



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2008

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

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

Open to Public  
Inspection

A For 2008 calendar year, or tax year beginning DECEMBER 01, 2008, and ending NOVEMBER 30, 2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>THE GUMA FOUNDATION, INC.</b> No & street (or P O box, if mail is not delivered to street address) <b>107 HUBER STREET</b> Room/suite City or town, state or country, and ZIP + 4 <b>SECAUCUS NJ 07094</b>	D Employer identification number <b>22-3719642</b>
		E Telephone number <b>(201) 864-2618</b>
		F Group Exemption Number ►

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►I Website: ► **WWW.GUMAFoundation.ORG**H Check  if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)J Organization type (check only one) -  501(c)(3) (insert no) 4947(a)(1) or 527K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete returnAdd lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ **34,166**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)		
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 <b>3,950</b>
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$0) of contributions reported on line 1 <b>2010</b>	6a <b>30,216</b>
b Less direct expenses other than fundraising expenses	6b <b>18,998</b>	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c <b>11,218</b>	
7a Gross sales of inventory less returns and allowances	7a	
b Less cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ► )	8	
9 Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► <b>15,168</b>	9	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	#1 <b>13,100</b>
	11 Benefits paid to or for members	10
	12 Salaries, other compensation, and employee benefits	11
	13 Professional fees and other payments to independent contractors	12
	14 Occupancy, rent, utilities, and maintenance	13 <b>400</b>
	15 Printing, publications, postage, and shipping	14
	16 Other expenses (describe ► <b>SEE ATTACHMENT #2</b> )	15 <b>362</b>
17 Total expenses. Add lines 10 through 16 ► <b>13,862</b>	16	
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 <b>1,306</b>
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18 <b>60,971</b>
	20 Other changes in net assets or fund balances (attach explanation)	19
	21 Net assets or fund balances at end of year Combine lines 18 through 20 ► <b>62,277</b>	20
	22 Cash, savings, and investments	21

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ		
(See instructions for Part II)		
	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	60,366	22 <b>61,652</b>
23 Land and buildings		23
24 Other assets (describe ► <b>SEE ATTACHMENT #3</b> )	605	24 <b>625</b>
25 Total assets	60,971	25 <b>62,277</b>
26 Total liabilities (describe ► )	0	26 <b>0</b>
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,971	27 <b>62,277</b>

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

22



## Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	X
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a   0	37b	X
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►	40b	X
b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ► NJ		
42a The books are in care of ► SEE ATTACHMENT #6 Telephone no ► Located at ► ZIP + 4 ►		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c	X
If "Yes," enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

## Part VI

**Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes  No  X  
 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47  X  
 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  X  
 48

49a Did the organization make any transfers to an exempt non-charitable related organization?  
 b If "Yes," was the related organization(s) a section 527 organization? 49a  X  
 49a

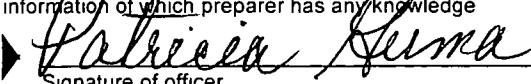
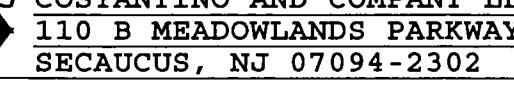
49b 49b  X  
 49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 50

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>NONE</b>				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" 51

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>NONE</b>		
Total number of other independent contractors each receiving over \$100,000 ►		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Signature of officer		15-25-10 Date	
► <b>PATRICIA GUMA</b> PRESIDENT				
Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date 05-20-2010	Check if self-employed <input type="checkbox"/>	Preparer's Identifying No (See instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4  110 B MEADOWLANDS PARKWAY SECAUCUS, NJ 07094-2302	EIN ►	Phone no ►	201- 865-1040

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  X No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

Name of the organization

**THE GUMA FOUNDATION, INC.**

Employer identification number  
**22-3719642**

**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 (Please check only one organization)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  
 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)  
 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)  
 10  An organization organized and operated exclusively to test for public safety See section 509(a)(4). (see instructions)  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h  
     a  Type I      b  Type II      c  Type III-Functionally integrated      d  Type III-Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  
     (ii) A family member of a person described in (i) above?  
     (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the organizations the organization supports

