

Return of Organization Exempt From Income Tax

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

2010

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number
	GODMAN GUILD ASSOCIATION		31-4379478
	Doing Business As		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
303 EAST SIXTH AVENUE			614-294-5476
City or town, state or country, and ZIP + 4		G Gross receipts \$ 3,139,070.	
COLUMBUS, OH 43201		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: ELLEN MOSS WILLIAMS		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
303 EAST SIXTH AVENUE, COLUMBUS, OH 43201		If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.GODMANGUILD.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1899 M State of legal domicile: OH	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>PROMOTING STRONG FAMILIES AND STRONG COMMUNITIES IN COLUMBUS, OHIO, PRIMARILY FOCUSING ON THE NEAR</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 23
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 23
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 142
	6 Total number of volunteers (estimate if necessary) 6 990
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -27,261.
b Net unrelated business taxable income from Form 990-T, line 34 7b -27,261.	

Revenue		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	1,240,316.
9 Program service revenue (Part VIII, line 2g)	211,666.	422,896.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,886.	50.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	60,467.	57,323.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,514,335.	3,000,159.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	805,197.	1,903,655.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 72,406.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	794,107.	1,171,660.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,599,304.	3,075,315.	
19 Revenue less expenses. Subtract line 18 from line 12	-84,969.	-75,156.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	2,947,095.
21 Total liabilities (Part X, line 26)	552,177.	736,344.	
22 Net assets or fund balances. Subtract line 21 from line 20	2,394,918.	2,060,374.	

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
	ELLEN MOSS WILLIAMS, EXECUTIVE DIRECTOR	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GRETA RZYMEK, CPA	GRETA RZYMEK, CPA	11/14/11		
	Firm's name ▶ REA & ASSOCIATES INC, CPA'S	Firm's EIN ▶			
	Firm's address ▶ 5775 PERIMETER DRIVE - SUITE 200 DUBLIN, OH 43017-3224	Phone no. (614) 889-8725			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE GODMAN GUILD ASSOCIATION IS AN OHIO NOT-FOR-PROFIT CORPORATION, WHOSE MISSION IS TO PROMOTE STRONG FAMILIES AND STRONG COMMUNITIES IN COLUMBUS, OHIO, PRIMARILY FOCUSING ON THE NEAR NORTH SIDE. ESTABLISHED IN 1898, THE GODMAN GUILD ASSOCIATION IS THE OLDEST OF

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,150,614. including grants of \$) (Revenue \$) YOUTH AND FAMILY SERVICES: YOUTH AND FAMILY SERVICES FOCUSES EFFORTS ON STRENGTHENING THE FAMILY UNIT BY BRIDGING GAPS BETWEEN CHILD AND PARENT, SCHOOL AND FAMILY, AND FAMILY AND COMMUNITY. YOUTH AND FAMILY SERVICES PROGRAMS INCLUDE ACES, TEEN EDUCATION AND EMPLOYMENT NETWORK (T.E.E.N.), SUMMER YOUTH EMPOWERMENT PROGRAM (S.Y.E.P.), P.R.I.D.E PROGRAM, SUMMERTIME SAFARI'S EDUCATIONAL LITERACY DAYS, JR. STAFF PROGRAM, AND SUMMER TEEN EMPLOYMENT PROGRAM (S.T.E.P.) - A.C.E.S. IS AN AFTER SCHOOL PROGRAM THAT SERVES KINDERGARTEN THROUGH 5TH GRADE STUDENTS WHO ATTEND WEINLAND PARK ELEMENTARY SCHOOL. THIS AWARD WINNING AFTER SCHOOL PROGRAM FOCUSES ON ACADEMIC SUPPORT IN MATH, SCIENCE AND READING USING INTERACTIVE AND ENGAGING ACTIVITIES TO MAKE LEARNING FUN AND HANDS ON FOR STUDENTS. THIS PROGRAM ALSO PROVIDES

4b (Code:) (Expenses \$ 1,191,276. including grants of \$) (Revenue \$) WORKFORCE DEVELOPMENT: WORKFORCE DEVELOPMENT PROGRAMS FOCUS ON BUILDING SELF-SUFFICIENCY THROUGH ADULT EMPLOYMENT AND EDUCATION ACTIVITIES. IN ADDITIONAL TO STRUCTURED CLASSES ON JOB SEARCH TECHNIQUES, COMPUTER SKILLS AND BASIC LITERACY DEVELOPMENT, THE GODMAN GUILD PROVIDES A FULL RANGE OF SUPPORTIVE SERVICES TO HELP IDENTIFY AND OVERCOME BARRIERS TO INDEPENDENCE. WORKFORCE DEVELOPMENT PROGRAMS INCLUDE JOB SUCCESS, EMPLOYMENT WORKSHOPS, READY! SET! GO TO WORK!, SPRINGBOARD, HIRING EVENTS, GED/ABLE CLASSES, GODMAN GUILD-OSU EXTENSION LEARNING CENTER, TRANSITIONS PROGRAMS, CAREER COACHING, FAMILY ADVOCACY, AND WEE PLAY. - JOB SUCCESS IS A 30-HOUR COURSE DESIGNED TO ASSIST ADULTS IN FINDING AND MAINTAINING EMPLOYMENT. CLASSES FOCUS ON CAREER EXPLORATION,

