,0 8 Entertainment 1,000 700 375 20 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 777,1 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gross revenue 35,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tlabs/instant bingo/progressive bingo (c) Other gaming col. (a) through or standard direct expenses summary. Add lines 2 through 5 in column (d) 35,000 on Form 990-EZ, line 6a.  (b) Pull tlabs/instant bingo/progressive bingo (e) Other gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (c) Other gaming column (d) 35,000 on Form 990-EZ, line 6a.  (d) Total gaming column (d) 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or standard bingo/progressive bingo (e) Other gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or 35,000 on Form 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming col. (a) through or 990-EZ, line 6a.  (d) Total gaming column or 990-EZ, line 6a.  (d) Total gaming column or 990-EZ, line 6a.  (d) Direct expense summary or 990-EZ, line 6a.  (d) Direct expense summary o	E Keve	Gross receipts	95,474.	36,325.	10,344.	142,143.
4 Cash prizes 5 Noncash prizes 6 Rent/facility costs	2	Less: Charitable contributions				
Source   S	3	Gross income (line 1 minus line 2)	95,474.	36,325.	10,344.	142,143.
Rent/facility costs	4	Cash prizes				
8 Entertainment	ses 5	Noncash prizes				,
8 Entertainment	Expen 6	Rent/facility costs	6,500.	1,713.	1,000.	9,213.
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10.  Part III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming col. (a) through or start of the progressive bingo   (a) Expenses   2,428   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming col. (a) through or start of the progressive bingo   (e) Other gaming   (d) Total gaming col. (a) through or start of the progressive bingo   (e) Other gaming   (d) Total gaming col. (a) through or start of the progressive bingo   (e) Other gaming   (e) Othe	7 Direct	Food and beverages	23,584.	500.		24,084.
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10.  Part III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming col. (a) through or standard progressive bingo   (e) Other gaming   (d) Total gaming   (d) Total gaming   (e) Other gaming   (e) Other gaming   (e) Other gaming   (f) Total gaming   (f) Tota	g	3 Entertainment	1,000.	700.	375.	2,075.
10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10  Part III			39,593.	1,361.		41,762.
1 Net income summary. Combine line 3, column (d), and line 10.   65, 0   Part III   Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    (a) Bingo   (b) Pull tabs/instant bingo/progressive bingo   (c) Other gaming   (d) Total gaming col. (a) through or some summary. Combine line 3, 087.   35, 0	10					( 77,134
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo   (b) Pull tabs/instant   (c) Other gaming   (d) Total gaming   col. (a) through or   co		1 Net income summary. Combine line 3, colun	nn (ď), and line 10	·····		65,009
(a) Bingo (b) Pull tabs/instant bingo/progress/ve bingo (c) Other gaming (d) Total gaming col. (a) through or col. (a) through	Part	<del> </del>	answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
1 Gross revenue		\$15,000 on Form 990-EZ, line 6a.		n.a Dull taba@natant		T (-1) 77-4-1 (1-4
1 Gross revenue 35, 087.	/enne		(a) Bingo		(c) Other gaming	col. (a) through col. (c)
3 Noncash prizes  4 Rent/facility costs 7,763. 7,7  5 Other direct expenses 10,835. 10,8  6 Volunteer labor No No No No  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Combine line 1, column d, and line 7 14,0  9 Enter the state(s) in which the organization operates gaming activities: NC  a Is the organization licensed to operate gaming activities in each of these states? X Yes  b If "No," explain:		1 Gross revenue	35,087.			35,087
5 Other direct expenses 10,835. 10,835	ses	2 Cash prizes	2,428.	,		2,428
5 Other direct expenses 10,835. 10,835	Expens	3 Noncash prizes			- Parish to the control of the contr	
X Yes 90.00 %	Direct	4 Rent/facility costs	7,763			7,763
6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d)		5 Other direct expenses				10,835
8 Net gaming income summary. Combine line 1, column d, and line 7  9 Enter the state(s) in which the organization operates gaming activities: NC a Is the organization licensed to operate 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		6 Volunteer labor	I		<del></del>	
9 Enter the state(s) in which the organization operates gaming activities: NC a Is the organization licensed to operate 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?		7 Direct expense summary. Add lines 2 throu	gh 5 in column (d)		<b>&gt;</b>	( 21,026
a Is the organization licensed to operate 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?		8 Net gaming income summary. Combine line	1, column d, and line 7		<b>&gt;</b>	14,061
Total World dirty of the organization of garming too state of cooperation of the organization of garming too state of the organization of garming the organization of the organizat	а	Is the organization licensed to operate gaming	activities in each of these	states?		X Yes N
		· -				Yes X N