	Yes	No
N/A	11g(i)	
N/A	11g(ii)	
N/A	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of support
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,075	2,485	11,475	4,932	3,950	24,917
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	6,475	29,375	34,616	33,856	30,216	134,538
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5	8,550	31,860	46,091	38,788	34,166	159,455
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						159,455

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	8,550	31,860	46,091	38,788	34,166	159,455
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11, and 12 )						159,455
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 2008 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%
19a 33 1/3 % support tests -- 2008. 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	17	0	%
b 33 1/3 % support tests -- 2007. 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	18		%
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			► <input type="checkbox"/>

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Name of the organization

**THE GUMA FOUNDATION, INC.**

Employer identification number

**22-3719642**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

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

b If "Yes," list the ten highest paid individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II** Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

REVENUE		(a) Event #1 <b>CASINO NIG</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
		30,216			30,216
1	Gross receipts				
2	Less Charitable contributions				
3	Gross revenue (line 1 minus line 2)	30,216			30,216
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	18,998			18,998
	8 Direct expense summary Add lines 4 through 7 in column (d)				► ( 18,998 )
	9 Net income summary Combine lines 3 and 8 in column (d)				► 11,218

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

REVENUE		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) thru col (c))
1	Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► ( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain  
\_\_\_\_\_

	Yes	No
9a	X	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain  
\_\_\_\_\_

10a	X
-----	---

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

11	X
12	X

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a 100.00	%
b An outside facility	13b	%
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► <u>SEE ATTACHMENT #7</u>		
Address ► _____		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a <input checked="" type="checkbox"/>	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ► _____		
Address ► _____		
16 Gaming manager information		
Name ► _____		
Gaming manager compensation ► \$ _____		
Description of services provided ► _____		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions	17a <input checked="" type="checkbox"/>	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

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

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

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>THE GUMA FOUNDATION, INC.</b>	Employer identification number <b>22-3719642</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>107 HUBER STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SECAUCUS NJ 07094</b>	

Check type of return to be filed (file a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **SEE ATTACHMENT #6**

Telephone No ► \_\_\_\_\_ 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until JULY 15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 calendar year 20 \_\_\_\_ or  
 tax year beginning DECEMBER 01, 20 08, and ending NOVEMBER 30, 20 09

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF or 990-T, 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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0

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

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

Form 8868 (Rev 4-2009)

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC  
INSPECTION

For Calendar year 2008, or tax year period beginning 12-01-2008

and ending 11-30-2009.

Name of Organization

**THE GUMA FOUNDATION, INC.**Employer Identification Number  
**22-3719642**

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
<b>SCHOLARSHIP</b>	MICHAEL LIENHARD 692 GOLDEN AVENUE SECAUCUS NJ 07094		
<b>CASH CONTRIBUTION</b>	TIFFANI HOOVER 315 MYRTLY AVENUE SCOTCH PLAINS NJ 07076		
<b>CASH CONTRIBUTION</b>	MILKOS FAMILY 102 COOK AVENUE SCOTCH PLAINS NJ 07076		
<b>CASH CONTRIBUTION</b>	TOMORROW'S CHILDREN FUND HACKENSACK UNIVERSITY MEDICAL CTR HACKENSACK NJ 07601		
<b>SCHOLARSHIP</b>	ZACHARY DREISS 269 HAGEN PLACE SECAUCUS NJ 07094		
Relationship	Description of Property	Book Value	How Book Value is Determined
<b>NONE</b>	<b>SCHOLARSHIP</b>	<b>CASH VALUE</b>	<b>CASH VALUE</b>
<b>NONE</b>	6 TICKETS FOR TERMINALLY ILL CHILD	1,000 PURCHASE PRICE 729	PURCHASE PRICE 2009-01
<b>NONE</b>	DONATED EQUIPMENT FAMILY IN NEED	371 CASH VALUE 10,000 CASH VALUE 1,000	PURCHASE PRICE CASH VALUE 2009-05 CASH VALUE 2009-11 CASH VALUE 2009-08
		Total 13,100	

