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Department of the Treasury Internal Revenue Service

# **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2011

Fo	r ca	alendar year 2011 or tax year beginning 🕝 💮	, an	nd ending				
Na	me	of foundation			A En	nployer identification nu	mber	
Gl	JRU	J CHARITABLE FOUNDATION				26-1322	564	
_		er and street (or P O box number if mail is not delivered to street add	ress)	Room/suite	ВТе	lephone number (see inst		
81	00 I	FLOSS LANE				(716) 541-	4401	
		town, state, and ZIP code			C-If-e	xemption-application is-pe		一
ΕA	ST	AMHERST N	NY	14051	" "	Action application to po	ag, anoak noro	, <u> </u>
_			return of a former p		D 1.1	Foreign organizations, che	ck here	▶□
_			nded return					· Ш
			e change			Foreign organizations mee check here and attach con		▶□
—	Ch	neck type of organization X Section 501(c)(3) exem					•	
	_	ection 4947(a)(1) nonexempt charitable trust Of				nvate foundation status with		$\blacksquare$
<u> </u>	_					, , , , , ,		- 🗆
ı		ir market value of all assets at end year (from Part II, col. (c),		Accrual	-	ne foundation is in a 60-mi der section 507(b)(1)(B), c		$\blacksquare$
		e 16) ►\$ 31,381 (Part I, column (d)		s)	G.1.	201 300001 007 (5)(1)(5), 0	TIOOR TICIC	-
Pa	irt		Ţ	-,			(d) Disbursem	ents
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investm	ent	(c) Adjusted net	for chantabl	e
		the amounts in column (a) (see instructions) )	books	income		ıncome	purposes (cash basis or	nlv)
	1	Contributions, gifts, grants, etc., received (attach schedule)	40,974				(0001) 00010 01	,
	2		10,014			· · · · · · · · · · · · · · · · · · ·		
	3	. '-	0		o	• •		
A	4	Dividends and interest from securities	0		o			
š )	5	5 a Gross rents			o			
e en		<b>b</b> Net rental income or (loss)						
Ž	6	a Net gain or (loss) from sale of assets not on line 10	0					
		<b>b</b> Gross sales pnce for all assets on line 6a 0						
Revenue	7	7 Capital gain net income (from Part IV, line 2)			0			
, –	8	B Net short-term capital gain .				0		
•	9							
# .}	10	a Gross sales less returns and allowances 0		·				
5 8		b Less Cost of goods sold 0						
<b>5</b>	ر ا	c Gross profit or (loss) (attach schedule)	0		_			
3	11	` <i>'</i>	0		0	0		
⊅ —	+		40,974		9	0		1
8	13		0			— —		
Expense	14 18	_ ''			-			
g	1,	5 Pension plans, employee benefits 6 a Legal fees (attach schedule)	113		0	0		113
		b Accounting-fees (attach-schedule)	640		히	0		640
Š		c Other professional-rees (attach Schedule)	0 0	•	<u></u>	0		070
<u> </u>	17	7 Interest		_				
Ţ,	18	1 1	0		0	0		0
-	19		31,681		0	0		
Ę	20	O Occupancy						
_ <	2	Travel conferences rand meetings	3,847					3,847
Ĕ	2:	2 Printing and publications	1,370					<u>1,370</u>
Ğ	2:		4,441		0	0		<u>4,441</u>
į	24	· · · · · · · · · · · · · · · · · · ·				_		
Operating and Administrati	ا ا	Add lines 13 through 23	42,092		<u> </u>	0	1	0,411
S	2!		U					0
_	<u>  =`</u>		42,092		<u> </u>		1	0,411
	27	ſ						į
		a Excess of revenue over expenses and disbursements	-1,118		0	<u> </u>		<del></del>
		b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)	<del></del>		- 4			
	1	c Aujusteu net income (ii negative, enter -0-)				0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	Ena	or year
		should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	8,523	7,405	
	2	Savings and temporary cash investments	0		
	3	Accounts receivable   0			
		Less allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶ 0			
		Less allowance for doubtful accounts	0	0	0
	5	Grants receivable		Ŭ	•
	6	Receivables due from officers, directors, trustees, and other			
	ľ	disqualified persons (attach schedule) (see instructions)	٥	0	•
	7			0	.0
	l ′	Other notes and loans receivable (attach schedule)	0		
	٦	Less allowance for doubtful accounts	U	0	0
Assets	8	Inventones for sale or use			
38	9	Prepaid expenses and deferred charges			_
Ë	10 a	Investments—U S and state government obligations (attach schedule)	0	0	0
		Investments—corporate stock (attach schedule)	0	0	0
	(	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment basis   0			
		Less accumulated depreciation (attach schedule)	o	0	0
	12	Investments—mortgage loans .			
	13	Investments—other (attach schedule)	0	0	0
	14	Land, buildings, and equipment basis ► 31,681			
		Less accumulated depreciation (attach schedule) ▶ 31,681	0	0	31,381
	15	Other assets (describe	0	0	0 0
	16	Total assets (to be completed by all filers—see the			
	'"	instructions Also, see page 1, item I)	8,523	7 405	21 201
	17		0,523	7,405	31,381
		Accounts payable and accrued expenses			
S	18	Grants payable			
Ĕ	19	Deferred revenue .	_		
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	
<u>.a</u> .	21	Mortgages and other notes payable (attach schedule)	0	0	
_	22	Other liabilities (describe  )	0	0	
	23	Total liabilities (add lines 17 through 22)	0	0	
	İ	Foundations that follow SFAS 117, check here			
und Balances		and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted	8,523	7,405	
<u>a</u>	25	Temporanly restricted		:1	
m	26	Permanently restricted			
2	~~	. 🗖	· · · · · · · · · · · · · · · · · · ·		i
Fu		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			,
<u>.</u>	27	Capital stock, trust principal, or current funds	ا	0	
Š	ı				1
Net Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
S	29	Retained earnings, accumulated income, endowment, or other funds	0.500	7.405	1
7	30	Total net assets or fund balances (see instructions)	8,523	7,405	!
ž	31	Total liabilities and net assets/fund balances (see			
		instructions)	8,523	7,405	
	rt III	Analysis of Changes in Net Assets or Fund Balances			<del></del>
1		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with	1	
		of-year figure reported on pnor year's return)		1	8,523
2	Enter	amount from Part I, line 27a .		2	-1,118
3	Other	r increases not included in line 2 (itemize)		3	0
4	Add I	ines 1, 2, and 3		4	7,405
5	Decre	eases not included in line 2 (itemize)		5	0
6		net assets or fund balances at end of year (line 4 minus line 5)—Part II, c	olumn (b), line 30	6	7,405
_					7,700