Schedule G (Form 990 or 990-EZ) 2011 Guilford Green Foundation	56-2091293 Page 3
11 Does the organization operate gaming activities with nonmembers?	1 1
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners	nip or other entity formed
to administer charitable gaming?	Yes X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a % 13b 100.00 %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/spe	ecial events books and records:
Name ➤ Danielle Hoversten  Address ➤ 301 S. Elm St., Suite 211 - Greensbor  15a Does the organization have a contract with a third party from whom the organization re	
b If "Yes," enter the amount of gaming revenue received by the organization ►\$ of gaming revenue retained by the third party ►\$ c If "Yes," enter name and address of the third party:	and the amount
Name	
Address ►	
16 Gaming manager information:	
Name ►	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contr	actor
<ul> <li>Mandatory distributions:         <ul> <li>a Is the organization required under state law to make charitable distributions from the greating the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exorganization's own exempt activities during the tax year ► \$</li> </ul> </li> <li>Part IV Supplemental Information. Complete this part to provide the explanations relines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part</li> </ul>	xempt organizations or spent in the equired by Part I, line 2b, columns (iii) and (v), and Part III,
	<del>,</del>
132083 01-23-12	Schedule G (Form 990 or 990-EZ) 2011

% X × Schedule I (Form 990) (2011) Employer identification number 56-2091293 Open to Public OMB No. 1545-0047 Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(d) Amount of or government or government or government and address of organization (book, if applicable cash grant or government or g Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. 37 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Guilford Green Foundation Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance criteria used to award the grants or assistance? .... 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 132101 01-27-12 (Form 990) Part II Part

### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name	of the	organ	nization

Employer identification number

Guilford Green Foundation 56-2091293 Form 990, Part I, Line 1, Description of Organization Mission: community of counties in the Piedmont Triad of NC. Form 990, Part VI, Section A, line 8b: The organization does not contemporaneously document the meetings held or written actions undertaken during the year by each committee with authority to act on behalf of the governing body. Form 990, Part VI, Section B, line 11: The organization provides a copy of its Form 990 to all members of the governing body at the Board of Directors meeting prior to finalizing and filing the Form 990 each year. Form 990, Part VI, Section B, Line 12c: The organization's board of directors annually reviews, monitors and enforces compliance with the the conflict of interest policy when granting organizations are determined. Each occurrence of conflict of interest is dealt with on a case-by-case basis. Form 990, Part VI, Section B, Line 15a: Every board of directors member

completes an annual evaluation of the Executive Director. The Executive Director also completes a self-evalution form. Then, the board co-chairs meet to compile all the evaluation results. Subsequently, the board co-chairs meet with the Executive Director to discuss any areas of improvement. Finally, the Executive Committee of the organization (comprised of the board co-chairs, the Treasurer, and the Secretary)

gathers compensation data from other similar non-profit organizations and LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011) 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)	Page 2			
Name of the organization Guilford Green Foundation	Employer identification number 56~2091293			
makes a salary recommendation to the board.				
Form 990, Part VI, Section C, Line 19: The organization m	akes its			
governing documents, conflict of interest policy, and fin	ancial statements			
available to the public upon request.				
Form 990, Part XI, line 5, Changes in Net Assets:				
Net unrealized losses on investments:	-25,521.			
•	•			

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

# Depreciation and Amortization (Including Information on Listed Property) ► See separate instructions. ► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172

