

**Forms 990 / 990-EZ Return Summary**For calendar year 2014, or tax year beginning **07/01/14**, and ending **06/30/15****56-2091293****GUILFORD GREEN FOUNDATION****Net Asset / Fund Balance at Beginning of Year** **858,539****Revenue**

Contributions	<u>275,190</u>	
Program service revenue		
Investment income	<u>64,290</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>179,423</u>	
Direct expenses	<u>116,180</u>	
Net income	<u>63,243</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>402,723</b></u>

**Expenses**

Program services	<u>55,005</u>	
Management and general	<u>205,496</u>	
Fundraising	<u>48,081</u>	
<b>Total expenses</b>		<u><b>308,582</b></u>

**Excess / (deficit)** **94,141****Changes** **-7,116****Net Asset / Fund Balance at End of Year** **945,564****Reconciliation of Revenue**

Total revenue per financial statements	_____
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><b>402,723</b></u>

**Reconciliation of Expenses**

Total expenses per financial statements	_____
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><b>308,582</b></u>

**Balance Sheet**

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>860,727</u>	<u>952,685</u>	
Liabilities	<u>2,188</u>	<u>7,121</u>	
Net assets	<u><b>858,539</b></u>	<u><b>945,564</b></u>	<u><b>87,025</b></u>

**Miscellaneous Information**

Amended return	_____
Return / extended due date	<u><b>11/16/15</b></u>
Failure to file penalty	_____

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2014, or fiscal year beginning ..... **7/01** , 2014, and ending ..... **6/30**,  
20 ..... **15****2014**Department of the Treasury  
Internal Revenue Service

► Do not send to the IRS. Keep for your records.

► Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

**GUILFORD GREEN FOUNDATION**

Employer identification number

**56-2091293**

Name and title of officer

**BERT DAVIS CPA  
TREASURER****Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

**1a** Form 990 check ☒ **b** here **Total revenue**, if any (Form 990, Part VIII, column (A), line 12) .....  
**1b** **402,723**  
**2a** Form 990-EZ check ☐ here **b Total revenue**, if any (Form 990-EZ, line 9) ..... **2b** .....  
**3a** Form 1120-POL ☐ **b** check here **b Total tax** (Form 1120-POL, line 22) ...  
**3b** .....  
**4a** Form 990-PF check here **b Tax based on investment income** (Form 990-PF, Part VI, line 5) ..... **4b** .....  
**5a** Form 8868 check here **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c) ..... **5b** .....

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **CURRY, IRELAND & CO., L.L.P.** to enter my PIN **42100** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ►

Date ► **02/10/16****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

do not enter all zeros

**69797012345**

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶ **02/10/16**

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**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

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**For Paperwork Reduction Act Notice, see back of form.**

Form **8879-EO** (2014)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**  
Open to Public  
Inspection**A For the 2014 calendar year, or tax year beginning 07/01/14, and ending 06/30/15****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Final return/  
terminated☐ Amended return☐ Application pending**C** Name of organization

GUILFORD GREEN FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

301 S ELM STREET STE 312

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

GREENSBORO

NC 27401

**D** Employer identification number

56-2091293

**E** Telephone number

336-790-8419

**G** Gross receipts\$

518,903

**F** Name and address of principal officer:

BERT DAVIS CPA

301 S ELM STREET, STE 312

GREENSBORO

NC 27401

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:☒ 501(c)(3)☐ 501(c) ( )

(insert no.)

4947(a)(1) or

527

**J** Website:

GGFNC.ORG

**H(c)** Group exemption number**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation: 1998**M** State of legal domicile: NC**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:		
	TO PROVIDE FINANCIAL GRANT ASSISTANCE TO TAX-EXEMPT ORGANIZATIONS SERVING THE GAY AND LESBIAN COMMUNITY OF COUNTIES IN THE PIEDMONT TRIAD OF NC.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	24	
	4	24	
	5	2	
	6	0	
Revenue	7a	0	
	7b	0	
	8	Prior Year	Current Year
	9	260,433	275,190
	10	0	0
	11	22,251	64,290
	12	98,372	63,243
	13	381,056	402,723
	14	48,575	55,005
	15	0	0
Expenses	16a	79,708	89,106
	17	0	0
	18	48,081	
	19	101,134	164,471
	20	229,417	308,582
Net Assets or Fund Balances	21	151,639	94,141
	22	860,727	952,685
	23	2,188	7,121
	24	858,539	945,564

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date		
	BERT DAVIS CPA Type or print name and title	7/26/16 TREASURER		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	ROSEMARY R IRELAND, CPA		09/26/16	self-employed P00025509
	Firm's name	Firm's EIN		
	CURRY, IRELAND & CO., L.L.P.	56-1991288		
	Firm's address	Phone no.		
	3819 LAWDALE DRIVE GREENSBORO, NC 27455	336-282-3909		

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

**Part III Statement of Program Service Accomplishments**

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

☒ 1 Briefly describe the organization's mission:

**TO PROVIDE FINANCIAL GRANT ASSISTANCE TO TAX-EXEMPT ORGANIZATIONS SERVING**  
**THE GAY AND LESBIAN COMMUNITY OF COUNTIES IN THE PIEDMONT TRIAD OF NC.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program

☐

4 If "Yes," describe these changes on Schedule O.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **55,000** including grants of \$ **55,000** ) (Revenue \$ )  
 services? Yes ☒ No

**PROVIDED GRANT ASSISTANCE TO TAX-EXEMPT ORGANIZATIONS SERVING (AND/OR**  
**PROVIDING AWARENESS WITH RESPECT TO) THE GAY AND LESBIAN COMMUNITY OF**  
**COUNTIES IN THE PIEDMONT TRIAD OF NC.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )



**4c** (Code: ..... ) (Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ ..... including grants of \$ ..... ) (Revenue \$ ..... )

**4e** Total program service expenses ► **55,000**

Form **990** (2014)**3****Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>X</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>11b</b>		<b>X</b>
<b>11c</b>		<b>X</b>

Form 990 (2014) **GUILFORD GREEN FOUNDATION****56-2091293**

Page

<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII .....	<b>11d</b>		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .....	<b>11e</b>	<b>X</b>	
<b>d</b> 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 .....	<b>11f</b>		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X .....	<b>12a</b>		<b>X</b>
<b>f</b> 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 .....	<b>12b</b>		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII .....	<b>13</b>		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional .....	<b>14a</b>		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .....	<b>14b</b>		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>15</b>		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV .....	<b>16</b>		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV .....	<b>17</b>		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .....	<b>18</b>	<b>X</b>	
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) .....	<b>19</b>	<b>X</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II .....	<b>20a</b>		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III .....	<b>20b</b>		
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .....			
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....			

Form **990**  
(2014)**4****Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .....	<b>21</b>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .....	<b>22</b>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .....	<b>23</b>		<b>X</b>
<b>24a</b> 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 Schedule K. If "No," go to line 25a .....	<b>24a</b>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year	<b>24c</b>		
	<b>24d</b>		

Form 990 (2014) **GUILFORD GREEN FOUNDATION****56-2091293**

Page

to defease any tax-exempt bonds? .....		<b>d</b>			<b>X</b>
Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....			<b>25a</b>		<b>X</b>
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .....		<b>b</b>	<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?</b>	<b>X</b>
	If "Yes," complete Schedule L, Part I .....		<b>25b</b>		<b>X</b>
			<b>26</b>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II .....		<b>27</b>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III .....		<b>28a</b>		<b>X</b>
<b>28</b>	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):		<b>28b</b>		<b>X</b>
	<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....		<b>b</b>	<b>A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .....</b>	
			<b>28c</b>		<b>X</b>
			<b>29</b>	<b>X</b>	
	<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .....		<b>29</b>	<b>Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .....</b>	
			<b>30</b>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .....		<b>31</b>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .....		<b>32</b>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .....		<b>33</b>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I .....		<b>34</b>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1 .....		<b>35a</b>		<b>X</b>
			<b>35b</b>		
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		<b>36</b>		<b>X</b>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 .....		<b>37</b>		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 .....				
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .....				
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....		<b>38</b>	<b>X</b>	

Form **990**  
(2014)



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

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

Yes No

**1a** Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ..... **1a 0****b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... **1b 2****c** Did the organization comply with backup withholding rules for reportable payments to vendors andreportable gaming (gambling) winnings to prize winners? ..... **1c X****2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return ..... **2a 2**~~**b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... **2b X** Note.~~

If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)

**3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? ..... **3a X b**If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ..... **3b****4a** At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... **4a X****b** If "Yes," enter the name of the foreign country: ▶

See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

**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 theorganization solicit any contributions that were not tax deductible as charitable contributions? ..... **6a X****b** If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... **6b****7 Organizations that may receive deductible contributions under section 170(c).** **a** Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goodsand services provided to the payor? ..... **7a X b**If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... **7b X****c** 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 ..... **7d****e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... **7e X f** Did theorganization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... **7f X g** If the organizationreceived a contribution of qualified intellectual property, did the organization file Form 8899 as required? ..... **7g X h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? ..... **7h X****8 Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... **8****9 Sponsoring organizations maintaining donor advised funds.****a** Did the sponsoring organization make any taxable distributions under section 4966? ..... **9a****b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... **9b****10 Section 501(c)(7) organizations.** Enter:**a** Initiation fees and capital contributions included on Part VIII, line 12 ..... **10a**

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... **10b 11****Section 501(c)(12) organizations.** Enter:

- a Gross income from members or shareholders ..... **11a**
- b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... **11b**

**12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? ..... **12a b** If "Yes,"enter the amount of tax-exempt interest received or accrued during the year ..... **12b 13 Section 501(c)(29) qualified nonprofit health****insurance issuers.**

- a Is the organization licensed to issue qualified health plans in more than one state? ..... **13a**  
**Note.** See the instructions for additional information the organization must report on Schedule O.
- b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ..... **13b**
- c Enter the amount of reserves on hand ..... **13c**

**14a** 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****6 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 or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If <b>1a 24</b>		
	there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		
	any other officer, director, trustee, or key employee? ..... <b>1b 24</b>		
<b>2</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? ..... <b>2</b>		<b>X</b>
<b>3</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>3</b>		<b>X</b>
<b>4</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>4</b>		<b>X</b>
<b>5</b>	Did the organization have members or stockholders? ..... <b>5</b>		<b>X</b>
<b>6</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>6</b>		<b>X</b>
<b>7a</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7a</b>		<b>X</b>
<b>7b</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year? ..... <b>7b</b>		<b>X</b>
<b>8a</b>	The governing body? ..... <b>8a</b>	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>		<b>X</b>
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O ..... <b>9</b>		<b>X</b>

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

		Yes	No
<b>10a</b>			<b>X</b>
<b>10b</b>	Did the organization have local chapters, branches, or affiliates? ..... <b>10b</b>		
<b>11a</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... Has the organization provided	<b>X</b>	

- 12a** a complete copy of this Form 990 to all members of its governing body before filing the form? ..... Describe in Schedule O the process, if any, used by the organization to review this Form 990.
- c** Did the organization have a written conflict of interest policy? If "No," go to line 13 .....  
 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ....
- 13** Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....
- 14** Did the organization have a written whistleblower policy? .....
- b** Did the organization have a written document retention and destruction policy? .....
- Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
- 16a** The organization's CEO, Executive Director, or top management official .....
- Other officers or key employees of the organization .....
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....
- If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....

