

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the **2017** calendar year, or tax year beginning , **2017**, and ending , **20**

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 GUILDNET, INC.			D Employer identification number 13-3936057
	Doing Business As			E Telephone number (212) 769-6331
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	G Gross receipts \$ 988,570,013.
	250 WEST 64TH STREET			
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10023				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: ALAN R. MORSE 250 WEST 64TH STREET NEW YORK, NY 10023				
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				
J Website: WWW.GUILDNETNY.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: 1999				M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MANAGED LONG TERM CARE HEALTH PLANS; SEE PART III FOR MORE INFORMATION.</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	10.		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8.		
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	459.		
	6 Total number of volunteers (estimate if necessary)	6	6.		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-21,161.		
b Net unrelated business taxable income from Form 990-T, line 34	7b	-23,331.			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	0.	Current Year	0.
	9 Program service revenue (Part VIII, line 2g)	1,127,222,430.	824,203,553.	COPY FOR PUBLIC INSPECTION	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,279,295.	2,811,188.		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,258.	853,360.		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,134,697,983.	827,868,101.		
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
Expenses	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)	71,806,642.	61,389,359.		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,145,830,261.	788,796,888.		
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,217,636,903.	850,186,247.		
19 Revenue less expenses. Subtract line 18 from line 12	-82,938,920.	-22,318,146.			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	288,270,358.	End of Year	200,018,430.
	21 Total liabilities (Part X, line 26)	247,613,938.	174,553,083.		
	22 Net assets or fund balances. Subtract line 21 from line 20.	40,656,420.	25,465,347.		

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	11/09/2018	Date
	CHRISTINA WONG Type or print name and title	CFO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DAVID M HIGHFILL	<i>David M. Highfill</i>	11/09/2018
	Firm's name ▶ KPMG LLP	Check <input type="checkbox"/> if self-employed	PTIN P01517891
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102	Firm's EIN ▶ 13-5565207	Phone no. 212-758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**
► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for *Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. GUILDNET, INC.	Employer identification number (EIN) or 13-3936057
	Number, street, and room or suite no. If a P.O. box, see instructions. 250 WEST 64TH STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10023	

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

CHRISTINA WONG

- The books are in the care of ► 250 WEST 64TH STREET NEW YORK NY 10023

Telephone No. ► 212 769-6273 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 6-month extension of time until 11/15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 2017 or
- tax year beginning _____, 20____, and ending _____, 20____.

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 Forms 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 Forms 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

TO ENSURE THE PROVISION OF HIGH QUALITY HOME AND COMMUNITY BASED SERVICES TO RESIDENTS OF NEW YORK CITY ENROLLED IN GUILDNET'S PLANS, SO THAT THEY CAN LEAD PRODUCTIVE LIVES AND REMAIN IN THEIR HOMES AND COMMUNITIES AS LONG AS POSSIBLE. SEE SCHEDULE O FOR MORE INFORMATION.

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

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

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

4a (Code:) (Expenses \$ 773,802,287. including grants of \$) (Revenue \$ 825,056,913.)
GUILDNET, INC. OPERATES A MEDICAID MANAGED LONG TERM CARE HEALTH PLAN TO MEDICAID BENEFICIARIES RESIDING IN NEW YORK CITY WHO REQUIRE HEALTH CARE AND COMMUNITY-BASED SERVICES. SEE SCHEDULE O FOR MORE INFORMATION.

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

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

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

4e Total program service expenses ▶ 773,802,287.

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)?		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 for which 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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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 and XII.</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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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> (see instructions).		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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No response columns. Includes sub-questions for various IRS forms and organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (10), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: HIMANSHU SHAH 250 WEST 64TH STREET NEW YORK, NY 10023 212-769-6331