4c (Code:) (Expenses \$ 341,072. including grants of \$) (Revenue \$ 357,819.) CAMP MARY ORTON: CAMP MARY ORTON (CMO), SITUATED ON 167 ACRES, FOCUSES ON PROMOTING PERSONAL AND TEAM CHANGE AND GROWTH THROUGH ADVENTURE -BASED ACTIVITIES. CAMP MARY ORTON PROGRAMS INCLUDE WILDERNESS BOND, LEADERSHIP AND CHALLENGE CENTER, ADVENTURE ACADEMY, AND HOSTING THE SUMMER YOUTH EMPOWERMENT PROGRAM. - WILDERNESS BOND PROGRAM SERVES YOUTH AND ADULTS IN FRANKLIN COUNTY WITH AN EMPHASIS ON AT-RISK POPULATIONS. ACTIVITIES COMBINE EXPERIENTIAL, ADVENTURE-BASED ELEMENTS SUCH AS HIGH ROPES ACTIVITIES WITH SOCIAL WORK INTERVENTION TO HELP PARTICIPANTS DEVELOP POSITIVE COPING MECHANISMS, GAIN SELF-AWARENESS AND LEARN TO SOLVE PROBLEMS COLLABORATIVELY. - LEADERSHIP AND CHALLENGE CENTER SERVES BOTH YOUTHS AND ADULTS.

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,682,962.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with corresponding Yes/No columns and data entry fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed OH
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ELLEN MOSS WILLIAMS - 614-694-5476
303 EAST SIXTH AVENUE, , COLUMBUS, OH 43201-2888

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
GARY HATTERY PRESIDENT	8.00	X		X			0.	0.	0.	
GARY FLYNN PAST PRESIDENT	6.00	X		X			0.	0.	0.	
TANYA LONG VICE-PRESIDENT	6.00	X		X			0.	0.	0.	
POLLY HARRIS SECRETARY	6.00	X		X			0.	0.	0.	
OWEN POHL TREASURER	6.00	X		X			0.	0.	0.	
KATHRYN BARON TRUSTEE	6.00	X					0.	0.	0.	
MICHAEL BOGGS TRUSTEE	6.00	X					0.	0.	0.	
JASON BOYD TRUSTEE	6.00	X					0.	0.	0.	
KANEEKA DALTON TRUSTEE	6.00	X					0.	0.	0.	
JOHN FORD TRUSTEE	6.00	X					0.	0.	0.	
CRAIG DEEP TRUSTEE	6.00	X					0.	0.	0.	
KERRY HURFF TRUSTEE	6.00	X					0.	0.	0.	
GREG KNEPP TRUSTEE	6.00	X					0.	0.	0.	
TAMARA KRUEGER TRUSTEE	6.00	X					0.	0.	0.	
ROCCI PRIMAVERA TRUSTEE	6.00	X					0.	0.	0.	
TYLER PENCYL TRUSTEE	6.00	X					0.	0.	0.	
JOHN LINDSEY TRUSTEE	6.00	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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
EVAN RODGERS II TRUSTEE	6.00	X					0.	0.	0.	
KATE WOLFORD TRUSTEE	6.00	X					0.	0.	0.	
PATRICK SHEERAN TRUSTEE	6.00	X					0.	0.	0.	
JOE BLASKO TRUSTEE	6.00	X					0.	0.	0.	
CORTNEY PORTER TRUSTEE	6.00	X					0.	0.	0.	
RANDAL C. MORRISON EXECUTIVE DIRECTOR	40.00			X			93,598.	0.	14,040.	
1b Sub-total							93,598.	0.	14,040.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							93,598.	0.	14,040.	

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

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

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. **NONE**

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	828,454.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	136,296.9.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	328,467.				
	g	Noncash contributions included in lines 1a-1f: \$		31,910.				
	h	Total. Add lines 1a-1f		251,989.0.				
	Program Service Revenue	2 a	CAMP MARY ORTON	Business Code 900099	359,469.	357,819.	1,650.	
b		OTHER PROGRAM SERVICE	900099	61,832.	61,832.			
c		WEE PLAY - DAYCARE FEE	900099	1,595.	1,595.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		422,896.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		50.			50.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	68,886.	(ii) Personal	59,294.		
		b	Less: rental expenses		88,205.			
		c	Rental income or (loss)	68,886.	-28,911.			
	d	Net rental income or (loss)		39,975.	56,316.	-28,911.	12,570.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other			
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	57,009.				
		b	Less: direct expenses	b	50,706.			
		c	Net income or (loss) from fundraising events		6,303.			6,303.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	NET PERIODIC PENSION B	900099	11,045.	11,045.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		11,045.					
12	Total revenue. See instructions.		300,159.	488,607.	-27,261.	18,923.		