<b>12a</b>	<b>X</b>	
<b>12b</b>	<b>X</b>	
<b>12c</b>	<b>X</b>	
<b>13</b>		<b>X</b>
<b>14</b>		<b>X</b>
<b>15a</b>	<b>X</b>	
<b>15b</b>		<b>X</b>
<b>16a</b>		<b>X</b>
<b>16b</b>		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► .....  
 ..... **NC**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
- ☒ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

**GLEND A MILLER****301 S ELM ST STE 301****GREENSBORO****NC 27401****336-790-8419****Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of

- 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.

\$100,000 of reportable compensation 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 organization, more than \$10,000 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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>BRENNA RAGGHIAN</b> EXECUTIVE DIRECTOR	40.00 0.00	X						77,434	0	0
(2) <b>BERT DAVIS</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(3) <b>TOM CAMPBELL</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(4) <b>JODY CLAYTON</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(5) <b>KEM ELLIS</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(6) <b>IVEY GHEE</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(7) <b>MATT HIRSCHY</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(8) <b>AMY HOLCOMBE</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(9) <b>SABRINA JONES</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(10) <b>ROBBIE LAFAR</b> BOARD MEMBER	0.50 0.00	X						0	0	0
(11) <b>JESSICA MASHBURN</b> BOARD MEMBER	0.50 0.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SANDRA O'CONNOR BOARD MEMBER	0.50 0.00	X						0	0	0
(13) CHARLOTTE OLEYNE BOARD MEMBER	0.50 0.00	X						0	0	0
(14) GARY PALMER BOARD MEMBER	0.50 0.00	X						0	0	0
(15) SARAH POOLE BOARD MEMBER	0.50 0.00	X						0	0	0
(16) RUSTY POWELL BOARD MEMBER	0.50 0.00	X						0	0	0
(17) LINDA SOCIA BOARD MEMBER	0.50 0.00	X						0	0	0
(18) AARON TYLER BOARD MEMBER	0.50 0.00	X						0	0	0
(19) JENNIFER URANA BOARD MEMBER	0.50 0.00	X						0	0	0
<b>1b Sub-total</b> .....								<b>77,434</b>		
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>77,434</b>		

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		<b>X</b>

**Section B. Independent Contractors**

Form 990 (2014)

- 1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►	0	

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Form **990** (2014)Form 990 (2014) **GUILFORD GREEN FOUNDATION****56-2091293**Page **8****Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>LINA URMOS</b>										
<b>BOARD MEMBER</b>	0.50 0.00	X						0	0	0
(13) <b>NICK WYATT</b>										
<b>BOARD MEMBER</b>	0.50 0.00	X						0	0	0
(14) <b>MELISSA GREER</b>										
<b>CO-CHAIR</b>	4.50 0.00			X				0	0	0
(15) <b>JEFF SMITH</b>										
<b>CO-CHAIR</b>	4.50 0.00			X				0	0	0
(16) <b>SUSAN LOWE</b>										
<b>SECRETARY</b>	4.50 0.00			X				0	0	0
(17) <b>JUSTIN ERVIN</b>										
<b>TREASURER</b>	4.50 0.00			X				0	0	0
(18)										
(19)										
<b>1b Sub-total</b> ►										
<b>c Total from continuation sheets to Part VII, Section A</b> ►										
<b>d Total (add lines 1b and 1c)</b> ►										

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

DAA



	Yes	No
<b>3</b>		
<b>4</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual .....		
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person .....		

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

Form 990 (2014)

**GUILFORD GREEN FOUNDATION****56-2091293**Page **9****Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>	84,959			
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) ..	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	190,231			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		84,959			
	<b>h Total.</b> Add lines 1a-1f .....		275,190			
<b>Program Service Revenue</b>	<b>2a</b> .....	Busn. Code				
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....					
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		64,290	64,290	
<b>4</b> Income from investment of tax-exempt bond proceeds .....						
<b>5</b> Royalties .....						
<b>6a</b> Gross rents .....		(i) Real (ii) Personal				
<b>b</b> Less: rental exps. ....						
<b>c</b> Rental inc. or (loss) .....						
<b>d</b> Net rental income or (loss) .....						
<b>7a</b> Gross amount from sales of assets other than inventory .....		(i) Securities (ii) Other				
<b>b</b> Less: cost or other basis & sales exps. ....						
<b>c</b> Gain or (loss) .....						
<b>d</b> Net gain or (loss) .....						
<b>8a</b> Gross income from fundraising events (not including \$ 84,959 of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	140,407			
<b>b</b> Less: direct expenses .....		<b>b</b>	100,248			
<b>c</b> Net income or (loss) from fundraising events .....			40,159			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>	39,016			
<b>b</b> Less: direct expenses .....		<b>b</b>	15,932			
<b>c</b> Net income or (loss) from gaming activities .....			23,084	23,084		
<b>10a</b> Gross sales of inventory, less returns and allowances .....		<b>a</b>				
<b>b</b> Less: cost of goods sold .....		<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....		402,723	87,374	0	0	