## **SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC INSPECTION	For calendar year 2008 or tax period beginning	12-01-2008, and ending	11-30-2009.
Name of Organization <b>THE GUMA FOUNDATION, INC.</b>		Employer Identification Number <b>22-3719642</b>	
Description of Other Expenses		Amount	
OFFICE SUPPLIES			37
LICENSES AND PERMITS			310
BANK SERVICE CHARGES			15
		Total	362

**SCHEDULE OF OTHER ASSETS****ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24**

OPEN TO PUBLIC	INSPECTION	For calendar year 2008 or tax period beginning	12-01-2008, and ending	11-30-2009.
Name of Organization <b>THE GUMA FOUNDATION, INC.</b>			Employer Identification Number <b>22-3719642</b>	
Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)	
<b>PREPAID EXPENSES</b>	605	625		
Totals	605	625		

## PRIMARY EXEMPT PURPOSE

### ATTACHMENT 4: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC				
INSPECTION	For calendar year 2008 or tax period beginning	12-01	, and ending	11-30-2009.
Name of Organization THE GUMA FOUNDATION, INC.			Employer Identification Number 22-3719642	

#### Primary Purpose

THE ORGANIZATION WAS FORMED TO PROMOTE BRAIN TUMOR AWARENESS AND TO PROVIDE FINANCIAL ASSISTANCE TO THE FAMILIES DEALING WITH CHILDREN STICKEN WITH CANCER. ALSO, THE FOUNDATION GIVES SCHOLARSHIPS ANNUALLY IN THE NAME OF THEIR FATHER/HUSBAND, WHO WAS AN EDUCATOR.

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

**ATTACHMENT 5: PAGE 1 - 990-EZ PAGE 2, PART IV**

<b>OPEN TO PUBLIC</b>		<b>INSPECTION</b> For calendar year 2008 or tax period beginning <b>12-01-2008</b> , and ending <b>11-30-2009</b> .		
Name of Organization <b>THE GUMA FOUNDATION, INC.</b>			Employer Identification Number <b>22-3719642</b>	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
PATRICIA GUMA 107 HUBER STREET SECAUCUS, NJ 07094	PRESIDENT 5.00	0	0	0
DR. MICHAEL GUMA 289 WOODFIELD ROAD WASHINGTON TOWNSHIP, NJ 07676	VICE PRESIDENT 2.00	0	0	0
DR. RICHARD GUMA 2273 SUNRISE COURT SCOTCH PLAINS, NJ 07076	2.00	0	0	0

**BOOKS ARE IN CARE OF**

**ATTACHMENT 6 - 990-EZ PAGE 3, PART V, LINE 42A**

<b>OPEN TO PUBLIC</b>		
INSPECTION	For calendar year 2008 or tax period beginning <u>12-01</u> , and ending <u>11-30-2009</u> .	
Name of Organization <b>THE GUMA FOUNDATION, INC.</b>	Employer Identification Number <b>22-3719642</b>	
Part V - Line 42a		
Individual Name or Business Name	<u>PATRICIA GUMA</u>	
Street Address	<u>107 HUBER STREET</u>	
U S Address		
Zip code <u>07094</u>	City <u>SECAUCUS</u>	State <u>NJ</u>
or		
Foreign Address		
City		
Province or State		
Country		
Postal code		
Phone Number	<u>(201) 864-2618</u>	
Fax Number		

# GAMING/SPECIAL EVENTS BOOKS AND RECORDS

## ATTACHMENT 7: SCH G PAGE 3, PART III, LINE 14

OPEN TO PUBLIC			
INSPECTION	For calendar year 2008 or tax period beginning	12-01-2008, and ending	11-30-2009.
Name of Organization <b>THE GUMA FOUNDATION, INC.</b>	Employer Identification Number <b>22-3719642</b>		
Part III - Line 14			

Individual Name PATRICIA GUMA

or

Business Name

Street Address 107 HUBER STREET

U S Address

Zip code 07094

City SECAUCUS

State NJ

or

Foreign Address

City \_\_\_\_\_

Province or State \_\_\_\_\_

Country \_\_\_\_\_

Postal code \_\_\_\_\_