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

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES M. DUBIN CHAIRMAN	.1090	X		X				0.	0.	0.
(2) JOSEPH A. RIPP VICE CHAIRMAN	.1080	X		X				0.	0.	0.
(3) ALAN R. MORSE CHIEF EXECUTIVE OFFICER	40.50 9.50	X		X			830,334.	194,770.	39,133.	
(4) SARAH E. SMITH TREASURER	.1080	X		X			0.	0.	0.	
(5) ROBERT B. OKUN SECRETARY	.1080	X		X			0.	0.	0.	
(6) LAWRENCE E. GOLDSCHMIDT DEPUTY CHAIR	.1080	X		X			0.	0.	0.	
(7) JONATHAN M. WAINWRIGHT DEPUTY CHAIR	.1080	X		X			0.	0.	0.	
(8) WANDA FIGUEROA-KILROY PRESIDENT - THRU 1/17/2017	40.00 0.	X		X			542,804.	0.	29,184.	
(9) MARIOS DAMIANIDES DIRECTOR	.1080	X					0.	0.	0.	
(10) PAULINE RAIFF IMMEDIATE PAST CHAIR	.1080	X					0.	0.	0.	
(11) RONALD G. WEINER DEPUTY CHAIR	.1080	X					0.	0.	0.	
(12) CHARLES BLUM GENERAL COUNSEL	25.00 15.00			X			232,903.	139,741.	53,677.	
(13) BRUCE MASTALINSKI - 9/29/17 CHIEF COMPLIANCE OFFICER	24.17 15.83			X			252,634.	165,386.	21,822.	
(14) SARAH SPICEHANDLER ASSISTANT SECRETARY	.35 34.65			X			882.	87,053.	30,040.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CATHLEEN WIRTS ----- CHIEF STRATEGY OFFICER	0. ----- 40.00			X				0.	273,510.	28,404.
(16) CHRISTINA WONG ----- CHIEF FINANCIAL OFFICER	25.37 ----- 14.63			X				310,609.	179,187.	40,713.
(17) KAREN WISH ----- CHIEF MARKETING OFFICER	0. ----- 40.00			X				0.	326,138.	54,155.
(18) IRMA EVANS ----- ASST. SECRETARY - THRU 9/8/17	.35 ----- 34.65			X				567.	56,119.	16,212.
(19) KELLYANNE CAIVANO ----- ASST. TREASURER - THRU 2/10/17	22.20 ----- 12.80			X				39,180.	22,602.	4,744.
(20) MARK G. ACKERMANN ----- LGI EXECUTIVE VP & COO	.50 ----- 49.50					X		6,455.	639,002.	62,239.
(21) ELSA ESCALERA ----- CHIEF MEDICAL OFFICER	3.99 ----- 31.01					X		27,395.	212,915.	57,095.
(22) MELISSA ROSENBAUM ----- VP HUMAN RESOURCES	20.87 ----- 14.13					X		111,104.	75,210.	59,628.
(23) LISA FERFOGLIA ----- HR & SITE ADMINISTRATOR	20.87 ----- 14.13					X		98,663.	66,789.	26,629.
(24) HELEN CHANG ----- NEUROLOGIST	9.45 ----- 25.55					X		64,884.	175,426.	57,095.
1b Sub-total								1,859,557.	586,950.	173,856.
c Total from continuation sheets to Part VII, Section A								658,857.	2,026,898.	406,914.
d Total (add lines 1b and 1c)								2,518,414.	2,613,848.	580,770.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 91

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 1		

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 ► 397

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f ▶			0.			
Program Service Revenue	2a CAPITATION PAYMENTS	Business Code		810,156,299.	810,156,299.		
		524114					
	b CLIENT SPENDDOWN	524114		10,596,349.	10,596,349.		
	c NET AVAILABLE MONTHLY INCOME	524114		3,450,905.	3,450,905.		
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			824,203,553.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			2,436,826.		-21,161.	2,457,987.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		161,076,274.					
	b Less: cost or other basis and sales expenses			160,701,912.			
	c Gain or (loss)			374,362.			
	d Net gain or (loss) ▶			374,362.			374,362.
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
	b Less: direct expenses b						
c Net income or (loss) from fundraising events. ▶			0.				
9a Gross income from gaming activities. See Part IV, line 19 a							
b Less: direct expenses b							
c Net income or (loss) from gaming activities. ▶			0.				
10a 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. ▶			0.				
Miscellaneous Revenue			Business Code				
11a DOH QUALITY INCENTIVE - (QIVAPP)			820,366.	820,366.			
b RECOVERY OF COSTS			32,994.	32,994.			
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶			853,360.				
12 Total revenue. See instructions. ▶			827,868,101.	825,056,913.	-21,161.	2,832,349.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