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**GUILFORD GREEN FOUNDATION****56-2091293****10****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).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	55,005	55,005		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	88,681		88,681	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	425		425	
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	2,612		2,612	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	3,502		3,502	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	213		213	
<b>12</b> Advertising and promotion	47,989		1,067	46,922
<b>13</b> Office expenses	16,415		15,867	548
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel	2,126		2,126	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	141		141	
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered 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.)				
<b>a</b> ENDOWMENT TRANSFER	45,000		45,000	
<b>b</b> DONATED ITEMS	40,110		40,110	
<b>c</b> CAPACITY BUILDING	2,953		2,953	
<b>d</b> TAXES	763		763	
<b>e</b> All other expenses	2,647		2,036	611
<b>25</b> Total functional expenses. Add lines 1 through 24e	308,582	55,005	205,496	48,081
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	116,032	1	89,483
	<b>2</b> Savings and temporary cash investments	31,282	2	60,348
	<b>3</b> Prepaid expenses and grants receivable, net	42,500	3	84,475
	<b>4</b> Accounts receivable, net		4	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	<b>6</b> Loans and other receivables from other disqualified persons (501(c)(3)), persons described in section 4958(c)(3)(B), and excess business holdings of section 501(c)(9) voluntary workers. Complete Part II of Schedule L		6	
	<b>7</b> Prepaid expenses and deferred charges		7	
	<b>8</b> Depreciation		8	
	<b>9</b> Investments—publicly traded securities. See Part IV, line 11		9	1,400
	<b>10a</b> Investments—private placements	4,522	10a	
	<b>10b</b> Other securities. See Part IV, line 11	4,313	10b	209
	<b>11</b> Total assets	670,332	11	716,770
	<b>12</b> Tangible assets		12	
	<b>13</b> Other assets. See Part IV, line 11		13	
	<b>14</b> Other		14	
	<b>15</b> Total	860,727	15	952,685
<b>Liabilities</b>	<b>16</b> Accounts payable and accrued expenses	2,188	16	423
	<b>17</b> Grants payable		17	
	<b>18</b> Deferred revenue		18	
	<b>19</b> Tax-exempt bond liabilities		19	
	<b>20</b> Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	<b>21</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	<b>22</b> Secured mortgages and notes payable to unrelated third parties		22	
	<b>23</b> Unsecured notes and loans payable to unrelated third parties		23	
	<b>24</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		24	
	<b>25</b> Total liabilities	2,188	25	6,698
	<b>26</b> Total liabilities. Add lines 17 through 25	2,188	26	7,121
<b>27</b> Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.	188,207	27	228,794	

Form 990 (2014)

Page

Net Assets or Fund Balances	28	Unrestricted net assets	670,332	28	716,770
	29	Temporarily restricted net assets		29	
	30	Permanently restricted net assets			
	31	Complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	32	Under aid-in or capital surplus, or land, building, or equipment		31	
	33	Under retained earnings, endowment, accumulated income, or other		32	
	34	Under total net assets or fund balances	858,539	33	945,564
		Total liabilities and net assets/fund balances	860,727	34	952,685

Form 990 (2014)

GUILFORD GREEN FOUNDATION

56-2091293

12

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	402,723
2	Total expenses (must equal Part IX, column (A), line 25)	2	308,582
3	Revenue less expenses. Subtract line 2 from line 1	3	94,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	858,539
5	Net unrealized gains (losses) on investments	5	-7,121
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	945,559

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2b	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	2c	
	3a	

Form 990 (2014)

the Single Audit Act and OMB Circular A-133?

b

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

Page		
3b		



**SCHEDULE A**  
**(Form 990 or 990-**  
**EZ)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**Complete if the organization is a section 501(c)(3) organization or a section  
4947(a)(1) nonexempt charitable trust. ► Attach to Form  
990 or Form 990-EZ.► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**Open to Public  
InspectionName of the organization **GUILFORD GREEN FOUNDATION**Employer identification number **56-**  
**2091293****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- ☐ 1A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- ☐ 2A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- ☐ 3A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- ☐ 4A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name,  
city, and state: .....
- ☐ 5An organization operated for the benefit of a college or university owned or operated by a governmental unit described in  
**section 170(b)(1)(A)(iv)**. (Complete Part II.)
- ☐ 6A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- ☐ 7An organization that normally receives a substantial part of its support from a governmental unit or from the general public  
described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- ☐ 8A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and grossreceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its  
support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired  
by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- ☐ 10An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- ☐ 11An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes  
of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.  
Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- ☐ aType I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the  
supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting  
organization. **You must complete Part IV, Sections A and B.** bType II. A supporting organization supervised or controlled in  
connection with its supported organization(s), by having control or management of the supporting organization vested in the same  
persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.** cType III  
**functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported  
organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.** dType III **non-functionally integrated.**
- ☐ A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The  
organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must**  
**complete Part IV, Sections A and D, and Part V.** eCheck this box if the organization received a written determination from the  
IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations .....  g☐ Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						

(E)						
Total						

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

2

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						

**First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b>	Public support percentage from 2013 Schedule A, Part II, line 14	<b>15</b>	%

**16a 33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**17a 10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**b 10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2014

3

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63,493	134,508	145,685	260,433	275,190	879,309
<b>2</b> 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					243,713	243,713
<b>3</b>						
<b>4</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>5</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>6</b> The value of services or facilities furnished by a governmental unit to the organization without charge	63,493	134,508	145,685	260,433	518,903	1,123,022
<b>7a</b>						
<b>b Total.</b> Add lines 1 through 5						
Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>c</b>						
<b>8</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						1,123,022

Add lines 7a and 7b .....