the Part VI instructions

Form 990-PF (2011) **GURU CHARITABLE FOUNDATION** 26-1322564 Page 3 Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold (e.g., real estate, (c) Date acquired (d) Date sold P-Purchase 2-story bnck warehouse, or common stock, 200 shs MLC Co ) (mo , day, yr ) (mo, day, yr) D-Donation 1a b C d е (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 0 0 0 а b 0 0 0 0 0 0 0 0 C 0 0 d 0 0 0 0 0 e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col (h) gain minus col (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col (i) (i) F M V as of 12/31/69 as of 12/31/69 over col (j), if any Losses (from col (h)) 0 0 0 0 а 0 0 0 0 b 0 0 0 0 C 0 0 0 0 d 0 0 0 е If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 0 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Tyes X No If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part Enter the appropriate amount in each column for each year, see the instructions before making any entries (a) (c) Base period years Distribution ratio Net value of nonchantable-use assets Adjusted qualifying distributions Calendar year (or tax year beginning in) (col (b) divided by col (c)) 21,716 0 2010 0 000000 2009 34,113 0 000000

2008	10,747		0 000000
2007			0 000000
2006			0 000000
2 Total of line 1, column (d)	for the 5-year base penod—divide the total on line :	2 by 5 or by	0 000000
•	oundation has been in existence if less than 5 years		0 000000
4 Enter the net value of non	chantable-use assets for 2011 from Part X, line 5	. 4	0
5 Multiply line 4 by line 3		. 5	; 
6 Enter 1% of net investmen	nt income (1% of Part I, line 27b)	6	0
7 Add lines 5 and 6		. 7	0
8 Enter qualifying distribution	ons from Part XII, line 4	8	10,411
If line 8 is equal to or grea	iter than line 7, check the box in Part VI, line 1b, an	id complete that part using a 19	

a Exempt operating foundations described in section 4940(d)(2), check here ▶  Date of ruling or determination letter (attach copy of letter if b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ X and enter 1% of Part I, line 27b  c All other domestic foundations enter 2% of line 27b Exempt foreign organization of Part I, line 12, col (b)  Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation	and enter "N/A" on line 1 f necessary—see instructions) ck		•	
Date of ruling or determination letter (attach copy of letter if b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organization of Part I, line 12, col (b)	f necessary—see instructions)			
<ul> <li>b Domestic foundations that meet the section 4940(e) requirements in Part V, checked here</li></ul>	ck } 1			1
here ►X and enter 1% of Part I, line 27b  c All other domestic foundations enter 2% of line 27b Exempt foreign organization of Part I, line 12, col (b)			0	-
of Part I, line 12, col (b)	ns enter 4%			
Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation				
	ons only Others enter -0-)		0	
Add lines 1 and 2 .	3		0	
Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ons only Others enter -0-) 4			
Tax based on investment income. Subtract line 4 from line 3 If zero or less, er	nter -0 <u>5</u>		0	L
Credits/Payments				l
a 2011 estimated tax payments and 2010 overpayment credited to 2011 .	6a 0			
<b>b</b> Exempt foreign organizations—tax withheld at source	6b			
c Tax paid with application for extension of time to file (Form 8868)	6c 0			
d Backup withholding erroneously withheld .	6d			
Total credits and payments Add lines 6a through 6d	7		0	_
Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form	n 2220 is attached		0	-
Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0	-
Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount	· · · · · · · · · · · · · · · · · · ·		0	_
1 Enter the amount of line 10 to be Credited to 2012 estimated tax	0 Refunded ► 11		0	<u>L</u>
art VII-A Statements Regarding Activities				
a During the tax year, did the foundation attempt to influence any national, state, o	or local legislation or did it		Yes	No
participate or intervene in any political campaign?		1a		X
<b>b</b> Did it spend more than \$100 duning the year (either directly or indirectly) for politic	ical purposes (see page 19 of the	1	}	
instructions for definition)?		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities	and copies of any materials			ł
published or distributed by the foundation in connection with the activities				
c Did the foundation file Form 1120-POL for this year?		1c	X	<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed				ĺ
(1) On the foundation > \$(2) On foundation r		-		ľ
e Enter the reimbursement (if any) paid by the foundation during the year for politic	cal expenditure tax imposed			
on foundation managers 🕨 💲				1 -
Has the foundation engaged in any activities that have not previously been report	rted to the IRS?	2		X
If "Yes," attach a detailed description of the activities				
Has the foundation made any changes, not previously reported to the IRS, in its	•	-		-
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a confor		3		<del>  X</del>
a Did the foundation have unrelated business gross income of \$1,000 or more dur	ang the year?	4a	<del>  -</del>	X
b If "Yes," has it filed a tax return on Form 990-T for this year?		4b	<u> </u>	X
Was there a liquidation, termination, dissolution, or substantial contraction during	g the year?	5		X
If "Yes," attach the statement required by General Instruction T				l
Are the requirements of section 508(e) (relating to sections 4941 through 4945):	satisfied either		1	l
By language in the governing instrument, or		ļ		
By state legislation that effectively amends the governing instrument so that represent the source and the	no mandatory directions		-	X
that conflict with the state law remain in the governing instrument?	NEWAR Francisco Bod II and John Stat VII	7	х	├
Did the foundation have at least \$5,000 in assets at any time during the year?	•	<del></del>	├^	$\vdash$
3 a Enter the states to which the foundation reports or with which it is registered (see DE, NY	e insuricuons)			ŀ