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 domestic organizations and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,346,820.		2,346,820.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	41,235,291.	24,056,430.	17,178,861.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,684,256.	2,640,744.	2,043,512.	
9 Other employee benefits	9,851,615.	5,612,927.	4,238,688.	
10 Payroll taxes	3,271,377.	1,835,328.	1,436,049.	
11 Fees for services (non-employees):				
a Management	0.			
b Legal	568,415.		568,415.	
c Accounting	340,797.		340,797.	
d Lobbying	31,000.		31,000.	
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	781,448.		781,448.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 2	678,634,510.	674,205,250.	4,429,260.	
12 Advertising and promotion	175,302.		175,302.	
13 Office expenses	1,669,974.		1,669,974.	
14 Information technology	6,900,665.		6,900,665.	
15 Royalties	0.			
16 Occupancy	6,187,230.		6,187,230.	
17 Travel	28,739,978.	28,652,805.	87,173.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	247.		247.	
20 Interest	3,335,586.		3,335,586.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	6,298,667.		6,298,667.	
23 Insurance	747,203.	141,899.	605,304.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPORT SERVICES	27,674,384.	27,617,079.	57,305.	
b HEALTH CARE COSTS	9,932,272.		9,932,272.	
c BAD DEBT	7,417,444.		7,417,444.	
d ALL OTHER EXPENSES	9,361,766.	9,039,825.	321,941.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	850,186,247.	773,802,287.	76,383,960.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	78,450,736.	1	14,917,978.
	2 Savings and temporary cash investments	14,875,174.	2	6,712,625.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	4,191,344.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	155,256.	9	424,091.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 13,578,272.		
	b Less: accumulated depreciation	10b 7,477,658.	6,250,190.	10c 6,100,614.
	11 Investments - publicly traded securities	142,979,114.	11	147,810,169.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	6,214,000.	14	3,035,000.
	15 Other assets. See Part IV, line 11	35,154,544.	15	21,017,953.
16 Total assets. Add lines 1 through 15 (must equal line 34)	288,270,358.	16	200,018,430.	
Liabilities	17 Accounts payable and accrued expenses	176,669,140.	17	90,258,669.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	70,944,798.	25	84,294,414.
	26 Total liabilities. Add lines 17 through 25	247,613,938.	26	174,553,083.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	40,656,420.	27	-16,158,966.
	28 Temporarily restricted net assets	0.	28	41,624,313.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), 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	40,656,420.	33	25,465,347.	
34 Total liabilities and net assets/fund balances	288,270,358.	34	200,018,430.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	827,868,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	850,186,247.
3	Revenue less expenses. Subtract line 2 from line 1	3	-22,318,146.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,656,420.
5	Net unrealized gains (losses) on investments	5	7,127,073.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,465,347.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
GUILDNET, INC.

Employer identification number
13-3936057

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2017

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2017; 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0.	0.	0.	0.	0.	0.
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	672,842,302.	826,020,217.	959,225,956.	1,127,222,430.	825,056,913.	4,410,367,818.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5.	672,842,302.	826,020,217.	959,225,956.	1,127,222,430.	825,056,913.	4,410,367,818.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b.						0.
8 Public support. (Subtract line 7c from line 6.)						4,410,367,818.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.	672,842,302.	826,020,217.	959,225,956.	1,127,222,430.	825,056,913.	4,410,367,818.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,351,358.	4,248,725.	3,676,908.	1,476,596.	2,436,826.	15,190,413.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	3,351,358.	4,248,725.	3,676,908.	1,476,596.	2,436,826.	15,190,413.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>			71,848.	196,258.		268,106.
13 Total support. (Add lines 9, 10c, 11, and 12.)	676,193,660.	830,268,942.	962,974,712.	1,128,895,284.	827,493,739.	4,425,826,337.
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	99.65%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	99.62%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	.34%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	.37%

19a 33 1/3% support tests - 2017. 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 - 2016. 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.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISCELLANEOUS			71,848.	196,258.		268,106.
TOTALS			<u>71,848.</u>	<u>196,258.</u>		<u>268,106.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization GUILDNET, INC.	Employer identification number 13-3936057
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		31,000.	144,000.
c Total lobbying expenditures (add lines 1a and 1b)		31,000.	144,000.
d Other exempt purpose expenditures		850,155,247.	124,064,790.
e Total exempt purpose expenditures (add lines 1c and 1d)		850,186,247.	124,208,790.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b) is:			
The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	1,152,821.
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	23,390.	28,020.	42,205.	31,000.	124,615.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as requested in the instructions above.

Part IV Supplemental Information *(continued)*

Part IV Supplemental Information (continued)ATTACHMENT 1SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: LIGHTHOUSE GUILD INTERNATIONAL
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 46-4215298
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT: 144,000.
 TOTAL LOBBYING EXPENDITURES: 144,000.
 OTHER EXEMPT PURPOSE EXPENDITURES: 16,307,255.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 16,451,255.
 LOBBYING NONTAXABLE AMOUNT: 972,563.
 GRASSROOTS NONTAXABLE AMOUNT: 243,141.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: J.G.B. HEALTH FACILITIES CORP
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-2795647
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 13,202,432.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 13,202,432.
 LOBBYING NONTAXABLE AMOUNT: 810,122.
 GRASSROOTS NONTAXABLE AMOUNT: 202,531.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)

ATTACHMENT 1 (CONT'D)

SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: GREATER BOSTON GUILD FOR THE BLIND
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 42-2103893
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 982.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 982.
 LOBBYING NONTAXABLE AMOUNT: 196.
 GRASSROOTS NONTAXABLE AMOUNT: 49.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: J.G.B. REHABILITATION CORPORATION
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-3439035
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 6,872,888.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 6,872,888.
 LOBBYING NONTAXABLE AMOUNT: 493,644.
 GRASSROOTS NONTAXABLE AMOUNT: 123,411.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: LIGHTHOUSE INTERNATIONAL
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-1096620
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 6,406,219.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 6,406,219.
 LOBBYING NONTAXABLE AMOUNT: 470,311.
 GRASSROOTS NONTAXABLE AMOUNT: 117,578.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: NAPVI, INC.
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 74-2095442
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 216,933.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 216,933.
 LOBBYING NONTAXABLE AMOUNT: 43,387.
 GRASSROOTS NONTAXABLE AMOUNT: 10,847.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME: THE JEWISH GUILD FOR THE BLIND
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-1623854
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 70,636,995.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 70,636,995.
 LOBBYING NONTAXABLE AMOUNT: 1,000,000.
 GRASSROOTS NONTAXABLE AMOUNT: 250,000.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

ORGANIZATION NAME: J.G.B. EDUCATION SERVICES
 ADDRESS: 250 WEST 64TH STREET
 NEW YORK, NY 10023
 EIN: 13-3419981
 GRASSROOTS LOBBYING AMOUNT:
 DIRECT LOBBYING AMOUNT:
 TOTAL LOBBYING EXPENDITURES:
 OTHER EXEMPT PURPOSE EXPENDITURES: 5,712,404.
 TOTAL EXEMPT PURPOSE EXPENDITURES: 5,712,404.
 LOBBYING NONTAXABLE AMOUNT: 435,620.
 GRASSROOTS NONTAXABLE AMOUNT: 108,905.
 TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:
 TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:
 SHARE OF EXCESS LOBBYING EXPENDITURES:

Part IV Supplemental Information (continued)ATTACHMENT 1 (CONT'D)SCHEDULE C, PART II-A, AFFILIATED ORGANIZATIONS

ORGANIZATION NAME:	JGB MENTAL HEALTH AND MENTAL RETARDATION	
ADDRESS:	250 WEST 64TH STREET	
	NEW YORK, NY 10023	
EIN:	20-1480790	
GRASSROOTS LOBBYING AMOUNT:		
DIRECT LOBBYING AMOUNT:		
TOTAL LOBBYING EXPENDITURES:		
OTHER EXEMPT PURPOSE EXPENDITURES:		4,708,682.
TOTAL EXEMPT PURPOSE EXPENDITURES:		4,708,682.
LOBBYING NONTAXABLE AMOUNT:		385,434.
GRASSROOTS NONTAXABLE AMOUNT:		96,359.
TOTAL GRASSROOTS LESS NONTAXABLE AMOUNT:		
TOTAL EXPENDITURES LESS NONTAXABLE AMOUNT:		
SHARE OF EXCESS LOBBYING EXPENDITURES:		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

GUILDNET, INC.

13-3936057

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items., 1b 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2017

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 XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %
The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
Table with columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM THIRD PARTY	15,645,790.
(2) DUE FROM AFFILIATES	5,090,144.
(3) OTHER ASSETS	282,019.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	21,017,953.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO THIRD PARTY PAYORS	2,977,859.
(3) SUBORDINATED SURPLUS	49,490,862.
(4) ACCRUED PREMIUM DEFICIENCY	10,141,000.
(5) DUE TO PROVIDERS	20,633,505.
(6) DUE TO AFFILIATES	1,051,188.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	84,294,414.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Totals: 1 826,796,942; 2e 7,127,733; 3 819,669,209; 4c 8,198,892; 5 827,868,101.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Totals: 1 841,988,015; 2e 660; 3 841,987,355; 4c 8,198,892; 5 850,186,247.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines for providing supplemental information.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

U.S. GAAP REQUIRES GUILDNET TO EVALUATE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY THAN NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY BASED UPON THE TECHNICAL MERITS OF THE POSITION. GUILDNET RECOGNIZES THE EFFECT OF TAX POSITIONS ONLY IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED.

GUILDNET HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDED DECEMBER 31, 2013 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

H.R. 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT ("THE ACT"), WAS SIGNED INTO LAW ON DECEMBER 22, 2017. THE ACT CONTAINS VARIOUS PROVISIONS AFFECTING NOT-FOR-PROFIT ENTITIES. TAX-EXEMPT ENTITIES ARE IMPACTED IN PART BY THE INCLUSION OF A NEW EXCISE TAX ON EXCESS COMPENSATION FOR COVERED EMPLOYEES AND CHANGES TO UNRELATED BUSINESS INCOME. MANAGEMENT OF GUILDNET'S PRELIMINARY ASSESSMENT IS THAT THERE IS NO IMPACT ON THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2017, BUT IS CURRENTLY ASSESSING THE OVERALL IMPACT OF THE ACT AND ITS IMPACT ON THE FINANCIAL STATEMENTS, INCLUDING FOR 2018.