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	107,638.	11,840.	85,034.	10,764.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,474,339.	1,392,799.	36,490.	45,050.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	180,143.	172,143.	2,639.	5,361.
10 Payroll taxes	141,535.	120,609.	16,230.	4,696.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	55,880.		55,880.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	438,378.	367,761.	70,170.	447.
12 Advertising and promotion				
13 Office expenses	56,139.	47,063.	3,286.	5,790.
14 Information technology				
15 Royalties				
16 Occupancy	137,769.	126,619.	11,150.	
17 Travel	69,599.	67,915.	1,684.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	30,813.	25,885.	4,928.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,929.	102,536.	11,393.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a SUPPLIES	134,819.	127,058.	7,521.	240.
b OTHER EXPENSES	76,741.	73,085.	3,598.	58.
c STIPENDS	43,585.	43,585.		
d TRAINING AND DEVELOPMENTS	14,008.	4,064.	9,944.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3,075,315.	2,682,962.	319,947.	72,406.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,558.	1	200,079.	
	2 Savings and temporary cash investments	42,896.	2	72,120.	
	3 Pledges and grants receivable, net	262,758.	3	60,628.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	120,636.	9	36,314.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,650,094.			
	b Less: accumulated depreciation	10b 1,260,570.	2,483,501.	10c	2,389,524.
	11 Investments - publicly traded securities	33,746.	11	38,053.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)		2,947,095.	16	2,796,718.	
Liabilities	17 Accounts payable and accrued expenses	106,768.	17	151,803.	
	18 Grants payable		18		
	19 Deferred revenue	36,329.	19	107,906.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	359,080.	23	323,696.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities. Complete Part X of Schedule D	50,000.	25	152,939.		
26 Total liabilities. Add lines 17 through 25		552,177.	26	736,344.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,262,997.	27	1,970,920.	
	28 Temporarily restricted net assets	131,921.	28	89,454.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances		2,394,918.	33	2,060,374.	
34 Total liabilities and net assets/fund balances		2,947,095.	34	2,796,718.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,000,159.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,075,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	-75,156.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,394,918.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-259,388.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,060,374.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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.	X	

Form 990 (2010)

Public Disclosure Copy

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. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **GODMAN GUILD ASSOCIATION** Employer identification number **31-4379478**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,067,073.	2,626,737.	2,166,366.	1,240,316.	2,519,890.	10,620,382.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,067,073.	2,626,737.	2,166,366.	1,240,316.	2,519,890.	10,620,382.
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 Public support. Subtract line 5 from line 4.						10,620,382.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,067,073.	2,626,737.	2,166,366.	1,240,316.	2,519,890.	10,620,382.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,949.	7,104.	59.	12,059.	6,383.	35,554.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		8,279.				8,279.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						10,664,215.
12 Gross receipts from related activities, etc. (see instructions)					12	1,866,363.
13 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	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	99.59	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	99.56	%
16a 33 1/3% support test - 2010. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

GODMAN GUILD ASSOCIATION

Employer identification number

31-4379478

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 an 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	131,921.	10,000.	94,563.		
b Contributions	50,814.	121,921.	140,099.		
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	93,281.		224,662.		
f Administrative expenses					
g End of year balance	89,454.	131,921.	10,000.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Term endowment 100.00 %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		69,500.		69,500.
b Buildings		2,124,732.	671,772.	1,452,960.
c Leasehold improvements		1,187,943.	345,770.	842,173.
d Equipment		160,918.	144,425.	16,493.
e Other		107,001.	98,603.	8,398.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,389,524.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) UNDERFUNDED DEFINED BENEFIT PLAN	
(3) OBLIGATION	152,939.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	152,939.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,000,159.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,075,315.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-75,156.
4	Net unrealized gains (losses) on investments	4	3,506.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-262,894.
9	Total adjustments (net). Add lines 4 through 8	9	-259,388.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-334,544.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,142,575.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3,506.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	138,910.
e	Add lines 2a through 2d	2e	142,416.
3	Subtract line 2e from line 1	3	3,000,159.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,000,159.

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

1	Total expenses and losses per audited financial statements	1	3,214,225.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	138,910.
e	Add lines 2a through 2d	2e	138,910.
3	Subtract line 2e from line 1	3	3,075,315.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,075,315.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE GODMAN GUILD ASSOCIATION HAS TWO SEPARATE,
TEMPORARILY RESTRICTED NET ASSET FUNDS, WHICH INCLUDES THE CAMP MARY ORTON
BATHROOMS FUND AND THE SCHOLARSHIPS - SUMMER YOUTH ENDOWMENT PROGRAM FUND.
THE GODMAN GUILD PREVIOUSLY HAD A THIRD TEMPORARILY RESTRICTED NET ASSET
FUND, THE CAMP ROAD - NATIONWIDE FUND, FOR WHICH THE FUNDS HAVE BEEN
COMPLETELY EXPENDED FOR THE CAMP MARY ORTON ACCESS ROAD.
THE CAMP MARY ORTON BATHROOMS FUND IS COMPOSED OF TEMPORARILY RESTRICTED
NET ASSETS THAT ARE DESIGNATED FOR THE REPAIR AND IMPROVEMENT OF BATHROOMS

Part XIV Supplemental Information (continued)

AT CAMP MARY ORTON.

THE SCHOLARSHIPS - SUMMER YOUTH ENDOWMENT PROGRAM FUND IS COMPOSED OF TEMPORARILY RESTRICTED NET ASSETS DESIGNATED TO HELP PAY FOR EXPENSES TO ALLOW YOUTH TO ATTEND A VARIETY OF SUMMER PROGRAMS AT NO COST.