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing

complete Part XIV

their names and addresses

or 4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"

10

Fòrm	990-PF (2011) GURU CHARITABLE FOUNDATION 26-132	2564	P	age <b>5</b>
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>x</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► WWW GURUFOUNDATION ORG			
14	The books are in care of ► KHURSHID A GURU  Telephone no ► (716) 541-4	<u> 401</u>		
	Located at ► 8100 FLOSS LANE EAST AMHERST NY ZIP+4 ► 14051			
15	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	• 📙
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	-	<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of			
	the foreign country	l		
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			j
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			ĺ
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			İ
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			1
	after termination of government service, if terminating within 90 days )			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			_ [
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	<del></del> ,
	Organizations relying on a current notice regarding disaster assistance check here			!
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			! !
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2011?			
_	if "Yes," list the years 20 20 20 20 20			'
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a)(2)	<u>.</u>		- '
_	to all years listed, answer "No" and attach statement—see instructions )	2b	N/A	<del></del>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
20	Put the foundation hold more than a 20' direct or indirect in any business.			,
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ь	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation			'
D	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			'
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2011)	3b	N/A	,
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
_	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	- '	x -

	n 990-PF (2011) GURU CHARITABLE FOUND	DATION			26-1322564	Page <b>6</b>
Pa	rt VII-B Statements Regarding Activiti	es for Which For	n 4720 May Be R	equired (continued)		
5a						
	(1) Carry on propaganda, or otherwise attempt t	o influence legislation	(section 4945(e))?	Yes X	No I	
	(2) Influence the outcome of any specific public	election (see section 4	955), or to carry		_	
	on, directly or indirectly, any voter registration drive? .					
	(3) Provide a grant to an individual for travel, study, or other similar purposes?					
	(4) Provide a grant to an organization other than		- I			
	in section 509(a)(1), (2), or (3), or section 49			Yes X	( No	
	(5) Provide for any purpose other than religious,		•		- I - I	<u> </u>
	educational purposes, or for the prevention of			Yes X	No	
h	If any answer is "Yes" to 5a(1)–(5), did any of the t	•			- I - I	
-	Regulations section 53 4945 or in a current notice	•			5b	N/A
	Organizations relying on a current notice regarding		·	<b>▶</b> [	7   <del>-</del>	1000
С	If the answer is "Yes" to question 5a(4), does the f				-	
Ŭ	tax because it maintained expenditure responsibility			. Yes X	( No	
	If "Yes," attach the statement required by Regulation		i(d)		· · · · · · · · · · · · · · · · · · ·	
6a	Did the foundation, during the year, receive any ful					
-	premiums on a personal benefit contract?	mas, amount or manou	.,, 10 pu	Yes X	No I	
h	Did the foundation, during the year, pay premiums	directly or indirectly	on a nersonal henefit i		6b	
_	If "Yes" to 6b, file Form 8870	, amount or manoony,	on a porconar bonone		100	
7a	At any time during the tax year, was the foundation	a party to a prohibite	d tax shelter transactu	on? Yes X	( No	
	If "Yes," did the foundation receive any proceeds of				7b	
	art VIII Information About Officers,					988
	and Contractors	Directors, must	oo, i oanaanon	managers, riiginiy i a	ia Linpioy	<b></b> ,
1		ation managers an	d their compensat	ion (see instructions).		
(h) Title and average (c) Compensation (d) Contributions to						
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	se account
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	1 ''	se account,
KH	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	1 ''	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	1 ''	
810	(a) Name and address	(b) Title, and average hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
810 LU	(a) Name and address URSHID A GURU 00 FLOSS LANE EAST AMHERST NY 1405	(b) Title, and average hours per week devoted to position TRUSTEE 5 00	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances
810 LU 810	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405′ BNA S GURU	(b) Title, and average hours per week devoted to position TRUSTEE 5 00 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances 0
810 LU 810 PA	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  00 FLOSS LANE EAST AMHERST NY 1405'	(b) Title, and average hours per week devoted to position TRUSTEE 5 00 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	owances 0
810 810 PA S 6	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  00 FLOSS LANE EAST AMHERST NY 1405' UL J HARDER	(b) Title, and average hours per week devoted to position TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all	0 0