SCHEDULE D, PART XI, LINE 4B AND PART XII, LINE 4B

SPENDDOWN BAD DEBT NETTED AGAINST REVENUE ON FINANCIAL STATEMENTS

\$7,417,444

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

GUILDNET, INC.

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-3936057

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	ALAN R. MORSE CHIEF EXECUTIVE OFFICER	(i)	791,972.	0.	38,362.	8,748.	22,949.	862,031.	0.
		(ii)	185,771.	0.	8,999.	2,052.	5,384.	202,206.	0.
2	WANDA FIGUEROA-KILROY PRESIDENT - THRU 1/17/2017	(i)	57,234.	0.	485,570.	2,296.	26,888.	571,988.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	MARK G. ACKERMANN LGI EXECUTIVE VP & COO	(i)	5,475.	0.	980.	108.	484.	7,047.	970.
		(ii)	542,029.	0.	96,973.	10,692.	50,955.	700,649.	95,977.
4	CHARLES BLUM GENERAL COUNSEL	(i)	220,443.	0.	12,460.	6,750.	26,798.	266,451.	0.
		(ii)	132,266.	0.	7,475.	4,050.	16,079.	159,870.	0.
5	BRUCE MASTALINSKI - 9/2 CHIEF COMPLIANCE OFFICER	(i)	240,854.	0.	11,780.	6,528.	6,662.	265,824.	0.
		(ii)	157,675.	0.	7,711.	4,272.	4,360.	174,018.	0.
6	CATHLEEN WIRTS CHIEF STRATEGY OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	272,504.	0.	1,006.	10,800.	17,604.	301,914.	0.
7	ELSA ESCALERA CHIEF MEDICAL OFFICER	(i)	27,355.	0.	40.	1,177.	5,332.	33,904.	0.
		(ii)	212,604.	0.	311.	9,150.	41,436.	263,501.	0.
8	CHRISTINA WONG CHIEF FINANCIAL OFFICER	(i)	310,520.	0.	89.	6,848.	18,969.	336,426.	0.
		(ii)	179,139.	0.	48.	3,952.	10,944.	194,083.	0.
9	KAREN WISH CHIEF MARKETING OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	325,787.	0.	351.	10,800.	43,355.	380,293.	0.
10	MELISSA ROSENBAUM VP HUMAN RESOURCES	(i)	110,715.	0.	389.	4,788.	26,608.	142,500.	0.
		(ii)	74,944.	0.	266.	3,242.	24,990.	103,442.	0.
11	LISA FERFOGLIA HR & SITE ADMINISTRATOR	(i)	98,287.	0.	376.	6,936.	8,946.	114,545.	0.
		(ii)	66,530.	0.	259.	4,692.	6,055.	77,536.	0.
12	HELEN CHANG NEUROLOGIST	(i)	64,789.	0.	95.	2,788.	12,627.	80,299.	0.
		(ii)	175,170.	0.	256.	7,539.	34,141.	217,106.	0.
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 4A

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT IN 2017. THE AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B (III):

WANDA FIGUEROA-KILROY - \$485,515

SCHEDULE J, PART I, LINE 4B

THE FOLLOWING INDIVIDUALS PARTICIPATED IN A 457(F) NONQUALIFIED DEFERRED COMPENSATION PLAN. THE AMOUNT WAS DISTRIBUTED DURING 2017 AND IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III):

MARK G. ACKERMANN - \$96,947

ALAN R. MORSE - \$26,233

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

GUILDNET, INC.

13-3936057

FORM 990, PART III, LINE 1

TO ENSURE THE PROVISION OF HIGH QUALITY HOME AND COMMUNITY BASED SERVICES
TO RESIDENTS OF NEW YORK CITY ENROLLED IN GUILDNET'S MEDICAID MANAGED
LONG TERM CARE HEALTH PLAN, MEDICARE ADVANTAGE PLAN (MAP) AND FEDERALLY
INTEGRATED DUAL ADVANTAGE PLAN (FIDA), SO THAT THEY CAN LEAD PRODUCTIVE
LIVES AND REMAIN IN THEIR HOMES AND COMMUNITIES AS LONG AS POSSIBLE.

FORM 990, PART III, LINE 4A

GUILDNET, INC. OPERATES A MEDICAID MANAGED LONG TERM CARE HEALTH PLAN, TO
HELP MEDICAID BENEFICIARIES RESIDING IN NEW YORK CITY WHO REQUIRE HEALTH
CARE AND COMMUNITY-BASED SERVICES. WHILE THE FOCUS OF GUILDNET IS TO AID
PEOPLE WITH VISION LOSS, IT IS NOT A REQUIREMENT FOR ENROLLMENT IN THE
PROGRAM. ESTABLISHED IN 1997 FOR THOSE IN NEED OF LONG TERM CARE,
GUILDNET WAS ONE OF THE FIRST MANAGED LONG TERM CARE PLANS CREATED IN NEW
YORK STATE.

