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SCANNED SEP 17 2014

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

Foi	caler	ndar year 2013 or tax year beginning		, and	ending	-	
	ne of for		·		A Employer identification number	_	
		HARITABLE FOUNDATION					
Nur	nber and	d street (or P O box number if mail is not delivered to street address)	Roor	n/suite	26-1322564		
810	00 FLC	OSS LANE			B Telephone number (see instructions)	_	
City	or town		ZIP code	code			
EA	ST AN	IHERST NY	14051		(716) 541-4401	_	
For	eign cou	ntry name Foreign province/state/county	Foreign postal code		C If exemption application is pending, check here ▶		
					_		
G	Check		of a former public	charity	D 1 Foreign organizations, check here ▶	凵	
		Final return Amended ret	· -		2. Foreign organizations meeting the 85% test,		
		Address change Name chang			check here and attach computation ▶	┙	
_		type of organization X Section 501(c)(3) exempt pri			E If private foundation status was terminated under section 507(b)(1)(A), check here ►	\neg	
	Section	n 4947(a)(1) nonexempt charitable trust U Other taxa	able private found	ation	section 507(b)(1)(A), check here ► L		
		narket value of all assets at J Accounting method	🛛 Cash 🔲 A	Accrual	F If the foundation is in a 60-month termination		
		f year (from Part II, col (c), Other (specify)			under section 507(b)(1)(B), check here ►		
	line 10	5) ▶ \$ 21,707 (Part I, column (d) must be	on cash basis)	,		_	
P	art I	•	(a) Revenue and	(h) A)-	(d) Disbursement	:s	
		amounts in columns (b), (c), and (d) may not necessarily	expenses per	1 ' '	et investment (c) Adjusted net for charitable ncome income purposes		
		equal the amounts in column (a) (see instructions))	books		(cash basis only))	
	1	Contributions, gifts, grants, etc , received (attach schedule)	51,350				
	2	Check ▶☐ if the foundation is not required to attach Sch B		<u> </u>		 -	
	3	Interest on savings and temporary cash investments	A			_	
	4	Dividends and interest from securities		.		_	
	5a	Gross rents				_	
	b	Net rental income or (loss)				_	
e e	6a	Net gain or (loss) from sale of assets not on line 10		 		_	
Ĕ	_b	Gross sales price for all assets on line 6a		<u> </u>			
Revenue	7	Capital gain net income (from Part IV, line 2)					
Ř	8	Net short-term capital gain				_	
	9 10a	Income modifications		 			
	b	Gross sales less returns and allowances Less Cost of goods sold					
	C	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)		 			
	12	Total. Add lines 1 through 11	E4 3E0			_	
	13	Compensation of officers, directors, trustees, etc	51,350		0 0	_	
es	14					_	
Expenses	15	Other employee satares and wages Pension plans, employee benefits		-		—	
be	16a	Legal fees (attach schedule)					
ũ	ь	Accountingues (attach schedue)	300			_	
ě		Other professional fees (attach schedule)		1		_	
ati	17	Interest				_	
str	18	Taxes (attach schelle) Ed instructions)				_	
Ë	19	Depreciation (attach schedule) and depletion				_	
Ξ	20	Occupancy	2,500		2,50	<u>o</u>	
Ad	21	Travel, conferences, and meetings	1,695		1,69	_	
Operating and Administrative	22	Printing and publications	3,662		3,66		
ā	23	Other expenses (attach schedule)	37,124	ļ	37,12	<u>4</u>	
- g	24	Total operating and administrative expenses.					
ati		Add lines 13 through 23	45,281	ļ	0 0 44,98	<u>1</u>	
per	25	Contributions, gifts, grants paid		 		_	
ō	26	Total expenses and disbursements. Add lines 24 and 2	45,281		0 0 44,98	<u>1</u>	
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	6,069				
	b	Net investment income (if negative, enter -0-)		ļ	0	_	
	С	Adjusted net income (if negative, enter -0-)		1			