PART X, LINE 2: EFFECTIVE JANUARY 1, 2010, GENERALLY ACCEPTED ACCOUNTING PRINCIPLES REQUIRE THE ASSOCIATION TO EVALUATE THE LEVEL OF UNCERTAINTY RELATED TO WHETHER TAX POSITIONS TAKEN WILL BE SUSTAINED UPON EXAMINATION. ANY POSITIONS TAKEN THAT DO NOT MEET THE MORE-LIKELY-THAN-NOT THRESHOLD MUST BE QUANTIFIED AND RECORDED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE ACCOMPANYING STATEMENT OF FINANCIAL POSITION ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION. MANAGEMENT BELIEVES THAT NONE OF THE TAX POSITIONS TAKEN WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES HAVE BEEN RECORDED. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEAR 2007 AND PRIOR.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PRIOR PERIOD ADJUSTMENT - NET PERIOD BENEFIT PENSION COST	-262,894.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES NETTED WITH RENTAL INCOME	88,204.
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT INCOME	50,706.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	138,910.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

RENTAL EXPENSES NETTED WITH RENTAL INCOME	88,204.
SPECIAL EVENT EXPENSES NETTED WITH SPECIAL EVENT INCOME	50,706.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	138,910.

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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 (add col. (a) through col. (c))
		BICENTENNIAL CELEBRATION		NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	41,107.			41,107.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	41,107.			41,107.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	530.			530.
	6 Rent/facility costs				
	7 Food and beverages	5,772.			5,772.
	8 Entertainment	12,480.			12,480.
	9 Other direct expenses	8,681.			8,681.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(27,463)
	11 Net income summary. Combine line 3, column (d), and line 10				13,644.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				(_____)	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

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

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:

13a		%
13b		%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

**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.**

Name of the organization **GODMAN GUILD ASSOCIATION** Employer identification number **31-4379478**

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 ▶ (<u>SUPPLIES</u>)	X	0	31,910.	FAIR-MARKET VALUE
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** **1**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
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?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

GODMAN GUILD ASSOCIATION

Employer identification number

31-4379478

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NORTH SIDE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEVEN SETTLEMENT HOUSES SERVING COLUMBUS, AND AN ACTIVE MEMBER OF THE
COLUMBUS FEDERATION OF SETTLEMENTS. THE GODMAN GUILD ASSOCIATION'S
PROGRAMS ARE DESIGNED TO BE COMPREHENSIVE, PROVIDING A FULL RANGE OF
SERVICES FOR BOTH YOUTH AND ADULTS, WITH THE ULTIMATE GOAL OF MAKING
FAMILIES STRONG AND SELF SUFFICIENT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TUTORING AND HOMEWORK HELP LED BY THE ASSOCIATION'S STAFF AND SUPPORTED
BY VOLUNTEER TUTORS AND WORK-STUDY STUDENTS. A.C.E.S. OPERATES FIVE
DAYS A WEEK AND ON FRIDAY OFFERS STUDENTS THREE SPECIAL INTEREST CLUBS;
GARDENING, HEALTH & FITNESS, AND ART & MUSIC ACTIVITIES. THESE CLUBS
ALLOW STUDENTS TO PURSUE INDIVIDUAL INTERESTS AND DEVELOP NEW TALENT
THAT THEY MAY NOT HAVE THE OPPORTUNITY TO DO IN THE CLASSROOM OR AT
HOME. SPECIAL GUESTS AND FIELD TRIPS ROUND OUT THE A.C.E.S.
EXPERIENCE.

- T.E.E.N. IS A PROGRAM DESIGNED FOR TEENS WITH INPUT FROM TEENS.

T.E.E.N. HELPS TO PREPARE OLDER YOUTH FOR ADULTHOOD BY PROVIDING
ACTIVITIES THAT CENTER ON ACADEMIC ENRICHMENT, CAREER EXPLORATION AND
DEVELOPMENT, LEADERSHIP DEVELOPMENT AND PERSONAL/SOCIAL SKILL
DEVELOPMENT. DURING THE SCHOOL YEAR, EACH TEEN IS MATCHED WITH A
PERSONAL ADVOCATE WHO WORKS WITH HIM OR HER TO SET AND ACHIEVE PERSONAL
AND PROGRAM GOALS. IT IS THROUGH THIS PROCESS THAT TEENS CHOOSE WHICH

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OF THE FOLLOWING ACTIVITIES THEY WILL PARTICIPATE IN: CAREER

EXPLORATION AND EMPLOYMENT: YOUTH ON THIS TRACK LEARN BASIC WORK

READINESS SKILL AND EMBARK ON A DETAILED EXPLORATION OF PERSONAL AND

CAREER INTERESTS; ENRICHMENT CLASSES: THESE CLASSES INCLUDE FINANCIAL

LITERACY, AVOIDING RISKY BEHAVIORS, FAMILY PLANNING AND LEADERSHIP

DEVELOPMENT; EDGE TUTORING: EDUCATING, DEVELOPING, GRADUATING, AND

EXPERIENCING ("EDGE") FOCUSES ON SKILLS INSTRUCTION IN READING,

WRITING, MATH, HOMEWORK HELP, TEST TAKING STRATEGIES, AND OHIO

GRADUATION TEST PREPARATION

- S.Y.E.P. PROVIDES AGE APPROPRIATE ACTIVITIES DURING THE SUMMER THAT

ALLOW YOUNG PEOPLE TO DEVELOP AND BUILD SKILL UPON SKILL IN ORDER TO

BECOME PRODUCTIVE ADULTS WHO ARE POSITIVELY ENGAGED IN THEIR

COMMUNITIES. SYEP HAS 4 MAIN COMPONENTS: SUMMERTIME SAFARI,

P.R.I.D.E., JR. STAFF (LEADERSHIP INTERN) PROGRAM AND S.T.E.P.