**Public support** (Subtract line 7c from line 6.) .....**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	63,493	134,508	145,685	260,433	518,903	1,123,022
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	8,963	13,633	16,790	22,251	16,424	78,061
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....	8,963	13,633	16,790	22,251	16,424	78,061
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) .....	72,456	148,141	162,475	282,684	535,327	1,201,083

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	93.50 %
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	58.90 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	6%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 .....	<b>18</b>	6%

**19a 33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒ **33****1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐ **33****20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐ **20**

4

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

	Yes	No
<b>1</b>	<input type="checkbox"/>	<input type="checkbox"/>

- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- c** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 7** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 8** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- 9a** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- b** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**. Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
- 10a** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

**b**

<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		

<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

Schedule A (Form 990 or 990-EZ) 2014

5

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b>		
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b>		
Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		
<b>2</b>		

Schedule A (Form 990 or 990-EZ) 2014



3

**Section E. Type III Functionally-Integrated Supporting Organizations**

**1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**): **a** The organization satisfied the Activities Test. Complete **line 2** below.

**b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below. **c** ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2** Activities Test. **Answer (a) and (b) below. Yes No** **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined

that these activities constituted substantially all of its activities. **2a b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3** Parent of Supported Organizations. **Answer (a) and (b) below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard. **3b**

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d		
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization ( see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2014 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

<b>Section E - Distribution Allocations (see instructions)</b>		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2014</b>	<b>(iii) Distributable Amount for 2014</b>
<b>1</b>	Distributable amount for 2014 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2014:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>	From 2013 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2014 distributable amount			
<b>i</b>	Carryover from 2009 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2014 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2014 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	Excess from 2013 . . .			
<b>e</b>	Excess from 2014 . . .			

Schedule A (Form 990 or 990-EZ) 2014

**8**

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)





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.  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

OMB No. 1545-0047

2014

Open to Public  
Inspection

Name of the organization

Employer identification number

GUILFORD GREEN FOUNDATION

56-2091293

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education)  
☐ Preservation of a historically important land area  
☐ Protection of natural habitat  
☐ Preservation of a certified historic structure  
☐ Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |   | Held at the End of the Tax Year |
|---|---------------------------------|
| a Total number of conservation easements  | 2a                              |
| Total acreage restricted by conservation easements  | 2b                              |
| Number of conservation easements on a certified historic structure included in (a)  | 2c                              |
| of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
- 4 Number of states where property subject to conservation easement is located
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year \$

- 8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

YesNo
- 9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i)

Revenues included in Form 990, Part VIII, line 1

\$

2

(ii)

Assets included in Form 990, Part X

\$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a

b

Revenue included in Form 990, Part VIII, line 1

\$

Assets included in Form 990, Part X

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

Schedule D (Form 990) 2014

DAA
- DAA

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other .....

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not

included on Form 990, Part X? ..... **Yes** **No** **b** If "Yes," explain the ☐ arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance .....	<b>1c d</b> .....
Additions during the year .....	<b>1d e</b> .....
Distributions during the year .....	<b>1e f</b> .....
Ending balance .....	<input type="checkbox"/> <input type="checkbox"/>

**1f**

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ..... **Yes** **No** **b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII .....

**Part V Endowment Funds.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
Beginning of year balance .....	670,332	505,136	416,570	400,977	
<b>1a</b> Contributions .....	46,800	68,645	33,448	27,595	17,500
<b>b</b> Net investment earnings, gains, and					
<b>c</b> losses .....	-362	96,639	55,443	-11,890	70,558
Grants or scholarships .....					13,925
<b>d</b> Other expenditures for facilities and					
<b>e</b> programs .....		88	325	112	7
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....	716,770	670,332	505,136	416,570	400,977

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ► .....%

**b** Permanent endowment ► .....%



**c** Temporarily restricted endowment **100.00** %

The percentages in lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>	<b>X</b>	
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b>				
<b>b</b> Land				
<b>c</b>				
<b>d</b> Buildings				
<b>e</b> Leasehold improvements		<b>4,522</b>	<b>4,313</b>	<b>209</b>
Equipment				
Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>209</b>

Schedule D (Form 990) 2014

### 3 Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

### Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>STONEWALL KICKBALL</b>	<b>5,004</b>
(3) <b>PNC CREDIT CARD X4295 (CECELIA)</b>	<b>892</b>
(4) <b>TEMP ENDOWMENT LIABILITY</b>	<b>800</b>
(5) <b>PNC CREDIT CARD X6235 (SHANE)</b>	<b>200</b>
(6) <b>PNC CREDIT CARD X8533 (BRENNAN)</b>	<b>117</b>
(7) <b>STATE WITHHOLDING</b>	<b>-62</b>
(8) <b>SS?MEDICARE</b>	<b>-124</b>
(9) <b>FEDERAL WITHHOLDING</b>	<b>-129</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>6,698</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Schedule D (Form 990) 2014

4

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.** Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b> Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b> Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b> Donated services and use of facilities	<b>2b</b>	
<b>c</b> Recoveries of prior year grants	<b>2c</b>	
<b>d</b> Other (Describe in Part XIII.)	<b>2d</b>	
Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b> Other (Describe in Part XIII.)	<b>4b</b>	
Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25: <b>a</b> Donated services and use of facilities adjustments losses (Describe in Part XIII.)	<b>b</b> Prior year		
		<b>c</b> Other	<b>2a</b>	
		<b>d</b> Other	<b>2b</b>	
			<b>2c</b>	
			<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1: <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b (Describe in Part XIII.)	<b>b</b> Other		
			<b>4a</b>	
			<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

TO PROMOTE DIVERSITY AND INCLUSIVENESS THROUGHOUT THE GAY AND LESBIAN

COMMUNITY AND THE GREATER GUILFORD COUNTY COMMUNITY BY RAISING AND

DISTRIBUTING FUNDS FOR QUALIFIED GAY AND LESSBIAN ORGANIZATIONS AND

PROGRAMS AND GROWING AN ENDOWMENT TO SUSTAIN FUNDS FOR THESE PURPOSES.