For Paperwork Reduction Act Notice, see instructions

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Đ,	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
<u></u>	31 L II	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	11,836	21,707	21,707
	2	Savings and temporary cash investments			
	3	Accounts receivable		_	_
	1	Less allowance for doubtful accounts			
;	4	Pledges receivable ▶		_	
		Less allowance for doubtful accounts			
	5	Grants receivable		_	
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			· · ·
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis			7. 11. W
		Less accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans		***	
	13	Investments—other (attach schedule)			,
	14	Land, buildings, and equipment basis ► 53,539			1
		Less accumulated depreciation (attach schedule) ► 53,539			å= , =, = -
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers—see the			
		instructions Also, see page 1, item I)	11,836	21,707	21,707
	17	Accounts payable and accrued expenses		, and the second second	y
rn.	18	Grants payable			i
ties	19	Deferred revenue			,
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	13,144	16,946	
iat	21	Mortgages and other notes payable (attach schedule)			*, ,
	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	13,144	16,946	
- 10		Foundations that follow SFAS 117, check here			* 1
Ses		and complete lines 24 through 26 and lines 30 and 31.			ď
JUE	24	Unrestricted	-1,308	4,761	* ,
ak	25	Temporarily restricted			
9	26	Permanently restricted			
und Balances		Foundations that do not follow SFAS 117, check here			
Œ.		and complete lines 27 through 31.			, s,
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			* ,
Net Assets or F	30	Total net assets or fund balances (see instructions)	-1,308	4,761	· *// /
Ve.	31	Total liabilities and net assets/fund balances (see			
		instructions)	11,836	21,707	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Total	net assets or fund balances at beginning of year—Part II, column (a	i), line 30 (must agree	e with	
	end-o	of-year figure reported on prior year's return)	-	1	-1,308
2	Enter	amount from Part I, line 27a		2	6,069
3	Other	r increases not included in line 2 (itemize)		3	
		ines 1, 2, and 3		4	4,761
		eases not included in line 2 (itemize)		5	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Pa	rt II, column (b), line	30 6	4,761
					Form 990-PF (2013)

Part	Capital Gains and	I Losses for Tax on Investm	ent Income	1 45 (4	1		,
•		ne kind(s) of property sold (e.g., real estate use, or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation		Date acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a				D Donation			
b							
с							
<u>d</u>							
е			· ·				
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale			n or (loss) f) minus (g)
a							
<u> </u>					<u> </u>		
<u> </u>							
<u>d</u> _							 .
<u>е</u>	Complete only for assets sh	lowing gain in column (h) and owned	by the foundation	n on 12/31/60			<u> </u>
	Complete only for assets sit	(j) Adjusted basis		ss of col (i)			(h) gain minus t less than -0-) or
	(i) F M V as of 12/31/69	as of 12/31/69		(j), if any			rom col (h))
a							
b							
С							
d							
е					ļ,		
2	Capital gain net income or	r (net canital ioss) 1	also enter in Pa , enter -0- in Pa	>	2		0
3	Net short-term capital gair	or (loss) as defined in sections	1222(5) and (6))			
	If gain, also enter in Part I	, line 8, column (c) (see instruction	ons) If (loss), ei	nter -0- ın ≀			
-Part	Part I, line 8	er Section 4940(e) for Redu		J	3		0
Was 1		ve this part blank section 4942 tax on the distribut qualify under section 4940(e) D			ase pe	riod?	☐ Yes 🛛 No
1		ount in each column for each yea			kıng ai	nv entries	
	(a)	(b)		(c)			(d)
Cal	Base penod years endar year (or tax year beginning in	Adjusted qualifying distribution	s Net value	of nonchantable-use a	ssets		tribution ratio divided by col. (c))
	2012		3,802		0		0 000000
	2011	10	0,411		0		0 000000
	2010		1,716		0		0 000000
	2009		1,113				0 000000
	2008	1(0,747				0 000000
_	Takal afters 4 astrona (d)				ļ	_	0.000000
2 3	Total of line 1, column (d)	for the 5-year base period—divid	a the total on lir	o 2 by 5 or by th	.,	2	0 000000
3	•	dation has been in existence if le		ie 2 by 5, or by tr		3	0 000000
4	Enter the net value of non	charitable-use assets for 2013 fr	om Part X, line	5	:	4	···-··································
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 If line 8 is equal to or great Municipals	ns from Part XII, line 4 ter than line 7, check the box in	Part VI, line 1b,	and complete tha	it part	8 using a 1%	44,981 tax rate See the