- THE P.R.I.D.E PROGRAM FOCUSES ON TRADITIONS AND EMPHASIZES

COOPERATION OVER COMPETITION TO CREATE A SENSE OF BELONGING AND

OWNERSHIP. CHILDREN ARE ENCOURAGED AND CHALLENGED TO TRY NEW THINGS,

LOOK AT OLD PROBLEMS IN NEW WAYS, AND WORK OUT PROBLEMS APPROPRIATELY.

ALL OF THIS TAKES PLACE IN A SAFE ENVIRONMENT THAT ALLOWS EACH YOUTH TO

MAKE FRIENDS, SHARE EXPERIENCES AND LEARN ABOUT EACH OTHER'S

DIFFERENCES.

- SUMMERTIME SAFARI'S EDUCATIONAL LITERACY DAYS ADD EDUCATIONAL

ENHANCEMENT ACTIVITIES DESIGNED TO INCREASE MATH, READING, AND SCIENCE

LITERACY. CHILDREN ROTATE THROUGH THE COUNTING CAVE, SCIENCE SWAMP,

AND READING RAINFOREST WHERE THEY ARE IMMERSSED IN A HANDS-ON AND

CREATIVE ENVIRONMENT DESIGNED TO ENABLE LEARNING TO FULLEST DEGREE.

THEY ALSO WORK IN THE WEINLAND PARK COMMUNITY GARDEN WHERE THEY HAVE

THE OPPORTUNITY TO LEARN ABOUT GARDENING, GROWING HEALTHY FOODS, AND

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MOST IMPORTANTLY BECOMING ECOLOGICALLY AWARE. CHILDREN THAT ATTEND THE S.Y.E.P. DAY CAMP SPEND TIME IN SUPERVISED RECREATIONAL ACTIVITIES LIKE SWIMMING AND NATURE HIKES. CHILDREN 13 AND OVER ARE OFFERED THE JR. STAFF PROGRAM.

- THE JR. STAFF PROGRAM OFFERS VETERAN CAMPERS THE OPPORTUNITY TO DEVELOP JOB READINESS SKILLS. DESIGNED FOR YOUTH AGES 13 TO 18 YEARS OLD, JR. STAFF PROGRAM TRAINS THEM IN ALL AREAS OF EMPLOYMENT INCLUDING JOB TRAINING, SUPERVISION, EVALUATION OF PROGRESS, LEADERSHIP DEVELOPMENT AND FINANCIAL LITERACY. YOUTH IN THE JR. STAFF PROGRAM RECEIVE A MODEST STIPEND AT THE COMPLETION OF THE PROGRAM.

- S.T.E.P. IS A COMPETITIVE CAREER EXPLORATION AND DEVELOPMENT PROGRAM THAT EXPOSES YOUTH AGES 14 TO 21 YEARS OLD TO HIGH GROWTH, HIGH DEMAND JOB OPPORTUNITIES IN THE CENTRAL OHIO MARKET. EACH YOUTH HAS THE OPPORTUNITY TO ATTEND AN INTERNSHIP FAIR WHERE THEY MEET AND TALK WITH EMPLOYERS AND EXPLORE A VARIETY OF INTERNSHIPS AVAILABLE DURING THE SUMMER. INTERNSHIPS CAN BE OBTAINED IN MANY FIELDS INCLUDING EDUCATION, BUSINESS AND TECHNOLOGY, HEALTH CARE, THE ARTS, GREEN INDUSTRY, ENGINEERING AND ENTREPRENEURSHIP. DOZENS OF AREA EMPLOYERS PROVIDE YOUTH WITH PAID INTERNSHIPS THAT LAST FROM 6 TO 8 WEEKS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SKILLS TO OBTAIN AND RETAIN EMPLOYMENT (SUCH AS RESUME AND COVER LETTER WRITING, COMPUTER SKILLS, INTERVIEWING, TEAMWORK, CONFLICT RESOLUTION, AND FINANCIAL MANAGEMENT), AND NETWORKING WITH EMPLOYERS. GRADUATES ARE ELIGIBLE FOR JOB PLACEMENT AND JOB RETENTION SERVICES.

- EMPLOYMENT WORKSHOPS ARE TWO HOURS IN LENGTH AND ARE DESIGNED TO ADDRESS SPECIFIC TOPICS SUCH AS CREATING PERSONAL MARKETING MATERIALS, INTERVIEW SKILLS, EMPLOYER EXPECTATIONS AND JOB SEARCH.

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- READY! SET! GO TO WORK! IS A 15-HOUR WORK READINESS COURSE WHICH PROVIDES TRAINING IN ESSENTIAL WORK READINESS CONTENT AREAS AND IS DESIGNED TO BE A COMPLIMENT TO WORKSHOPS OFFERED BY THE CENTRAL OHIO WORKFORCE INVESTMENT CORPORATION. ADULTS WHO COMPLETE THIS COURSE WILL BE EQUIPPED TO TRANSITION INTO ADVANCED TRAINING, ON-THE-JOB TRAINING, CAREER EXPLORATION TRAINING AND PERMANENT EMPLOYMENT.

- SPRINGBOARD IS A SUMMER INTERNSHIP PROGRAM FOR ADULTS RANGING FROM 18 TO 24 YEARS OLD. IT INCLUDES CAREER EXPLORATION, BASIC WORK READINESS INSTRUCTION, A PAID INTERNSHIP AND JOB COACHING TO REINFORCE SKILLS LEARNED AND ASSIST WITH RESOLVING JOB RELATED ISSUES. COMPLETERS ARE ELIGIBLE FOR JOB PLACEMENT AND JOB RETENTION SERVICES

- HIRING EVENTS ARE OFFERED PERIODICALLY AND ARE TAILORED TO MEET THE EMPLOYMENT NEEDS OF A SPECIFIC COMPANY WITH MULTIPLE JOB OPENINGS FOR AREA JOB SEEKERS.