Attachment Sequence No. 179

990

Gulliora Green H	roundation		For	m 9	90 Ра	ge IU			56-2091293
Part I Election To Expense C	ertain Property Under Secti	on 179 Note: <i>If</i> y	ou have any list	ted pro	perty, co	mplete Part \	/ before	you co	omplete Part I.
1 Maximum amount (see inst.	ructions)						1		500,000.
Total cost of section 179 property placed in service (see instructions)								1	
3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see instructions									2,000,000.
								1	
						(-,		-	
						· · · · · · · · · · · · · · · · · · ·		$\dashv$	
	· · · · · · · · · · · · · · · · · · ·		<del>                                     </del>					-	
7 Listed managed Catallan									
7 Listed property. Enter the a	*****				7		8	-	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7									
9 Tentative deduction. Enter the smaller of line 5 or line 8								╀	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562								<u> </u>	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5									
2 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11							12	<u>:                                    </u>	
13 Carryover of disallowed de				▶	13				
Note: Do not use Part II or Part		<u> </u>							
Part II Special Deprecia	tion Allowance and Oth	er Depreciatio	n (Do not inclu	de liste	ed proper	ty.)			
14 Special depreciation allows	ance for qualified property	y (other than lis	ted property) pl	aced i	n service	during			
									2,120.
15 Property subject to section 168(f)(1) election							15	<u> </u>	
16 Other depreciation (includi	ng ACRS)	***********		,,			16	;	
Part III MACRS Deprecia	ation (Do not include liste	ed property.) (S	ee instructions.	)					
			Section A						
17 MACRS deductions for ass	sets placed in service in t	ax years beginn	ing before 201	1			17	,	
18 If you are electing to group any asse						_	j	-	
Section	n B - Assets Placed in S	ervice During 2	2011 Tax Year	Using	the Gene	eral Deprecia	ition Sy	stem	
(a) Classification of prope	rty (b) Month a year place in service	d (busines	for depreciation s/investment use se instructions)	(d) Recovery period (e) Conve		(e) Convention	(f) Method (g) De		g) Depreciation deduction
19a 3-year property				1					
<b>b</b> 5-year property			109.	5	Yrs.	HY	200D	B	22.
c 7-year property				<del>                                     </del>				_	
d 10-year property	· · · · · ·			<del> </del>					
								_	
e 15-year property						·	· · ·		
f 20-year property				<del>                                     </del>	·				
g 25-year property				1	5 yrs.		S/L		
h Residential rental prop	perty /				7.5 yrs.	MM	S/L	_ _	
					7.5 yrs.	MM	S/L		
i Nonresidential real pro	pperty /		<del></del>	3	39 yrs.	MM	S/L		
`	/			MM			S/L		
	C - Assets Placed in Se	rvice During 20	011 Tax Year U	sing t	he Alterr	ative Depre	ciation	Syster	n
20a Class life							S/L		
<b>b</b> 12-year					2 yrs.		S/L		
c 40-year	. 1			4	10 yrs.	ММ	S/L		
Part IV Summary (See in	nstructions.)								
21 Listed property. Enter ame	ount from line 28					**********	2	1	
22 Total. Add amounts from	line 12, lines 14 through	17, lines 19 and	20 in column (g	g), and	line 21.				
Enter here and on the app	•					<b>.</b>	2	2	2,142.
23 For assets shown above a		-	-						- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	utable to section 263A co	_		*******	23				
116251 11-21-11 LHA For Paperwo									

Guilford Green Foundation 56-2091293 Page 2 Form 4562 (2011) Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or Part V Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) No 24b If "Yes," is the evidence written? 24a Do you have evidence to support the business/investment use claimed? Yes Yes Nο (c) (e) (f) (g)(h) (a)
Type of property (d) Date Business/ Basis for depreciation Elected Recovery Method/ Depreciation Cost or placed in investment (business/investment (list vehicles first ) section 179 Convention period other basis deduction use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: 96 27 Property used 50% or less in a qualified business use: % S/L -% S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (c) (d) (a) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 \_\_\_\_\_ 34 Was the vehicle available for personal use Yes Yes No Yes Νo Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners ...... 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization (a) Description of costs (b) **(**f) Date amortization Amortization 42 Amortization of costs that begins during your 2011 tax year; 43 Amortization of costs that began before your 2011 tax year 43