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

GURU CHARITABLE FOUNDATION

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"Yes," complete Part XIV

names and addresses

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Part	VII-B Stateme	nts Regarding Activities f	or Wh	ich Form 47	720 Ma	y Be Req	uired (<i>continue</i>	d)		
, 5a		the foundation pay or incur an anda, or otherwise attempt to			(section	on 4945(e))	?	☐ Yes	⊠ No		, , ,
		come of any specific public electly, any voter registration driv		(see section	4955),	or to carry	on,	☐ Yes	⊠ No	1.78	
	(3) Provide a grant t	o an individual for travel, stud	y, or ot	her sımılar pı	rposes	37		Yes	X No		
		o an organization other than a), (2), or (3), or section 4940(o				ion describe	ed in	Yes	⊠ No	\$ 14	
		ourpose other than religious, o the prevention of cruelty to ch		haritable, scientific, literary, or educational			ional	Yes	⊠ No	*,	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?					bed in	5b	N/A			
	•	g on a current notice regardin	_	_				,	▶ □		
С		s" to question 5a(4), does the ed expenditure responsibility f		foundation claim exemption from the tax				⊠ No	(<< } *		
	If "Yes," attach the s	tatement required by Regulat	ions se	ection 53 494	5–5(d)					ŀ	, ,
6a	Did the foundation, on a personal benef	during the year, receive any fu it contract?	ınds, d	rectly or indi	ectly, t	o pay prem	iums	Yes	⊠ No		
b	Did the foundation, of the state of the foundation, of the state of th	during the year, pay premium: prm 8870	s, direc	tly or indirect	ly, on a	personal b	enefit o	contract?		6b	
7a b	If "Yes," did the four	tax year, was the foundation a pandation receive any proceeds	or have	any net inco	me att	ributable to				7b	N/A
Par	Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors										
_1	List all officers, dir	ectors, trustees, foundation									
	(a) Name	and address	hou	e, and average irs per week ted to position	(if	ompensation not paid, nter -0-)	emple	Contribution oyee benefit ferred compe	plans		ense account, allowances
	RSHID A GURU FLOSS LANE EAST	AMHERST, NY 14051	TRUS	TEE 5 00							
	A S GURU FLOSS LANE EAST	AMHERST, NY 14051	TRUS	TEE 5 00							
PAUL	J HARDER		TRUS	TEE							
S 623	0 OLD LAKESHORE	RD LAKE VIEW, NY 14085		5 00							
	S O PEABODY		TRUS	TEE			ļ				
DEPT		RY DETROIT, MI 48202	L	5 00			L		i		
2	Compensation of f "NONE."	ive highest-paid employees	(other	than those	include	ed on line	1—see		<u> </u>	none,	enter
	(a) Name and address of e	each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to pe	veek	(c) Compe	nsation	(d) Contrib employee plans and compens	benefit deferred		ense account, allowances
NONE											
							-				
Total	number of other emp	loyees paid over \$50,000									
									F	orm 99	0-PF (2013)

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GURU CHARITABLE FOUNDATION

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Summary of Program-Related Investments (see Instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
	.
All other program-related investments. See instructions	
3	.]
Total. Add lines 1 through 3	<u></u>

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundation	ons,
-	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes]	
	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	·
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	.	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	
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
Part			
	foundations and certain foreign organizations check here		·
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2013 from Part VI, line 5	1	
b	Income tax for 2013 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
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
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1 1	
-	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26		44.004
a	Program-related investments—total from Part IX-B	1a 1b	44,981
b	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.	10	
2	purposes	2	
2		-	
3	Amounts set aside for specific charitable projects that satisfy the Suitability test (prior IRS approval required)	3a	
a		3b	
b	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		44,981
4	· · · · · · · · · · · · · · · · · · ·	1 -4- 	44,981
5	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)	_	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	44.004
6	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh		44,981
	qualifies for the section 4940(e) reduction of tax in those years	enier ine i	Jungation
	qualified for the acction 4340(e) reduction of tax in those years		