- GED/ABLE CLASSES ARE DESIGNED TO HELP INDIVIDUALS REACH THEIR GOALS TO IMPROVE THEIR BASIC SKILLS, OBTAIN A GED AND TRANSITION INTO EMPLOYMENT AND/OR POST-SECONDARY EDUCATION. CLASSES ARE OFFERED AT NO COST AND ALL LEARNING SUPPLIES ARE PROVIDED. INSTRUCTION INCLUDES INDIVIDUAL TUTORING, SMALL GROUP, LARGE GROUP AND COMPUTER BASED LESSONS.

COMBINED GED/ABLE AND EMPLOYMENT CLASSES ARE 8 WEEKS IN LENGTH AND ARE DESIGNED TO PREPARE ADULTS TO EARN A GED AND OBTAIN EMPLOYMENT. MATH, READING AND WRITING SKILLS ARE TAUGHT WITHIN THE CONTEXT OF THE WORKPLACE. THIS COURSE INCLUDES ALL THE MATERIAL COVERED IN THE JOB SUCCESS PROGRAM. THOSE WHO COMPLETE THESE CLASSES ARE ELIGIBLE FOR JOB PLACEMENT AND JOB RETENTION SERVICES. GED PRACTICE TESTING IS A FREE SERVICE OFFERED ON A MONTHLY BASIS. THOSE WHO PASS ARE PROVIDED

REGISTRATION ASSISTANCE AND IF THEY MEET SPECIFIC QUALIFICATIONS THEY

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ARE ALSO ELIGIBLE TO EARN A FEE WAIVER TO COVER THE REGISTRATION FEE FOR THE OFFICIAL GED TEST.

- THE GODMAN GUILD/OSU EXTENSION LEARNING CENTER IS A STATE-OF-THE-ART COMPUTER LAB ASSISTING ADULTS IN MEETING THEIR EDUCATION AND EMPLOYMENT GOALS THROUGH: OPEN LAB TO PRACTICE KEYBOARDING SKILLS, CHECK EMAIL, TYPE A COVER LETTER, CONDUCT ONLINE JOB SEARCHES, TAKE ONLINE CLASSES, AND MORE; COMPUTER CLASSES RANGE FROM BASIC KEYBOARDING, INTERNET/EMAIL, WINDOWS XP AND OFFICE XP TO IC AND MOUS CERTIFICATION COURSES; VOLUNTEER INCOME TAX ASSISTANCE PROGRAM PROMOTES THE EARNED INCOME TAX CREDIT AND PROVIDES FREE TAX PREPARATION AND FINANCIAL MANAGEMENT RESOURCES FOR LOW-INCOME TAXPAYERS; COLLEGE GOAL SUNDAY PROVIDES FINANCIAL AID INFORMATION AND ASSISTANCE FOR COLLEGE BOUND ADULTS.

- THE TRANSITIONS PROGRAM IS DESIGNED TO PREPARE ADULTS WHO ARE CLOSE TO GETTING A GED OR WHO HAVE A HIGH SCHOOL DIPLOMA/GED TO ENTER COLLEGE, VOCATIONAL TRAINING OR APPRENTICESHIP PROGRAM, COMPLETE THEIR DEGREE/CERTIFICATION AND OBTAIN LIVING WAGE EMPLOYMENT. THIS PROGRAM IS 18 TO 30 MONTHS IN DURATION AND BRIDGES THE GAP BETWEEN GED OR HIGH SCHOOL AND HIGHER EDUCATION. IT INCLUDES A RIGOROUS 12 WEEK COURSE TO PREPARE ADULTS PERSONALLY, ACADEMICALLY, AND FINANCIALLY FOR HIGHER EDUCATION, CAREER COACHING AND MENTORING, JOB PLACEMENT ASSISTANCE IN YOUR FIELD OF STUDY AND \$550 TO \$950 IN FINANCIAL INCENTIVES FOR ACHIEVING SPECIFIC OUTCOMES.

- CAREER COACHING IS A FREE SERVICE THAT PROVIDES CAREER COUNSELING, CRISIS INTERVENTION, GOAL SETTING, LINKAGES TO COMMUNITY RESOURCES, SUPPORT, AND EDUCATION TO ADULTS IN WORKFORCE DEVELOPMENT PROGRAMS TO ENSURE CONTINUED PARTICIPATION, SUCCESSFUL TRANSITION TO HIGHER EDUCATION AND LIVING WAGE EMPLOYMENT.

Name of the organization GODMAN GUILD ASSOCIATION	Employer identification number 31-4379478
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- FAMILY ADVOCACY AT THE OSU SCHOENBAUM FAMILY CENTER AT WEINLAND PARK PROVIDES CRISIS INTERVENTION SUPPORT TO PARENTS AND STAFF AND ASSISTS PARENTS WITH IDENTIFYING STRENGTHS AND GOALS AND DEVELOPING PLANS TO ACHIEVE GOALS IN AREAS SUCH AS: BASIC NEEDS, EMPLOYMENT, EDUCATION, ASSET BUILDING, HEALTH CARE, CHILDCARE, AND TRANSPORTATION. THE FAMILY ADVOCATE PROVIDES GUIDANCE AND MORAL SUPPORT AND LINKS PARENTS WITH COMMUNITY RESOURCES. THE FAMILY ADVOCATE ALSO MANAGES THE CENTERS ENROLLMENT PROCESS.