810 LUI 810 PA S 6 JAI	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  00 FLOSS LANE EAST AMHERST NY 1405' UL J HARDER  230 OLD LAKESHORE RD LAKE VIEW NY	(b) Title, and average hours per week devoted to position TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00	(c) Compensation (If not paid, enter -0-)  0	(d) Contributions to employee benefit plans and deferred compensation	other all	0 0
810 B10 PA S 6 JAI DE	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  00 FLOSS LANE EAST AMHERST NY 1405' UL J HARDER  230 OLD LAKESHORE RD LAKE VIEW NY MES O PEABODY	(b) Title, and average hours per week devoted to position TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00	(c) Compensation (If not paid, enter 0-)  0	(d) Contributions to employee benefit plans and deferred compensation	other all	0 0 0
810 B10 PA S 6 JAI DE	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  00 FLOSS LANE EAST AMHERST NY 1405' UL J HARDER  230 OLD LAKESHORE RD LAKE VIEW NY MES O PEABODY PT OF UROLOGY/HENRY DETROIT MI 482	(b) Title, and average hours per week devoted to position TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00 TRUSTEE 5 00	(c) Compensation (If not paid, enter 0-)  0	(d) Contributions to employee benefit plans and deferred compensation	other all	0 0 0
810 PA S 6 JAI DE 2	(a) Name and address  URSHID A GURU  DO FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  DO FLOSS LANE EAST AMHERST NY 1405' UL J HARDER  1230 OLD LAKESHORE RD LAKE VIEW NY MES O PEABODY PT OF UROLOGY/HENRY DETROIT MI 482  Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE  5 00 TRUSTEE  5 00 TRUSTEE  5 00 TRUSTEE  5 00 TRUSTEE	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on li	(d) Contributions to employee benefit plans and deferred compensation  (d) Contributions to	other all	0 0 0
810 PA S 6 JAI DE 2	(a) Name and address  URSHID A GURU  00 FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  00 FLOSS LANE EAST AMHERST NY 1405' UL J HARDER  1230 OLD LAKESHORE RD LAKE VIEW NY  MES O PEABODY  PT OF UROLOGY/HENRY DETROIT MI 482  Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position  TRUSTEE  5 00  TRUSTEE  5 00  TRUSTEE  5 00  TRUSTEE  5 00  TRUSTEE  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Title, and average hours per week devoted to position  (d) Title, and average hours per week devoted to position  (d) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position to posit	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on lines	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit	other all	0 0 0
810 PA S 6 JAI DE 2	(a) Name and address  URSHID A GURU  100 FLOSS LANE EAST AMHERST NY 1405′ BNA S GURU  100 FLOSS LANE EAST AMHERST NY 1405′ UL J HARDER  1230 OLD LAKESHORE RD LAKE VIEW NY  MES O PEABODY  PT OF UROLOGY/HENRY DETROIT MI 482  Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position TRUSTEE  5 00 TRUSTEE  5 00 TRUSTEE  5 00 TRUSTEE  5 00 TRUSTEE	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on lines	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit	other all	0 0 0
810 PA S 6 JAI DE 2	(a) Name and address  URSHID A GURU  DO FLOSS LANE EAST AMHERST NY 1405' BNA S GURU  DO FLOSS LANE EAST AMHERST NY 1405' UL J HARDER  1230 OLD LAKESHORE RD LAKE VIEW NY MES O PEABODY PT OF UROLOGY/HENRY DETROIT MI 482  Compensation of five highest-paid employ enter "NONE."	(b) Title, and average hours per week devoted to position  TRUSTEE  5 00  TRUSTEE  5 00  TRUSTEE  5 00  TRUSTEE  5 00  TRUSTEE  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (b) Title, and average hours per week devoted to position  (c) Title, and average hours per week devoted to position  (d) Title, and average hours per week devoted to position  (d) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (e) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position  (f) Title, and average hours per week devoted to position to posit	(c) Compensation (If not paid, enter -0-)  0  0  0  ose included on lines	(d) Contributions to employee benefit plans and deferred compensation  ne 1—see instructions)  (d) Contributions to employee benefit plans and deferred	other all	0 0 0
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Form 990-PF (2011) GURU CHARITABLE FOUNDATION		26-1322564 Page /
Part Vill Information About Officers, Directors, Trustee and Contractors (continued)	s, Foundation Managers, Highly Paid	i Employees,
3 Five highest-paid independent contractors for professional services (	see instructions), if none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(4)	(-)
HONE		0
		0
		0
		0
		0
- · ·	· · · · · ·	
		0
Total number of others receiving over \$50,000 for professional services	<b></b>	
Part IX-A Summary of Direct Charitable Activities		
		<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include releven the number of organizations and other beneficiaries served, conferences convened, research.		Expenses
	ch papers produced, etc	
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (se	e instructions)	
Describe the two largest program-related investments made by the foundation during the tax	x year on lines 1 and 2	Amount
1 N/A		
2		
• • • • • • • • • • • • • • • • • • • •		
All the control of the last tent to the control of		
All other program-related investments See instructions		
3		
		0
Total. Add lines 1 through 3	<b>•</b>	0
		Form <b>990-PF</b> (2011)