116252 11-18-11

44 Total. Add amounts in column (f). See the instructions for where to report

### Form 5768

Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make **Expenditures To Influence Legislation** 

(Rev. September 2009) For IRS Department of the Treasury Internal Revenue Service (Under Section 501(h) of the Internal Revenue Code) Use Only ▶ Name of organization Employer identification number **Guilford Green Foundation** 56 2091293 Number and street for P.O. box no., if mail is not delivered to street address) Room/suite 301 S. Elm Street Suite 211 City, town or post office, and state Greensboro, NC 27401-2636 1 Election-As an eligible organization, we hereby elect to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending June 30, 2012 (Month, day, and year) all subsequent tax years until revoked. Note: This election must be signed and postmarked within the first taxable year to which it applies. 2 Revocation—As an eligible organization, we hereby revoke our election to have the provisions of section 501(h) of the Code, Note: This revocation must be signed and postmarked before the first day of the tax year to which it applies. Under penalties of perjury, I declare that I am authorized to make this (check applicable box) ▶ ⊠ election □ revocation on behalf of the above named organization.

General Instructions

Section references are to the Internal Revenue Code.

Shane Q. B (Signature) officer or trustee)

Section 501(c)(3) states that an organization exempt under that section will lose its tax-exempt status and its qualification to receive deductible charitable contributions if a substantial part of its activities are carried on to influence legislation. Section 501(h), however, permits certain eligible section -501(c)(3) organizations to elect to make limited expenditures to influence legislation. An organization making the election will, however, be subject to an excise tax under section 4911 if it spends more than the amounts permitted by that section. Also, the organization may lose its exempt status if its lobbying expenditures exceed the permitted amounts by more than 50% over a 4-year period. For any tax year in which an election under section 501(h) is in effect, an electing organization must report the actual and permitted amounts of its lobbying expenditures and grass roots expenditures (as defined in section 4911(c)) on its annual return required under section 6033. See Part II-A of Schedule C (Form 990 or Form 990-EZ). Each electing member of an affiliated group must report these amounts for both itself and the affiliated group as a whole.

To make or revoke the election, enter the ending date of the tax year to which the election or revocation applies in item 1 or 2, as applicable, and sign and date the form in the spaces provided.

Shane Q. Burton; Executive Director

(Type or print name and title)

Eligible organizations. A section 501(c)(3) organization is permitted to make the election if it is not a disqualified organization (see below) and is described in:

- 1. Section 170(b)(1)(A)(ii) (relating to educational institutions)
- 2. Section 170(b)(1)(A)(iii) (relating to hospitals and medical research organizations),
- Section 170(b)(1)(A)(iv) (relating to organizations supporting government schools),
- 4. Section 170(b)(1)(A)(vi) (relating to organizations publicly supported by charitable contributions),
- 5. Section 509(a)(2) (relating to organizations publicly supported by admissions, sales, etc.), or
- 6. Section 509(a)(3) (relating to organizations supporting certain types of public charities other than those section 509(a)(3) organizations that support section 501(c)(4), (5), or (6) organizations).

Disqualified organizations. The following types of organizations are not permitted to make the election:

a. Section 170(b)(1)(A)(i) organizations (relating to churches),

- b. An integrated auxiliary of a church or of a convention or association of churches, or
- c. A member of an affiliated group of organizations if one or more members of such group is described in a or b of this paragraph.

Affiliated organizations. Organizations are members of an affiliated group of organizations only if (1) the governing instrument of one such organization requires it to be bound by the decisions of the other organization on legislative issues, or (2) the governing board of one such organization includes persons (i) who are specifically designated representatives of another such organization or are members of the governing board, officers, or paid executive staff members of such other organization, and (ii) who, by aggregating their votes, have sufficient voting power to cause or prevent action on legislative issues by the first such organization.

For more details, see section 4911 and-section-501(h).-

Note. A private foundation (including a private operating foundation) is not an eligible organization.

Where to file. Mail Form 5768 to the Department of the Treasury, Internal Revenue Service Center, Ogden, UT 84201-0027.