- WEE P.L.A.Y. IS A FREE CHILDCARE SERVICE FOR THE CHILDREN OF WORKFORCE DEVELOPMENT PARTICIPANTS. THESE SERVICES ARE AVAILABLE DURING THE HOURS THE ADULT IS ENGAGED IN JOB SUCCESS, GED/ABLE, COMBINED GED/ABLE AND EMPLOYMENT AND TRANSITIONS CLASSES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ACTIVITIES FOCUS ON DEVELOPING TEAM WORK AND COLLABORATION AMONG PARTICIPANTS IN GROUPS LED BY A TRAINED FACILITATOR AND HELD EITHER ON THE GROUND OR ON A HIGH ROPES COURSE.

- THE ADVENTURE ACADEMY SERVES YOUTH AGES 7 TO 14 YEARS OLD WITH WEEK-LONG DAY CAMP SESSIONS THAT INCLUDE ACTIVITIES SUCH AS HIKING, SWIMMING, AND STRUCTURED EDUCATIONAL AND SOCIAL ACTIVITIES.

- CMO IS THE HOST SITE FOR THE ASSOCIATION'S SUMMER CAMP PROGRAMS DESIGNED TO PROVIDE STRUCTURE AND CONTINUED DEVELOPMENT BETWEEN SCHOOL YEARS FOR CHILDREN IN THE ASSOCIATION'S SERVICE AREA.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM. THE FORM 990 IS THEN REVIEWED BY THE FINANCE COMMITTEE. A COPY OF THE 990 IS PROVIDED TO THE FULL BOARD OF DIRECTORS PRIOR TO FILING.

Name of the organization GODMAN GUILD ASSOCIATION	Employer identification number 31-4379478
------------------------------------------------------	----------------------------------------------

FORM 990, PART VI, SECTION B, LINE 12C: IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE TRUSTEES AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON HE/SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS AND FOLLOW PROCEDURES IN PLACE FOR ADDRESSING THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR INCLUDES A REVIEW OF THE COMPENSATION PACKAGE, PERFORMANCE AND USE OF COMPARABILITY DATA FOR SIMILARLY SIZED AND SITUATED NON-PROFIT ORGANIZATIONS. THE COMPENSATION PACKAGE IS DETERMINED BY THE ORGANIZATION'S INDEPENDENT BOARD AND IS DOCUMENTED IN THE MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 3,506.

Name of the organization GODMAN GUILD ASSOCIATION	Employer identification number 31-4379478
-------------------------------------------------------------	-----------------------------------------------------

PRIOR PERIOD ADJUSTMENT - NET PERIOD BENEFIT PENSION COST -262,894.

TOTAL TO FORM 990, PART XI, LINE 5 -259,388.

FORM 990, PART XI, LINE 2C:

AUDIT COMMITTEE

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN
INDEPENDENT AUDITOR. THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE
PREVIOUS YEAR.

Public Disclosure Copy

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2010

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2010 or other tax year beginning , and ending

A Check box if address changed; B Exempt under section 501(c)(3); Name of organization: GODMAN GUILD ASSOCIATION; Address: 303 EAST SIXTH AVENUE, COLUMBUS, OH 43201; Employer identification number: 31-4379478

C Book value of all assets at end of year: 2,796,718.; F Group exemption number; G Check organization type: 501(c) corporation

H Describe the organization's primary unrelated business activity: CAMP MARY ORTON CORPORATE RENTALS

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No

J The books are in care of ELLEN MOSS WILLIAMS; Telephone number: 614-694-5476

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (1,650), Total (60,944), and Net (-27,261).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows include Compensation of officers, directors, and trustees; Total deductions (0); Unrelated business taxable income before net operating loss deduction (-27,261); Unrelated business taxable income (-27,261).

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
36 Trusts Taxable at Trust Rates. See instructions for tax computation.
37 Proxy tax. See instructions
38 Alternative minimum tax
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)
40b Other credits (see instructions)
40c General business credit. Attach Form 3800
40d Credit for prior year minimum tax (attach Form 8801 or 8827)
40e Total credits. Add lines 40a through 40d
41 Subtract line 40e from line 39
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
43 Total tax. Add lines 41 and 42
44a Payments: A 2009 overpayment credited to 2010
44b 2010 estimated tax payments
44c Tax deposited with Form 8868
44d Foreign organizations: Tax paid or withheld at source (see instructions)
44e Backup withholding (see instructions)
44f Credit for small employer health insurance premiums (Attach Form 8941)
44g Other credits and payments: Form 2439 Form 4136 Other
45 Total payments. Add lines 44a through 44g
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid
49 Enter the amount of line 48 you want: Credited to 2011 estimated tax Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.
3 Enter the amount of tax-exempt interest received or accrued during the tax year

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year
2 Purchases
3 Cost of labor
4a Additional section 263A costs
4b Other costs (attach schedule)
5 Total. Add lines 1 through 4b
6 Inventory at end of year
7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2
8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: GRETA RZYMEK, CPA
Date: 11/14/11
Title: EXECUTIVE DIRECTOR
May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: GRETA RZYMEK, CPA
Preparer's signature: GRETA RZYMEK, CPA
Date: 11/14/11
Check if self-employed: []
PTIN: P00181209
Firm's name: REA & ASSOCIATES INC, CPA'S
Firm's EIN: 34-1310124
Firm's address: 5775 PERIMETER DRIVE - SUITE 200 DUBLIN, OH 43017-3224
Phone no.: (614) 889-8725

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1) CMO CORPORATE RENTALS

(2)

(3)

(4)

2. Rent received or accrued

Table with columns for (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income. Total income is 59,294 and total deductions are 88,205.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 59,294. (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 88,205.