GUILDNET WAS EXPANDED IN 2008 TO CREATE GUILDNET GOLD FOR PARTICIPANTS
ENROLLED IN BOTH MEDICAID AND MEDICARE. GUILDNET GOLD PLUS, A FULLY
INTEGRATED DUAL ADVANTAGE (FIDA) HEALTH PLAN, ESTABLISHED IN 2015,
INTEGRATES MEDICAID AND MEDICARE SERVICES. GUILDNET HELPS FRAIL AND
CHRONICALLY ILL ADULTS LEAD DIGNIFIED FULFILLING LIVES IN THEIR HOMES
SAFELY AND FOR AS LONG AS POSSIBLE. GUILDNET SERVES MORE THAN 8,000
MEMBERS WHO BENEFIT FROM HOME CARE, ADULT DAY HEALTH CARE, AND OTHER
COMMUNITY-BASED SERVICES MANAGED BY GUILDNET.

Name of the organization GUILDNET, INC.	Employer identification number 13-3936057
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DURING 2017, GUILDNET REQUESTED AND RECEIVED APPROVAL FROM THE NEW YORK STATE DEPARTMENT OF HEALTH TO CEASE PROVIDING PARTIALLY CAPITATED MANAGED LONG-TERM CARE PLAN SERVICES IN NASSAU, SUFFOLK, AND WESTCHESTER COUNTIES AND THOSE MEMBERS HAVE TRANSFERRED TO OTHER MANAGED LONG-TERM CARE PLANS.

ON AUGUST 21, 2018, GUILDNET ANNOUNCED THAT IT WILL BE CLOSED EFFECTIVE ON DECEMBER 1, 2018.

FORM 990, PART VI, SECTION A, LINE 6

THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE (GUILD) IS THE SOLE MEMBER OF GUILDNET, INC.

FORM 990, PART VI, SECTION A, LINE 7A

THE SOLE MEMBER ELECTS THE BOARD MEMBERS OF GUILDNET, INC. ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 11

THE FORM 990 IS PREPARED BY THE FINANCE DEPARTMENT AND REVIEWED BY THE ORGANIZATION'S EXTERNAL AUDITORS. THE FORM IS THEN DISTRIBUTED TO THE FULL BOARD FOR REVIEW AND APPROVAL PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINES 12, 13, AND 14

GUILDNET, INC. FOLLOWS THE GOVERNING POLICIES AND PROCEDURES OF LIGHTHOUSE GUILD INTERNATIONAL, INC, (LGI) THE PARENT COMPANY OF THE

Name of the organization GUILDNET, INC.	Employer identification number 13-3936057
--	--

SYSTEM OF RELATED ORGANIZATIONS. ALL OF GUILDNET'S BOARD MEMBERS WITH THE EXCEPTION OF ONE, ARE ALSO BOARD MEMBERS OF LGI WHICH ADOPTS ALL CORPORATE POLICIES AND PROCEDURES FOR LGI & AFFILIATES. THE POLICY SO STATES AND THE POLICIES HAVE BEEN APPLIED TO AND ADHERED TO BY OFFICERS, DIRECTORS AND EMPLOYEES OF ALL LGI AFFILIATES SINCE THE POLICIES' ADOPTION.

FORM 990, PART VI, SECTION B, LINE 12C

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY APPLIES TO ALL OFFICERS, DIRECTORS AND EMPLOYEES OF THE ORGANIZATION. A DISCLOSURE QUESTIONNAIRE CONCERNING FINANCIAL INTERESTS AND ANY OTHER POTENTIAL CONFLICTS OF INTEREST AND RELATED ISSUES IS COMPLETED BY EACH DIRECTOR, OFFICER, AND EMPLOYEE ON AN ANNUAL BASIS. NOTWITHSTANDING SUBMISSION OF THE APPLICABLE QUESTIONNAIRE, EACH DIRECTOR, OFFICER OR EMPLOYEE HAS A CONTINUING DUTY TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST PROMPTLY UPON COMING INTO POSSESSION OF ANY INFORMATION CONCERNING A POTENTIAL CONFLICT OF INTEREST OR ANY CHANGES IN THE INFORMATION REQUESTED IN THE QUESTIONNAIRE. ANY POTENTIAL CONFLICT OF INTEREST SHALL BE DISCLOSED TO THE AUDIT COMMITTEE OF THE BOARD, OR, WHEN THE MATTER IS THEN UNDER CONSIDERATION BY THE BOARD OR THE EXECUTIVE COMMITTEE, TO THE BOARD OR EXECUTIVE COMMITTEE, RESPECTIVELY.

