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Form 8868 ATTACHED

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► 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

OMB No 1545-1150

2008**Open to Public
Inspection****A** For 2008 calendar year, or tax year beginning **DECEMBER 01**, 2008, and ending **NOVEMBER 30**, 20 09**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**THE GUMA FOUNDATION, INC.**

No. & street (or P.O. box, if mail is not delivered to street address)

107 HUBER STREET

City or town, state or country, and ZIP + 4

SECAUCUS NJ 07094**D** Employer identification number
22-3719642**E** Telephone number
(201) 864-2618**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.GUMAFUNDATION.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 527**K** 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 return.Add 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	3,950
	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	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 and attach parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	30,216
	6b	Less: direct expenses other than fundraising expenses	6b	18,998
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	11,218	
7a	Gross sales of inventory less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	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	9	15,168	
EXPENSES	10	Grants and similar amounts paid (attach schedule) #1	10	13,100
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	400
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ► SEE ATTACHMENT #2)	16	362
	17	Total expenses. Add lines 10 through 16	17	13,862
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,306
	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)	19	60,971
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	62,277

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 61,652
23 Land and buildings		23
24 Other assets (describe ► SEE ATTACHMENT #3)	605	24 625
25 Total assets	60,971	25 62,277
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,971	27 62,277

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		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		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?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
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?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 _____ , section 4912 _____ , section 4955 _____		
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	40b	X
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)? 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.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country _____	42c	X
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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 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?
- 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"

	Yes	No
46		X
47		X
48		X
49a		X
49b		X

(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
NONE				
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"

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

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 ▶ *Patricia Guma* Signature of officer Date *5-25-10*

▶ **PATRICIA GUMA** PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ *[Signature]* Date *05-20-2010* Check if self-employed ☐ Preparer's Identifying No. (See instr.)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **COSTANTINO AND COMPANY LLC** EIN ▶
110 B MEADOWLANDS PARKWAY Phone no ▶
SECAUCUS, NJ 07094-2302 201- 865-1040

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☒ No

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.

2008

Open to Public Inspection

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

THE GUMA FOUNDATION, INC.

22-3719642

The organization is not a private foundation because it is (Please check only one organization)

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

h Provide the following information about the organizations the organization supports

[illegible]

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 ☒

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 ☐

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

Department of the Treasury
Internal Revenue Service

▶ 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.

**Open to Public
Inspection**

22-3719642

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

- 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.

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) Event #2	(c) Other Events	(d) Total Events
		CASINO NIG (event type)	(event type)	(total number)	(Add col (a) through col (c))
1	Gross receipts	30,216			30,216
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)			
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 checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" 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)				

	Yes	No
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?	9a X	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

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 recordsName ▶ SEE ATTACHMENT #7

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****X****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 ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****X****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 and click on e-file for Charities & Nonprofits

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

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

For Calendar year 2008, or tax year period beginning 12-01-2008 and ending 11-30-2009.

INSPECTION

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
SCHOLARSHIP	MICHAEL LIENHARD 692 GOLDEN AVENUE SECAUCUS NJ 07094		
CASH CONTRIBUTION	TIFFANI HOOVER 315 MYRTLY AVENUE SCOTCH PLAINS NJ 07076		
CASH CONTRIBUTION	MILKOS FAMILY 102 COOK AVENUE SCOTCH PLAINS NJ 07076		
CASH CONTRIBUTION	TOMORROW'S CHILDREN FUND HACKENSACK UNIVERSITY MEDICAL CTR HACKENSACK NJ 07601		
SCHOLARSHIP	ZACHARY DREISS 269 HAGEN PLACE SECAUCUS NJ 07094		

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
NONE	SCHOLARSHIP		CASH VALUE	CASH VALUE	
NONE	6 TICKETS FOR TERMINALLY ILL CHILD	1,000	PURCHASE PRICE	PURCHASE PRICE	2009-01
NONE	DONATED EQUIPMENT FAMILY IN NEED	729	PURCHASE PRICE	PURCHASE PRICE	2009-05
NONE	CASH DONATION	371	CASH VALUE	CASH VALUE	2009-05
NONE	SCHOLARSHIP	10,000	CASH VALUE	CASH VALUE	2009-11
Total		1,000 13,100			2009-08

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

THE GUMA FOUNDATION, INC.

Employer Identification Number

22-3719642

Description of Other Expenses

Amount

OFFICE SUPPLIES

37

LICENSES AND PERMITS

310

BANK SERVICE CHARGES

15

Total

362

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 24

INSPECTION

For calendar year 2008 or tax period beginning 12-01-2008, and ending 11-30-2009.

Name of Organization

THE GUMA FOUNDATION, INC.

Employer Identification Number

22-3719642

Totals

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2008 or tax period beginning 12-01-2008, and ending 11-30-2009.

Name of Organization

THE GUMA FOUNDATION, INC.

Employer Identification Number

22-3719642

(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

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
Part V - Line 42a	

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

Phone Number (201) 864-2618

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