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with columns for Description of debt-financed property, Gross income from or allocable to debt-financed property, Deductions directly connected with or allocable to debt-financed property, Amount of average acquisition debt, Average adjusted basis, Column 4 divided by column 5, Gross income reportable, and Allocable deductions. Totals are 0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table for Exempt Controlled Organizations with columns for Name of controlled organization, Employer identification number, Net unrelated income (loss), Total of specified payments made, Part of column 4 that is included in the controlling organization's gross income, and Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table for Nonexempt Controlled Organizations with columns for Taxable Income, Net unrelated income (loss), Total of specified payments made, Part of column 9 that is included in the controlling organization's gross income, and Deductions directly connected with income in column 10. Totals are 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Totals row shows 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss), 5. Gross income from activity, 6. Expenses attributable, 7. Excess exempt expenses. Totals row shows 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Totals row shows 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percent of time devoted to business, 4. Compensation attributable to unrelated business. Total row shows 0.

FOOTNOTES

STATEMENT 1

NET OPERATING LOSS GENERATED IN FYE 6/30/05	2,065.
NET OPERATING LOSS GENERATED IN FYE 6/30/06	15,424.
NET OPERATING LOSS GENERATED IN FYE 6/30/07	40,317.
NET OPERATING LOSS USED IN FYE 6/30/08	-8,279.
NET OPERATING LOSS GENERATED IN FYE 6/30/09	43,844.
NET OPERATING LOSS GENERATED IN SHORT FYE 12/31/09	14,400.
NET OPERATING LOSS GENERATED IN FYE 12/31/10	27,261.
NET OPERATING LOSS AVAILABLE FOR CARRYOVER	135,032.

Public Disclosure Copy

FORM 990-T DEDUCTIONS CONNECTED WITH RENTAL INCOME STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		46,561.	
RETIREMENT AND PENSION EXPENSES		0.	
HEALTH INSURANCE		6,024.	
LIFE INSURANCE		327.	
LONG-TERM DISABILITY		215.	
PAYROLL TAXES		3,343.	
WORKERS COMPENSATION		285.	
PROFESSIONAL FEES		255.	
BUILDING REPAIRS AND MAINTENANCE		10,475.	
UTILITIES		19,012.	
JANITORIAL SUPPLIES		1,708.	
- SUBTOTAL -	1		88,205.
TOTAL TO FORM 990-T, SCHEDULE C, COLUMN 3			88,205.

Public Disclosure Copy

Depreciation and Amortization 990 (Including Information on Listed Property)

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

See separate instructions. Attach to your tax return.

Attachment Sequence No. 67

GODMAN GUILD ASSOCIATION

FORM 990 PAGE 10

Identifying number 31-4379478

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.

Table with 5 main rows for Section 179 election. Line 1: 500,000. Line 3: 2,000,000. Line 12: 113,929.

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.)

Table for Part II with 3 rows. Line 16: 113,929.

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

Section A

Table for Section A with 2 rows. Line 17: 17.

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table for Section B with 9 rows (19a-i) detailing property classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table for Section C with 3 rows (20a-c) detailing class life, recovery period, convention, and method.

Part IV Summary (See instructions.)

Table for Part IV with 3 rows. Line 22: 113,929. Line 23: 23.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main rows (30-36) and 12 sub-columns for vehicle availability and use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with 5 rows (37-41) and 2 columns (Yes/No).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2010 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2010 tax year 43

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

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization GODMAN GUILD ASSOCIATION	Employer identification number 31-4379478
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 303 EAST SIXTH AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBUS, OH 43201	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ELLEN MOSS WILLIAMS

- The books are in the care of ▶ **303 EAST SIXTH AVENUE, - COLUMBUS, OH 43201-2888**
 Telephone No. ▶ **614-694-5476** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2010** or
 ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization GODMAN GUILD ASSOCIATION	Employer identification number 31-4379478
	Number, street, and room or suite no. If a P.O. box, see instructions. C/O REA & ASSOCIATES - 5775 PERIMETER DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DUBLIN, OH 43017	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ELLEN MOSS WILLIAMS

• The books are in the care of ▶ **303 EAST SIXTH AVENUE, - COLUMBUS, OH 43201-2888**

Telephone No. ▶ **614-694-5476** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**.

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return

Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO ENSURE A COMPLETE AND ACCURATE RETURN AND ENSURE THOROUGH REVIEW BY THE APPROPRIATE PERSONS WITHIN THE ORGANIZATION.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ _____ Title ▶ **CPA** Date ▶ _____

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning _____, 2010, and ending _____, 20____

2010

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

GODMAN GUILD ASSOCIATION

31-4379478

Name and title of officer

**ELLEN MOSS WILLIAMS
EXECUTIVE DIRECTOR**

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 here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>3000159</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b 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 2010 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 **REA & ASSOCIATES INC** to enter my PIN **79478**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 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 2010 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 ▶ _____

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.

31310579478
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 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 ▶ **11/14/11**

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