DAA

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Schedule D (Form 990) 2014

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

Employer identification number

GUILFORD GREEN FOUNDATION

56-2091293

Part I

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.

☐ aMail solicitations

☐ eSolicitation of non-government

☐ grants

☐ bInternet and email

☐ solicitations

☐ fSolicitation of government

☐ grants

☐ cPhone solicitations

☐ gSpecial fundraising events

☐ dIn-person

☐ solicitations

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						

**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.

.....

.....

.....

.....

DAA

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GALA EVENT</u> (event type)	<u>RED, SAP, OTHER</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	211,723	13,643		225,366
	2 Less: Contributions	84,959			84,959
	3 Gross income (line 1 minus line 2)	126,764	13,643		140,407
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	98,704	1,544		100,248
	10 Direct expense summary. Add lines 4 through 9 in column (d)				100,248
	11 Net income summary. Subtract line 10 from line 3, column (d)				40,159

**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.

9 Enter the state(s) in which the organization conducts gaming activities: NC

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☒ No b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |          |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | %        |
| b An outside facility         | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:





**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ►  
Attach to Form 990.► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to  
Public  
Inspection**Name of the organization **GUILFORD GREEN FOUNDATION**Employer identification number **56-  
2091293****Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CREATIVE AGING NETWORK PO BOX 10322 ..... GREENSBORO NC 27401	33-1145536	501C3	5,000				LGBTQ TOOLKIT USING
(2) FAITHACTION 705 N GREENE ST ..... GREENSBORO NC 27401	56-1993490	501C3	5,000				TO EDUCATE & CONNECT
(3) GUILFORD COLLEGE - BAYARD RUSTIN C 5800 W FRIENDLY AVE KING HALL RM ..... GREENSBORO NC 27455	56-0529982	501C3	5,000				EDUCATE & CONNECT
(4) NCCJ PIEDMONT TRIAD 713 N GREENE STR ..... GREENSBORO NC 27401	06-1753756	501C3	5,000				FIGHT BIAS & BIGOTRY
(5) YOUTH FOCUS 715 N EUGENE ST ..... GREENSBORO NC 27401	23-7378057	501C3	5,000				HOMELESS LBGTQ YOUTH
(6) .....							

(7) .....							
(8) .....							
(9) .....							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **55000**

3 Enter total number of other organizations listed in the line 1 table ..... **0**

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

Schedule I (Form 990) (2014)

DAA

Schedule I (Form 990) (2014) **GUILFORD GREEN FOUNDATION**

**56-2091293**

Page **2**

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS** .....

**TO PRESERVE AND DEFEND INDIVIDUAL LIBERTY FOUND IN THE NORTH CAROLINA** .....

.CONSTITUTION AND THE US CONSTITUTION, WITH EMPHASIS ON FREEDOM OF SPEECH,.....  
.....  
..FREEDOM OF ASSOCIATION, FREEDOM OF RELIGION, EQUAL PROTECTION UNDER THE.....  
.....  
..LAW FOR ALL PEOPLE, THE RIGHT TO PRIVACY, THE RIGHT TO DUE PROCESS OF THE.....  
.....  
..LAW, AND THE RIGHT TO BE FREE FROM UNREASONABLE SEARCH AND SEIZURE.....  
.....  
.....

.PART IV - ADDITIONAL INFORMATION.....  
.....  
..\$25,000 TO FIVE DONEES AT \$5,000 EACH; \$30,000 TO THE REMAINING THIRTEEN.....  
.....  
.....

**SCHEDULE M**  
**(Form 990)****Noncash Contributions**

OMB No. 1545-0047

**2014****Open To Public  
Inspection**Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

**GUILFORD GREEN FOUNDATION****56-2091293****Part I** **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art .....				
2 Art — Historical treasures .....				
3 Art — Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities — Publicly traded .....				
10 Securities — Closely held stock .....				
11 Securities — Partnership, LLC, or trust interests .....				
12 Securities — Miscellaneous .....				
13 Qualified conservation contribution — Historic structures .....				
14 Qualified conservation contribution — Other .....				
15 Real estate — Residential .....				
16 Real estate — Commercial .....				
17 Real estate — Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ (.....) .....	<b>X</b>	<b>1</b>	<b>84,959</b>	
26 Other ▶ (.....) .....				
27 Other ▶ (.....) .....				
28 Other ▶ (.....) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

**29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....

Yes No

30a		<b>X</b>

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....

31		<b>X</b>
----	--	----------

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

32a		<b>X</b>
-----	--	----------

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

DAA

Schedule M (Form 990) (2014) **GUILFORD GREEN FOUNDATION**

56-2091293

Page 2

## Part II

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

DAA

**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.► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014****Open to Public  
Inspection**

Name of the organization

**GUILFORD GREEN FOUNDATION**

Employer identification number

**56-2091293****FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

PROVIDED GRANT ASSISTANCE TO TAX-EXEMPT ORGANIZATIONS SERVING (AND/OR  
PROVIDING AWARENESS WITH RESPECT TO) THE GAY AND LESBIAN COMMUNITY OF  
COUNTIES IN THE PIEDMONT TRIAD OF NC.

**FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION**

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, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

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, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

THE ORGANIZATION'S BOARD OF DIRECTORS ANNUALLY REVIEWS, MONITORS AND ENFORNCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY WHEN GRANTING ORGANIZATIONS ARE DETERMINED. EACH OCCURANCE OF CONFLICT OF INTEREST IS DEALT WITH ON A CASE-BY-CASE BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL EVERY BOARD OF DIRECTOS MEMBER COMPLETES AN ANNUAL EVALUATION OF THE EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR ALSO COMPLETES A SELF-EVALUATION FORM. THEN, THE BOARD CO-CHAIRS MEET WITH THE EXECUTIVE DIRECTOR

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

Schedule O (Form 990 or 990-EZ) (2014)

Schedule O (Form 990 or 990-EZ) (2014)

Page 2

Name of the organization

GUILFORD GREEN FOUNDATION

Employer identification number

56-2091293

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 MAKES A SALARY RECOMMENDATION TO THE BOARD.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

FORMS

990 AND FINANCIALS ARE AVAILABLE ON THE WEBSITE:

GGF.ORG

Schedule O (Form 990 or 990-EZ) (2014)

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

► Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

# 2014

AttachmentSequence No. **179**

Name(s) shown on return	Identifying number
GUILFORD GREEN FOUNDATION	56-2091293

Business or activity to which this form relates

## INDIRECT DEPRECIATION

## Part I Election To Expense Certain Property Under Section 179

**Note:** If you have any listed property, complete Part V before you complete Part I.

1		1	500,000
2	Maximum amount (see instructions)	2	
3			
4	Total cost of section 179 property placed in service (see instructions)	3	2,000,000



<b>5</b> Threshold cost of section 179 property before reduction in limitation (see instructions) .....	<b>4</b>	
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- ..... Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions .....	<b>5</b>	
<b>6</b> (a) Description of property ..... (b) Cost (business use only) ..... (c) Elected cost .....		
<b>7</b> ..... <b>7</b> .....		
<b>8</b> .....	<b>8</b>	
<b>9</b> Listed property. Enter the amount from line 29 .....	<b>9</b>	
<b>10</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	<b>10</b>	
<b>11</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	<b>11</b>	
<b>12</b> Carryover of disallowed deduction from line 13 of your 2013 Form 4562 .....	<b>12</b>	
<b>13</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) ..... Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....	<b>13</b>	
Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 .....		

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

<b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) .....	<b>14</b>	
<b>15</b> Property subject to section 168(f)(1) election .....	<b>15</b>	
<b>16</b> Other depreciation (including ACRS) .....	<b>16</b>	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

<b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2014 .....	<b>17</b>	<b>141</b>
<b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here .....		

**Section B—Assets Placed in Service During 2014 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System**

<b>20a</b> Class life					S/L	
<b>b</b> 12-year			12 yrs.		S/L	
<b>c</b> 40-year			40 yrs.	MM	S/L	

<b>Part IV</b>				<b>Summary</b> (See instructions.)	
21	Listed property. Enter amount from line 28 .....	21			
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions .....	22	<b>141</b>		
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....	23			

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2014)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

421 Guilford Green Foundation

09/26/2016 3:35 PM

56-2091293

**Federal Asset Report**

Page 1

FYE: 6/30/2015

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b><u>Prior MACRS:</u></b>										
1	Phone System	5/10/12	219			X	109	5 HY 200DB	200	8
2	Computer Hardware	9/15/11	2,010			X	0	5 HY 200DB	2,010	0
3	Office Equipment	12/17/12	2,133			X	1,066	5 HY 200DB	1,826	123
4	Computer Hardware	9/18/12	80			X	40	5 HY 200DB	68	5
5	Computer Hardware	11/24/12	80			X	40	5 HY 200DB	68	5
			4,522				1,255		4,172	141
<b>Grand Totals</b>			4,522				1,255		4,172	141
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0

**Net Grand Totals**

4,522

1,255

4,172

141

421 Guilford Green Foundation

09/26/2016 3:35 PM

56-2091293

**NC Asset Report**

Page 1

FYE: 6/30/2015

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	NC Prior	NC Current	Federal Current	Difference Fed - NC

**Prior MACRS:**

1	Phone System	5/10/12	219	109	200	8	8	0			
2	Computer Hardware	9/15/11	2,010	0	2,010	0	0	0			
3	Office Equipment	12/17/12	2,133	1,066	1,826	123	123	0			
4	Computer Hardware	9/18/12	80	40	68	5	5	0			
5	Computer Hardware	11/24/12	80	40	68	5	5	0			
				<u>4,522</u>	<u>1,255</u>	<u>4,172</u>	<u>141</u>	<u>141</u>	<u>0</u>		

<b>Grand Totals</b>				4,522	1,255	4,172	141	141	0		
<b>Less: Dispositions</b>				0	0	0	0	0	0		
<b>Less: Start-up/Org Expense</b>				<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>		
<b>Net Grand Totals</b>				<u>4,522</u>	<u>1,255</u>	<u>4,172</u>	<u>141</u>	<u>141</u>	<u>0</u>		

421 Guilford Green Foundation

09/26/2016 3:35 PM

56-2091293

**AMT Asset Report**

Page 1

FYE: 6/30/2015

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
1	Phone System	5/10/12	219			X	109	5 HY 200DB	200	8
2	Computer Hardware	9/15/11	2,010			X	0	5 HY 200DB	2,010	0
3	Office Equipment	12/17/12	2,133			X	1,066	5 HY 200DB	1,826	123
4	Computer Hardware	9/18/12	80			X	40	5 HY 200DB	68	5
5	Computer Hardware	11/24/12	80			X	40	5 HY 200DB	68	5
			4,522				1,255		4,172	141
<b>Grand Totals</b>			4,522				1,255		4,172	141
<b>Less: Dispositions and Transfers</b>			0				0		0	0