NEITHER THE AUDIT OR EXECUTIVE COMMITTEE, NOR THE BOARD SHALL GENERALLY APPROVE ANY TRANSACTION GIVING RISE TO A POTENTIAL CONFLICT OF INTEREST. HOWEVER, IN EXCEPTIONAL CIRCUMSTANCES, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE OR THE BOARD MAY DETERMINE THAT BASED ON A CONSIDERATION OF

Name of the organization GUILDNET, INC.	Employer identification number 13-3936057
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PRICE, QUALITY, EXPERTISE AND OTHER RELEVANT FACTORS, THERE IS NO TRANSACTION THAT IS AVAILABLE OR FEASIBLE AS AN ALTERNATIVE TO THE PROPOSED TRANSACTION AND SUCH TRANSACTION IS FAIR AND REASONABLE AND IN THE ORGANIZATION'S BEST INTEREST. UNDER SUCH CIRCUMSTANCES, THE AUDIT COMMITTEE, THE EXECUTIVE COMMITTEE, OR BOARD MAY APPROVE SUCH TRANSACTION (SUBJECT, IN THE CASE OF THE AUDIT COMMITTEE, TO THE APPROVAL OF THE EXECUTIVE COMMITTEE OR THE BOARD). SUCH CONSIDERATION AND ACTION SHALL BE CONTEMPORANEOUSLY RECORDED AND SHALL BE REFLECTED IN THE APPROPRIATE MEETING MINUTES.

A DIRECTOR, OFFICER, OR EMPLOYEE WITH A POTENTIAL CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE QUORUM FOR, SEEK TO INFLUENCE, PARTICIPATE IN, OR BE PRESENT DURING ANY DELIBERATIONS OR VOTE OF THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE OR THE BOARD REGARDING THE TRANSACTION OR POTENTIAL TRANSACTION GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST. NEITHER THE AUDIT COMMITTEE, EXECUTIVE COMMITTEE NOR THE BOARD SHALL APPROVE ANY TRANSACTION GIVING RISE TO A POTENTIAL CONFLICT OF INTEREST BY LESS THAN A MAJORITY VOTE OF COMMITTEE (OR BOARD) MEMBERS PRESENT AT THE MEETING.

THE DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST AND THE RESOLUTION OF SUCH POTENTIAL CONFLICT OF INTEREST SHALL BE RECORDED IN THE MINUTES OF THE MEETING OF THE AUDIT COMMITTEE, OR THE EXECUTIVE COMMITTEE OR BOARD AT WHICH THE MATTER WAS PRESENTED OR DISCUSSED.

FORM 990, PART VI, SECTION B, LINE 15A & 15B
THE COMPENSATION COMMITTEE, COMPRISED OF LIGHTHOUSE GUILD INTERNATIONAL,

Name of the organization GUILDNET, INC.	Employer identification number 13-3936057
--	--

INC. AND AFFILIATE BOARD MEMBERS, RETAINED AN INDEPENDENT COMPENSATION CONSULTANT FIRM TO REVIEW THE REASONABLENESS AND COMPARABILITY TO OTHER ORGANIZATIONS OF THE COMPENSATION IN 2016 & 2017 OF THE CEO AND OTHER SENIOR EXECUTIVES OF THE ORGANIZATION. THE REVIEW INCLUDED AN ASSESSMENT OF COMPLIANCE WITH APPLICABLE FEDERAL AND STATE STATUTES AND REGULATIONS, WHICH WAS REVIEWED BY OUTSIDE COUNSEL. THE REPORT OF THE CONSULTANTS WAS PRESENTED AT A MEETING OF THE COMPENSATION COMMITTEE, AT WHICH THE CONSULTANTS AND OUTSIDE COUNSEL WERE PRESENT. THE COMMITTEE REVIEWED THE REPORT AT LENGTH TOGETHER WITH OTHER RELEVANT INFORMATION ABOUT SPECIFIC JOB PERFORMANCE, AND DETERMINED THE APPROPRIATE COMPENSATION. MINUTES OF THE COMMITTEE'S MEETING HAVE BEEN MAINTAINED. THE COMMITTEE'S RECOMMENDATIONS WERE PRESENTED FOR RATIFICATION AT THE FOLLOWING BOARD MEETING AT WHICH THE RECOMMENDATIONS WERE UNANIMOUSLY APPROVED.

FORM 990, PART VI, SECTION C, LINE 19

THE FORM 990 IS AVAILABLE ON LIGHTHOUSE GUILD'S WEBSITE. A COPY OF THE FORM 990, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION A

A PORTION OF COMPENSATION PAID BY LGI SERVICES, LLC (EIN #46-4232802), A DISREGARDED ENTITY OF THE JEWISH GUILD FOR THE BLIND D/B/A JEWISH GUILD HEALTHCARE, HAS BEEN ALLOCATED TO GUILDNET AND OTHER AFFILIATES. GUILDNET EMPLOYEES DID NOT RECEIVE ANY DIRECT COMPENSATION FROM GUILDNET BUT DID RECEIVE COMPENSATION FROM LGI SERVICES, LLC (EIN# 46-4232802).