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Pai	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreig	n foundation:	3,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,	1 de 1	
	purposes		
а	Average monthly fair market value of securities	. 1a	
b	Average of monthly cash balances .	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	4 mar	
	1c (attach detailed explanation) . 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d .	3	0
4	Cash deemed held for chantable activities  Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 .	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pai	T XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here   L  and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	0
<b>2</b> a	Tax on investment income for 2011 from Part VI, line 5	의 공기	
b	Income tax for 2011 (This does not include the tax from Part VI )	<u> </u>	
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments. Subtract line 2c from line 1.	_3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	. 6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	0
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	- 4	
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	10,411
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		<del></del>
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the	- 4	
а	Suitability test (pnor IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

10,411

10,411

4

5

10,747

23,366

21,716

10,411

b Excess from 2008

c Excess from 2009

d Excess from 2010 e Excess from 2011

	990-PF (2011) GURU CHARITABLE FOUN				26-1322	
	t XIV Private Operating Foundations (			uestion 9)		N/A
1 a	If the foundation has received a ruling or determine foundation, and the ruling is effective for 2011, en	•		▶		
b	Check box to indicate whether the foundation is a		•	section	4942(j)(3) or	4942(j)(5)
	Enter the lesser of the adjusted net	<del></del>			1042()(0) 01	1042()(0)
	income from Part I or the minimum	Tax year (a) 2011	(b) 2010	Prior 3 years (c) 2009	(d) 2008	(e) Total
	investment return from Part X for each year listed	0	0	(6) 2009	(0) 2000	
ь	85% of line 2a	0	0	0	0	0
	Qualifying distributions from Part XII.					
	line 4 for each year listed		o			0
d	Amounts included in line 2c not used directly					<u> </u>
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c		0			•
3	Complete 3a, b, or c for the	. 0	0	0	0	0
	alternative test relied upon					
а	"Assets" alternative test—enter					_
	(1) Value of all assets					0
	(2) Value of assets qualifying	1				
h	under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3	ļ				. 0
	of minimum investment return shown in	[				
	Part X, line 6 for each year listed	0	0			0
С	"Support" alternative test—enter			1		
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments					
	on secunties loans (section 512(a)(5)), or royalties)				1	
	(2) Support from general public	<del></del>			-	0
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					· o
	(3) Largest amount of support					
	from an exempt organization			,		0
	(4) Gross investment income					0
Pa	rt XV Supplementary Information (Co	•	•	dation had \$5,	000 or more in	
	assets at any time during the ye		ons.)			
1	Information Regarding Foundation Manag					
а	List any managers of the foundation who have conbefore the close of any tax year (but only if they have				the foundation	
NO		ave continuated more t	nan \$5,000) (See	section 507 (d)(2) )		
	List any managers of the foundation who own 10%	6 or more of the stock	of a corporation (or	an equally large po	rtion of the	
	ownership of a partnership or other entity) of whice					
NO			<u></u> ,			
2	Information Regarding Contribution, Gran		-	-		
	Check here In the foundation only makes	contributions to prese	elected chantable o	rganizations and do	es not accept	
	unsolicited requests for funds. If the foundation mother conditions, complete items 2a, b, c, and d	akes giπs, grants, etc	(see instructions) t	o individuals or orga	nizations under	
	The name, address, and telephone number of the	person to whom apple	cations should be a	nddressed		
_		ролоси то инош арри				
	URSHID GURU 8100 FLOSS LANE EAST AN					
b	The form in which applications should be submitted	ed and information and	materials they sho	uld include		
VIS	ION SCREENING FOR CHILDREN, SCHOL	ARSHIP FOR POOF	CHILDREN PE	REAST CANCER I	PROGRAM	
	Any submission deadlines		COMEDITER, DE	LAGI CANCER I	IVO IVAINI	
_	·					
	GOING			<del></del>		
d	Any restrictions or limitations on awards, such as	by geographical areas	, cnantable fields, k	unas of institutions,	or other	

SCHOOLS IN INDIA, CHILDREN FROM NINTH TO TWELFTH GRADE TUITION, TEXT, REFRENCE BOOKS WITH EXAMINATION FEI

Grants and Contributions Paid During	nie Tear Or Approved	ior ruture Pa	ayınıenı	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Paid during the year				
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Total		<u> </u>	<b>▶</b> 3a	
Approved for future payment	T		Ja Ja	
Approved for fature payment				
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Total		<del></del>	<b>▶</b> 3b	

