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**Short Form
Return of Organization Exempt From Income Tax**

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2011

**Open to Public
Inspection**

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$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.

A For the 2011 calendar year, or tax year beginning **DECEMBER 01, 2011, and ending **NOVEMBER 30**, 2012**

B Check if applicable	C Name of organization THE GUMA FOUNDATION, INC.	D Employer identification number 22-3719642
Address change	Number & street (or P O box, if mail is not delivered to street addr.) 107 HUBER STREET	Room/ suite
Name change	E Telephone number (201) 864-2618	
Initial return	F Group Exemption Number ►	
Terminated		
Amended return		
Application pending		

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► WWW.GUMAFoundation.ORG

J Tax-exempt status (check only one) -- 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **37,090**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1 2,865	EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10 12,104
	3 Membership dues and assessments	3		11 Benefits paid to or for members	11
	4 Investment income	4		12 Salaries, other compensation, and employee benefits	12
	5a Gross amount from sale of assets other than inventory	5a		13 Professional fees and other payments to independent contractors	13
	b Less cost or other basis and sales expenses	5b		14 Occupancy, rent, utilities, and maintenance	14
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		15 Printing, publications, postage, and shipping	15
	6 Gaming and fundraising events			16 Other expenses (describe in Schedule O)	16
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		17 Total expenses. Add lines 10 through 16 ►	17 908
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 34,225		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 2,966
	c Less direct expenses from gaming and fundraising events	6c 21,112		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 74,864
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 13,113		20 Other changes in net assets or fund balances (explain in Schedule O)	20
	7a Gross sales of inventory, less returns and allowances	7a		21 Net assets or fund balances at end of year (Combine lines 18 through 20) ►	21 77,830
	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 in Schedule O)	8			
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 15,978			
				RECEIVED	
				109 APR 11 2014 60 00 00	
				OGDEN HT	

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	X
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 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	37a	
b Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the tax year 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	
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 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. 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 organization's books are in care of ► SEE ATTACHMENT #3	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 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	43	► <input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the tax year		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X
50 Complete this table for the organization's 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."		

(a) Name and title of each employee paid more than \$100,000	(b) Title and Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 . . . ►

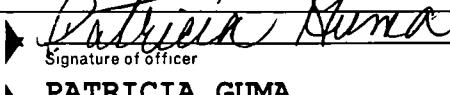
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 . . . ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  
 Signature of officer
PATRICIA GUMA
 Type or print name and title
PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name ROBERT COSTANTINO	Preparer's signature 	Date 04-05-2014	Check <input type="checkbox"/> if self-employed	PTIN P00094016
	Firm's name ► COSTANTINO & COMPANY LLC			Firm's EIN ► 22-3339279	
	Firm's address ► 110 B MEADOWLANDS PARKWAY			Phone no 201-865-1040	

May the IRS discuss this return with the preparer shown above? See instructions. ► Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

22-3719642

THE GUMA FOUNDATION, INC.

Employer identification number

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

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

<p>1 <input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</p> <p>2 <input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</p> <p>3 <input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</p> <p>4 <input type="checkbox"/> 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: _____</p> <p>5 <input type="checkbox"/> 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)</p> <p>6 <input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</p> <p>7 <input type="checkbox"/> 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)</p> <p>8 <input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)</p> <p>9 <input checked="" type="checkbox"/> 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)</p> <p>10 <input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</p> <p>11 <input type="checkbox"/> 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.</p>	<p>a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III-Functionally integrated d <input type="checkbox"/> Type III-Other</p>								
<p>e <input type="checkbox"/> 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).</p> <p>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</p> <p>g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</p>									
<p>(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?</p> <p>(ii) A family member of a person described in (i) above?</p> <p>(iii) A 35% controlled entity of a person described in (i) or (ii) above?</p> <p>h Provide the following information about the supported organization(s).</p>									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 50px;">Yes</th> <th style="text-align: center; width: 50px;">No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">11g(i)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">11g(ii)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">11g(iii)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	11g(i)	<input checked="" type="checkbox"/>	11g(ii)	<input checked="" type="checkbox"/>	11g(iii)	<input checked="" type="checkbox"/>
Yes	No								
11g(i)	<input checked="" type="checkbox"/>								
11g(ii)	<input checked="" type="checkbox"/>								
11g(iii)	<input checked="" type="checkbox"/>								

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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

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

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,932	3,950	4,468	4,355	2,865	20,570
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	33,856	30,216	35,980	37,204	34,225	171,481
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	38,788	34,166	40,448	41,559	37,090	192,051
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						192,051

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	38,788	34,166	40,448	41,559	37,090	192,051
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.)	38,788	34,166	40,448	41,559	37,090	192,051
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100.00	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		%
19a 33 1/3 % support tests -- 2011. 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			► <input checked="" type="checkbox"/>
b 33 1/3 % support tests -- 2010. 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			► <input type="checkbox"/>
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"/>

990 PRIMARY EXEMPT PURPOSE

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

OPEN TO PUBLIC	For calendar year 2011 or tax period beginning	12-01	, and ending	11-30-2012
INSPECTION	Name of Organization			Employer Identification Number
	THE GUMA FOUNDATION, INC.			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.				

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

OPEN TO PUBLIC	INSPECTION	For calendar year 2011 or tax period beginning	12-01-2011 , and ending	11-30-2012
Name of Organization THE GUMA FOUNDATION, INC.			Employer Identification Number 22-3719642	
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont. to employee ben. plans & def comp.	(E) Expense account & other compensation
PATRICIA GUMA 107 HUBER STREET SECAUCUS, NJ 07094	PRESIDENT	0	0	0
DR. MICHAEL GUMA 289 WOODFIELD ROAD WASHINGTON TOWNSHIP, NJ 07676	VICE PRESIDENT	0	0	0
DR. RICHARD GUMA 2273 SUNRISE COURT SCOTCH PLAINS, NJ 07076	SECRE/TREAS	0	0	0

990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC	For calendar year 2011 or tax period beginning	12-01	, and ending	11-30-2012.
Name of Organization		Employer Identification Number		
THE GUMA FOUNDATION, INC.		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				
Fax Number				

2011 DETAIL STATEMENTS

THE GUMA FOUNDATION, INC.
22-3719642

PAGE 1

STATEMENT #1 - OTHER EXPENSES (EOEZ PG 1 LINE 16)

LICENSES & PERMITS.....	200
MANAGEMENT & GENERAL.....	708
TOTAL CARRIED TO EOEZ PG 1 LINE 16.....	908