**Net Grand Totals**

4,522

1,255

4,172

141

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
1	Phone System	5/10/12	219 0 0 110 109 2	Computer Hardware		9/15/11 2,010 0 0 2,010 0		
3	Office Equipment	12/17/12	2,133 0 0	1,067	1,066			
4	Computer Hardware	9/18/12	80 0 0 40 40 5	Computer Hardware		11/24/12 80 0 0 40 40		
<b>Form 990, Page 1</b>			<u>4,522</u>		<u>00</u>		<u>3,267</u>	<u>1,255</u>
<b>Grand Total</b>			<u>4,522</u>		<u>0</u>	<u>0</u>	<u>3,267</u>	<u>1,255</u>



421 Guilford Green Foundation

56-2091293

FYE: 6/30/2015

09/26/2016 3:35  
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Page 1

## Depreciation Adjustment Report

### All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	Phone System	8	8	0
Page 1	1	2	Computer Hardware	0	0	0
Page 1	1	3	Office Equipment	123	123	0
Page 1	1	4	Computer Hardware	5	5	0
Page 1	1	5	Computer Hardware	5	5	0

141

141

0

421 Guilford Green Foundation

09/26/2016 3:35 PM

56-2091293

**Future Depreciation Report F YE: 6/30/16**

Page 1

FYE: 6/30/2015

**Form 990, Page 1**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b>Prior MACRS:</b>					
1	Phone System	5/10/12	219	7	7
2	Computer Hardware	9/15/11	2,010	0	3
	Hardware	9/18/12	80	3	3
5	Computer Hardware	11/24/12		80	3
			<u>4,522</u>	<u>86</u>	<u>86</u>
	<b>Grand Totals</b>		<u>4,522</u>	<u>86</u>	<u>86</u>

421 Guilford Green Foundation

09/26/2016 3:35 PM

56-2091293

**NC Future Depreciation Report**

**F YE: 6/30/16**

Page 1

FYE: 6/30/2015

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	NC
<b><u>Prior MACRS:</u></b>				
1	Phone System	5/10/12	219 7	
2	Computer Hardware	9/15/11	2,010 0 3	Office Equipment
	Hardware	9/18/12	80 3	12/17/12 2,133 73 4 Computer
5	Computer Hardware	11/24/12		
			<u>80</u>	<u>3</u>
			<u>4,522</u>	<u>86</u>
	<b>Grand Totals</b>		<u>4,522</u>	<u>86</u>



421 Guilford Green Foundation

9/26/2016 3:35 PM

56-2091293

## **Federal Statements**

Page 1

FYE: 6/30/2015

**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

			Management & General	
RECONCILIATION	\$ 213	\$	\$ 213	\$
TOTAL	\$ 213	\$ 0	\$ 213	\$ 0

**Form 990, Part IX, Line 24e - All Other Expenses**

Description	Total Expenses	Program Service		Fund Raising
Description	Total Expenses	Program Service	Management & General	Fund Raising
BOARD OF DIRECTORS	\$ 636	\$	\$ 636	\$
\$5 LETTER CAMPAIGN	611			611
DUES & SUBSCRIPTIONS	587		587	
TECHNOLOGY FEES	460		460	
LICENSES/PERMITS	225		225	
MEALS AND ENTERTAINMENT	71		71	
OPERATING EXPENSES	31		31	
ADVISORY COUNCIL	26		26	
TOTAL	\$ 2,647	\$ 0	\$ 2,036	\$ 611



421 Guilford Green Foundation

9/26/2016 3:35 PM

56-2091293

## **Federal Statements**

Page 2

FYE: 6/30/2015

**Schedule A, Part III, Line 1(e)**

Description	Amount
GRANTS \$ 50,000 UNSOLICITED 2,902 MISCELLANEOUS 253 FRIENDSHIP DRIVE, \$5 CAMPAIGN 98,786	
BLUE CROSS AND BLUE SHIELD OF NC CASH CONTRIBUTION	10,500
PNC BANK CASH CONTRIBUTION	7,500
BOB PAGE AND DALE FREDERIKSEN CASH CONTRIBUTION	5,290
BARBARA KRETZER CASH CONTRIBUTION	5,000
JOSEPH M BRYAN JR AND JEFF WRIGHT CASH CONTRIBUTION	5,000
CANDICE BRUTON AND MICHELLE HORVATH CASH CONTRIBUTION	5,000
GALA EVENT NONCASH CONTRIBUTION	84,959
TOTAL	\$ 275,190

**Schedule A, Part III, Line 2(e)**

Description	Amount
INTEREST	\$ 66
DIVIDENDS	16,424
ENDOWMENT INCOME 47,800 GALA EVENT 126,764	
RED, SAP, OTHERS	13,643
BINGO	39,016
TOTAL	\$ 243,713



421 Guilford Green Foundation

9/26/2016 3:35 PM

56-2091293

## **Federal Statements**

Page 3

FYE: 6/30/2015

**GALA Event**

**Other Direct Fundraising or Gaming Expenses**

Description	Amount
<hr/>	<hr/>
GRANTING CEREMONY EXPENSE	\$ <hr/> 283
TOTAL	\$ <hr/> <hr/> 283