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Business code Amount Exclusion code Amount (See instruction code (See instruction (See instruction (See instruction code (See instruction (See instruction code (See instruction (See instruction code (S	Enter gross amounts unless otherwise indicated	Unrelated busi	iness income	Excluded by section	512, 513, or 514	(e)
a b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Program service revenue  a b c d e f g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments Dividends and interest from securities Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a b c d e Subtotal Add columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations ) rt XVI-B Relationship of Activities to the A le No. Explain below how each activity for which income					Related or exempt function income (See instructions)
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d O O O O O O O O O O O O O O O O O O O	<b>1</b> .		0		0	0
e	С		0		0	Ō
g Fees and contracts from government agencies  2 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from secunties 5 Net rental income or (loss) from real estate a Debt-financed property b Not debt-financed property 6 Net rental income or (loss) from personal property 7 Other investment income 8 Gain or (loss) from sales of assets other than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue a	d		0		0	<u> </u>
g Fees and contracts from government agencies  2 Membership dues and assessments  3 Interest on savings and temporary cash investments  4 Dividends and interest from securities  5 Net rental income or (loss) from real estate  a Debt-financed property  b Not debt-financed property  6 Net rental income or (loss) from personal property  7 Other investment income  8 Gain or (loss) from sales of assets other than inventory  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue a  b  c  d  d  d  d  d  d  d  d  d  d  d  d	e		0		0	0
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4 Dividends and interest from secunties  5 Net rental income or (loss) from real estate  a Debt-financed property  b Not debt-financed property  6 Net rental income or (loss) from personal property  7 Other investment income  8 Gain or (loss) from sales of assets other than inventory  9 Net income or (loss) from special events  10 Gross profit or (loss) from sales of inventory  11 Other revenue a  b  c  d  d  d  0  0  0  12 Subtotal Add columns (b), (d), and (e)  13 Total. Add line 12, columns (b), (d), and (e)  (See worksheet in line 13 instructions to verify calculations)  Part XVI-B  Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to	2 Membership dues and assessments .					
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13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations)  Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes  Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to						<del></del> _
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Line No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to		complishment	of Exempt P	IITNOSAS		
the first transfer of the contract of the cont					portantly to	
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Form 990-			RITABLE FO					26-1322564	Pag	<sub>je</sub> 13
Part X\		_	_	sfers To and Tra	ansactions a	nd Rel	ationships With No	oncharitable		
4 D.d		mpt Organiza			followne with		· · · · · · · · · · · · · · · · · · ·	abod I	Ivaa	No
							ner organization descr ion 527, relating to po		Tes	No
	anizations		(other than s	ection 50 1(c)(5) or	garrizations) or	111 3000	ion 527, relating to po	illicai		
•			foundation to	a nanahartahla ay	omat organiza	tion of				
	Cash	in the reporting	ioundation to	a nonchantable ex	empi organiza	lion oi		1a(1)	1	Х
٠,	Other as:	sets		•			•	1a(2)	<del>                                     </del>	x
	er transac			·						
(1)	Sales of	assets to a non-	charitable exe	mpt organization				1b(1)		$\overline{\mathbf{x}}$
(2)	Purchase	es of assets fron	n a noncharita	able exempt organi	zation			. 1b(2)		Х
		facilities, equip		r assets			•	1b(3)		X
		sement arrange		•				1b(4)	_	X
		loan guarantee		un ar fundraiaina ai	aliaitatiana			1b(5)	}	X
				iip or fundraising so ts, other assets, or				1b(6)	┼	X
	-	• •	-				n (b) should always sl			
valu	e of the c	oods, other ass	sets, or service	es given by the rep	orting foundati	on If th	e foundation received ne goods, other assets	less than fair ma	arket	l
(a) Line r	10 (b)	Amount involved	(c) Name	of nonchantable exempt	organization	(d) De:	scпption of transfers, transac	ctions, and shanng ar	rangen	nents
		0								
		0						<u> </u>		
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22 le #	e founda			ated with or related	t to one or mo	re tav-e	exempt organizations			
				ther than section 5				☐ Yes 🛚	No	
		plete the follow	,		. (-)(-)/-				_	
	(a) N	lame of organization	1	(b) Type	of organization	•	(c) Descrip	tion of relationship		
	Linder secon	thos of norther 1 doctors	that I have every	this mitum, including asset==	amana cohodulos sed e	tatomente	and to the best of my knowledge =	nd holinf it in this		
				taxpayer) is based on all info						
Sign Here	V4	and it		الملااي			٨ .	May the IRS discuss to the state of the IRS discuss the state of the IRS discussion the IRS discuss the IRS di	vn b <u>elo</u>	
11616	Signatur	re of officer or truste		Date Date	2 DIRECT	OR		nstructions)? X Y	es	No
	Jagnatu	ic or omcer priruste		Date	ille					

Preparer's signature

Firm's name ► JAFFRI CPA FIRM
Firm's address ► 10 GOLDEN PHEASANT DR GETZVILLE NY 14068

Pnnt/Type preparer's name

ZULFIQAR JAFFRI, CPA

Paid

Preparer

**Use Only** 

P00191911

PTIN

Check X if

self-employed

Phone no

Firm's EIN > 27-3341235

Date

5/12/2013

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

Department of the Treasury
Internal Revenue Service
Name of the organization

## **Schedule of Contributors**

▶Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization		Employer identification number
GURU CHARITABLE FO	DUNDATION	26-1322564
Organization type (chec	ck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt chantable trust <b>not</b> treated as a priva	te foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private fo	undation
	501(c)(3) taxable private foundation	
	50 I(C)(3) taxable private foundation	
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$ ny one contributor Complete Parts I and II	5,000 or more (in money or
Special Rules		
sections 509(a)(	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi) and received from any one contributor, during th (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990	e year, a contribution of the greater
the year, total co	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received intributions of more than \$1,000 for use <i>exclusively</i> for religious, charitances, or the prevention of cruelty to children or animals. Complete Part	able, scientific, literary, or
the year, contrib total to more tha year for an exclu	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received utions for use <i>exclusively</i> for religious, charitable, etc., purposes, but then \$1,000. If this box is checked, enter here the total contributions that was very religious, charitable, etc., purpose. Do not complete any of the paganization because it received nonexclusively religious, charitable, etc.	nese contributions did not vere received during the arts unless the General Rule
	n that is not covered by the General Rule and/or the Special Rules does it <b>must</b> answer "No" on Part IV, line 2, of its Form 990, or check the bo	

Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 2 Name of organization Employer identification number **GURU CHARITABLE FOUNDATION** 26-1322564 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Edward Polidor Person Х \_\_\_1\_\_\_ Payroll 850 Hudson Ave 5,000 Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. \_\_2\_\_ Person Payroll Noncash Foreign State or Province (Complete Part II if there is Foreign Country a noncash contribution ) (a) (d) (c)

,		(0)	_ (4)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	Foreign State or Province Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution )
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	Foreign State or Province Foreign Country	\$0	Person Payroll Oncash (Complete Part II if there is a noncash contribution )

Name of organization Employer identification number
GURU CHARITABLE FOUNDATION 26-1322564

Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additional spac	ce is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see Instructions)	(d) Date received
		\$0	

Rame of or	ganization ARITABLE FOUNDATION			26-1322564
Part III	Exclusively religious, charitable, etc.,	individual cor	ntributions to section 5	
	total more than \$1,000 for the year. Con			
	For organizations completing Part III, ente	er the total of e	exclusively religious, cha	ıritable, etc ,
	contributions of \$1,000 or less for the year	ar (Enterthis i	nformation once See in:	structions) > \$
	Use duplicate copies of Part III if additional	al space is nee	ded	
(a) No. from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	L ., ., ., .,
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(a) No. from	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
Part I				
		(e) T	ransfer of gift	
	Transferee's name, address, and	71D ± 4	Polotional	in of transferor to transfero
			Relations	ip of transferor to transferee
(-) N-	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	<del> </del>
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov. Country			
(a) No.	For Prov Country	<del></del>	<u> </u>	
from Part I	(b) Purpose of gift	(с	) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
	Transferrale name adduces and		_	sin of termoforms to transferre
	Transferee's name, address, and	<u> </u>	Relationsr	nip of transferor to transferee
		••••••		
	For Prov Country			

Sched	dule E (Form 1040) 2011							Attachm	ent Sequence	No 13	}	1	Page <b>2</b>
	(s) shown on return Do not enter		l secunty numbe	er if shown o	n other side				-		r social	security nur	nber
	RU CHARITABLE FOUNDA		tod on your	tov roturn	with amount	la abay	·/D O	- Sahadu	lo(a) K 1		26-1	322564	
Par	tion. The IRS compares at								rt a loss fror	n an at	nek act	nuty for	
r a i	which any amount i												
27	Are you reporting any loss												
	unallowed loss from a pas	ssive activity	(if that loss v	was not re	eported on Fo	rm 85	82),	or unreim	bursed			Yes 🔲	No
	partnership expenses? If	you answere	d "Yes," see	instructio							-	(1) (1)	
28	(	(a) Name			(b) Enter P for partnership,		• •	heck if reign		mployer ification		(e) Chec	
					for S corporat		partr	nership	nu	mber		not at n	sk
_ <u>A</u>							<u>_</u>	╛					
_B								╛					
<u>C</u>													
D													
	Passive Income						npas		ome and I				
	(f) Passive loss allowed (attach Form 8582 if required)		sive income hedule K-1		Nonpassive loss m Schedule K-1				n 179 expens from <b>Form 4</b> 8			lonpassive inc m <b>Schedule</b> l	
							+			<del></del>			Ť
В						一							$\top$
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_ <u>D</u>	<u> </u>					l_							
	Totals			<u> </u>			_				ļ		
	Totals (g) and (j) o	fluno 200		1			<u> </u>			30			
31	Add columns (f), (h), and		,		•					31			+
32	Total partnership and S			(loss). C	ombine lines	30 and	d 31	Enter the	e	<u> </u>	,		——
	result here and include in	•							_	32			0
Par	t III Income or Los	s From Es	tates and T	rusts									
33			(a) N	lame								Employer	
	<u> </u>										Identific	ation number	
В		· · <u>-</u>											
	Passi	ive Income a	and Loss					Nonp	assive Inc	ome a	ind Lo	ss	
	(c) Passive deduction or loss a			Passive inc				eduction or			• •	income from	
	(attach Form 8582 if requir	ea)	tror	n Schedule	K-1		trom	Schedule	K-1	<del></del>	Sche	dule K-1	
_ <u>A</u> _B									-H				+
	Totals	<u> </u>						•					$\dashv$
b	Totals												
35	Add columns (d) and (f) o									35			$\perp$
36	Add columns (c) and (e) o			- 1 25		41	<b>.</b>	4 1		36 (			$+\!\!\!-$
37	Total estate and trust in include in the total on line		ss). Combin	e iines 35	and 36 Ente	er the i	resui	t nere an	a	37			
Par			al Estate M	ortgage	Investmen	t Con	ndui	ts (RFM	ICs)—Re	sidua	Hold	ler	0
			nployer		cess inclusion fr		Ī		me (net loss)			come from	
38	(a) Name		on number		nedules Q, line 2	C			s Q, line 1b			les Q, line 3b	
			<del></del>	1	see instructions)	$\neg$	+-					•	$\neg$
39	Combine columns (d) and	(e) only Er	ter the result	t here and	d include in th	e total	l on l	ine 41 be	low	39			0
Par													
40	Net farm rental income or	(loss) from	Form 4835	Also, com	plete line 42	below	,		-	40			
41	Total income or (loss). Com	bine lines 26, 32, 3	7, 39, and 40 Ente	er the result he	ere and on Form 10-	40, line 17	7, or Fo	orm 1040NR,	ine 18 . 🕨	41		_	0
42	Reconciliation of farming a	and fishing in	come. Enter	your gros	5								
	farming and fishing income r	•											
	(Form 1065), box 14, code B			•		40			<del></del>				
	U, and Schedule K-1 (Form		•		•	42							
43	Reconciliation for real esta	-	-										
	professional (see instructions	•	-		•								
	anywhere on Form 1040 or f which you materially particip					43			1				
	you materially particip		- Faccise Bolls	1000 1411		170							_