Name of the organization GUILDNET, INC.	Employer identification number 13-3936057
--	--

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PREMIERE HOME HEALTH CARE SERVICES 445 HAMILTON AVE. 10TH FLR WHITE PLAINS, NY 10601-1831	HOME CARE	30,947,049.
ALL METRO HOME CARE SERVICES OF NEW YORK 50 BROADWAY LYNBROOK, NY 11563-2519	HOME CARE	23,076,048.
METROPOLITAN MEDICAL TRANSPORTATION IPA 990 SOUTH SECOND STREET RONKONKOMA, NY 11779-7258	TRANSPORTATION	20,946,694.
GROUP HEALTH INCORPORATED D/B/A GHI 441 NINTH AVENUE NEW YORK, NY 10001	MEDICAL & ADMIN SVC	19,935,488.
CONCEPTS OF INDEPENDENCE, INC. 120 WALL STREET FLOOR 9 NEW YORK, NY 10005-3915	CDPAP	18,205,540.

ATTACHMENT 2

FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
MEDICAL SUPPORT SERVICES	668,483,526.	668,483,526.		
PHYSICIAN FEE	2,543,444.	2,543,444.		
CONSULTANT FEE	1,897,660.	394,575.	1,503,085.	
CONTRACTED SERVICES	1,567,226.	67,219.	1,500,007.	
OTHER PROFESSIONAL FEES	4,142,654.	2,716,486.	1,426,168.	
TOTALS	<u>678,634,510.</u>	<u>674,205,250.</u>	<u>4,429,260.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
GUILDNET, INC.

Employer identification number
13-3936057

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE JEWISH GUILD FOR THE BLIND D/B/A JEW 15 WEST 65TH STREET NEW YORK, NY 10023 13-1623854	VISION HEALTH	NY	501 (C) (3)	10	LIGHTHOUSE G		X
(2) JGB HEALTH FACILITIES CORPORATION 15 WEST 65TH STREET NEW YORK, NY 10023 13-2795647	ADULT DAY	NY	501 (C) (3)	10	THE JEWISH G	X	
(3) JGB REHABILITATION CORPORATION 15 WEST 65TH STREET NEW YORK, NY 10023 13-3439035	CLINIC	NY	501 (C) (3)	10	THE JEWISH G	X	
(4) JGB EDUCATION SERVICES 15 WEST 65TH STREET NEW YORK, NY 10023 13-3419981	SCHOOL	NY	501 (C) (3)	2	THE JEWISH G	X	
(5) GREATER BOSTON GUILD FOR THE BLIND, INC. 15 WEST 65TH STREET NEW YORK, NY 10023 04-2103893	EDUCATION	MA	501 (C) (3)	7	N/A	X	
(6) JGB MENTAL HEALTH AND MENTAL RETARDATION 15 WEST 65TH STREET NEW YORK, NY 10023 20-1480790	MENTAL HEALTH	NY	501 (C) (3)	10	THE JEWISH G	X	
(7) NATIONAL ASSOCIATION OF PARENTS OF CHILD 15 WEST 65TH STREET NEW YORK, NY 10023 74-2095442	EDUCATION	MA	501 (C) (3)	10	THE JEWISH G	X	

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

GUILDNET, INC.

Employer identification number

13-3936057

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LIGHTHOUSE INTERNATIONAL 15 WEST 65TH STREET NEW YORK, NY 10023 13-1096620	VISION HEALTH	NY	501 (C) (3)	7	LIGHTHOUSE G		X
(2) LIGHTHOUSE GUILD INTERNATIONAL, INC. 15 WEST 65TH STREET NEW YORK, NY 10023 46-4215298	VISION HEALTH	NY	501 (C) (3)	7	N/A		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) JGB HEALTH FACILITIES CORP	M	1,153,259.	FMV
(2) JGB REHABILITATION CORPORATION	M	723,336.	FMV
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V

GUILDNET HAS A MANAGEMENT AGREEMENT WITH THE GUILD TO PROVIDE ALL NECESSARY MANAGEMENT AND SALARIED STAFFING SERVICES AS WELL AS USE OF FACILITIES, EQUIPMENT AND OTHER ASSETS.

GUILDNET PURCHASED MEDICAL AND HEALTH CARE SERVICES FROM JGB HEALTH FACILITIES CORPORATION, JGB REHABILITATION CORPORATION AND JGB MENTAL HEALTH AND MENTAL RETARDATION SERVICES, INC.