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Name of Organization c	on or	Revenue and Expenses per Books 113	Net Investment	Adjusted Net	Disbursements for Charitable Purposes	113 ments ritable sses
Name of Organization c	on or stylcæ	Revenue and Expenses per Books 113	Net Investment Income	Adjusted Net Income	for Char for Char Purpo	ements ritable ises
Name of Organization c	on or INIGE	Revenue and Expenses per Books 113	Net Investment Income	Adjusted Net Income	for Char Purpo	ntable ses
Name of Organization c	on or	Expenses per Books 113	Net Investment Income	Adjusted Net Income	Purpo	ses only)
	IVIGE	Books 113	Income	Income	יים קייט/	(Viol)
Person Providing Servic		113				
1 NIXON PEABODY LLC						113
2					-	
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					Disbu	Disbursements
		Revenue and			for C	haritable
	Name of Organization or	Expenses per	Net Investment	Adjusted Net	-G	Putposes
	Person Providing Service	Books	Income	Income	(Cash I	Basis Only)
١	JAFFRI CPA FIRM	640				640
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Line 19 (990-PF) - Depreciation and Depletion  Line 19 (990-PF) - Depreciation and Depletion  Date Method of Computation 1/1/2011 SEC 179 - CLAIM 100			Ass	ב	%
ion			Method of	Computation	SEC 179 -CLAIM 100%
Amount of deprecation included in cost of goods sold  ine 19 (990-PF) - Depreciation and Depletion  Description  EQUIPMENT DEPRECIATION			Date	Acquired	1/1/2011
ê <b>i</b>  -	unt of depreciation included in cost of goods sold	3 19 (990-PF) - Depreciation and Depletion		Description	EQUIPMENT DEPRECIAITON
~ <b>-</b>	Amo	Line			-

Other Basis Accumulated and expenses investment Net Other Basis Deprecation of 31,681 Income	Asset Cost Lufe 7	Method of Computation SEC 179 -CLAIM 100%	Date Acquired 1/1/2011	Description 1 EQUIPMENT DEPRECIAITON 3 4 6 6 7 7 8
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Line	ine 23 (990-PF) - Other Expenses					
		4,441	0	Ö		4,441
		Revenue and			Pisbur	ements
		Expenses	Net Investment	Adjusted Net	for Ch	for Charitable
	Description	per Books	Income	Income	Purposes	oses
-	Supplies	3,781				3,781
2	Bank Fee	96				96
က	Miscellaneous	235				235
4	Postge, Mailing Services	101				107
2	Euip Rental and Maintenance	222				222
9						
7						
8						
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Part	Part II, Line 14 (990-PF) - Land, Build	Land, Buildings, and Equipment	uipment				
		31,681	0	31,681	0	٥	31,381
			Accumulated	Accumulated			
		Cost or	Depreciation	Depreciation	Book Value	Book Value	FMY
	Item or Category	Other Basis	Beg of Year	End of Year	Beg of Year	End of Year	End of Year
-	FURNITURE AND EUIPMENT	31,681		31,681			31,381
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1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	Yes	X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	Yes	X
If "Yes" to 1a or 1b, please describe the activities		
N/A		
	· · · · · · · · · · · · · · · · · · ·	
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# Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

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	•	Compensation										
	Average	Hours	5 00	5 00	2 00	2 00						
		Title	TRUSTEE	rrustee	TRUSTEE	TRUSTEE						
	Foreign											
		Zip Code	4Y 14051	14051	14085	48202						
		State	×	λN	Ν	Ē						
		City	EAST AMHERST	EAST AMHERST	LAKE VIEW	DETROIT						
		Street	8100 FLOSS LANE	8100 FLOSS LANE	S 6230 OLD LAKESHORE RD	DEPT OF UROLOGY/HENRY						
	Check "X"	if Business										
		Name	KHURSHID A GURU	LUBNA S GURU	PAUL J HARDER	JAMES O PEABODY						
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Part				
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	Benefits	Expense Account	Explanation	
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