Part	XIII Undistributed Income (s	see instructions)							
, 1	Distributable amount for 2013 from	Part YI	(a) Corpus		b) or to 2012	(c) 2012		(d) 2013	
•	line 7	rait Ai,	*		0, 10 20 12	2012	+		
2	Undistributed income, if any, as of	the end of 2013					+		
- а	Enter amount for 2012 only	and end of 2015					٥		
b	Total for prior years 20 , 2	20 , 20			`		4-		· ···· '
3	Excess distributions carryover, if a					· · · · · · · · · · · · · · · · · · ·	 		
a	From 2008	10,747					1		
b	From 2009	23,366					Ì		
C	From 2010	21,716							
d	From 2011	10,411	* * * *	h.		,			. '
e	From 2012	28,802	·		,				
f	Total of lines 3a through e		95,042	. 3 .		** /	, ,	S	*
4	Qualifying distributions for 2013 fro	om Part XII.			v	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	1-		
	line 4 ► \$ 44,981	,					1		
а	Applied to 2012, but not more than	line 2a						*	
b	Applied to undistributed income of								
	(Election required—see instruction	s)					1 ,		۰,
С	Treated as distributions out of corp	us (Election					1		,
	required—see instructions)								
d	Applied to 2013 distributable amou	ınt			, ,		,		
е	Remaining amount distributed out	of corpus	44,981						
5	Excess distributions carryover app	lied to 2013		١.					
	(If an amount appears in column (c	f), the same							3
	amount must be shown in column	(a))							
6	Enter the net total of each columnindicated below:	ın as							`
а	Corpus Add lines 3f, 4c, and 4e S	Subtract line 5	140,023			»			
b	Prior years' undistributed income		1,10,020				†	- \	
	line 4b from line 2b				ol				
С	Enter the amount of prior years' un	distributed				3 /	1	} >	
	income for which a notice of deficie								
	been issued, or on which the section	on 4942(a)	<i>3</i>			*		*	
	tax has been previously assessed						'		*
d	Subtract line 6c from line 6b Taxa	ble							
	amount—see instructions								,
е	Undistributed income for 2012 Sul	otract line					T		
	4a from line 2a Taxable amount—	see		š, r	,		v 1	,	! * :
	instructions		^				0		
f	Undistributed income for 2013 Sul					, .			
	4d and 5 from line 1 This amount	must be	• ,	34	`				
	distributed in 2014		·						0
7	Amounts treated as distributions of	•		*					
	to satisfy requirements imposed by								
_	170(b)(1)(F) or 4942(g)(3) (see ins						-		
8	Excess distributions carryover from						'		
_	applied on line 5 or line 7 (see inst		10,747				-		
9	Excess distributions carryover t	0 2014.	400.070						*
10	Subtract lines 7 and 8 from line 6a	-	129,276				+		
10	Analysis of line 9	22.266							
a	Excess from 2009 Excess from 2010	23,366							
b	Excess from 2010 Excess from 2011	21,716 10,411	İ		, ,	*			
c d	Excess from 2012	28,802	ļ						
e	Excess from 2013	44,981							
	EAGE33 110111 2013	44,901					.1.		

Part	XIV Private Operating Foundation	ons (see instruct	ions and Part VI	I-A, question 9)		N/A
∙1a	If the foundation has received a ruling	or determination le	etter that it is a priv	ate operating	T	1077
	foundation, and the ruling is effective for	or 2013, enter the	date of the ruling	•	1	
b	Check box to indicate whether the four	ndation is a private	operating foundar	tion described in s	ection	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum investment return from Part X for	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	each year listed					0
b	85% of line 2a					ō
С	Qualifying distributions from Part XII,					
	line 4 for each year listed					l o
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					o
3	Complete 3a, b, or c for the	İ				
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test—enter					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) (2) Support from general public					0
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(III)			·		0
	(3) Largest amount of support from					
	an exempt organization					0
Dowl	(4) Gross investment income	(0) 1 1 11:	4 1			0
Part				foundation ha	d \$5,000 or mor	e in assets at
1	any time during the year—		5.)			
	Information Regarding Foundation & List any managers of the foundation with		d more than 20% as	f the total contains	hana rasawad by t	na farmalation
a	before the close of any tax year (but or					ne ioungation
NONE		ny n they have con	inbated more than	1 ψ0,000) (Gee se	Clion 507 (u)(2))	
	List any managers of the foundation wh	20 0WD 10% or mo	re of the stock of	corporation (or a	n equally large no	tion of the
-	ownership of a partnership or other ent					tion of the
NONE		,,		TO OF GROOM MILES		
2	Information Regarding Contribution	Grant, Gift, Loar	n, Scholarship, et	c., Programs:		
	Check here ▶ ☐ If the foundation or				izations and does	not accept
	unsolicited requests for funds. If the for	undation makes gif	fts, grants, etc (se	e instructions) to i	ndıvıduals or orgar	nizations
	under other conditions, complete items	2a, b, c, and d				
а	The name, address, and telephone nur	mber or e-mail add	ress of the person	to whom applicat	ions should be add	Iressed
	RSHID GURU 8100 FLOSS LANE EAST				<u> </u>	
b	The form in which applications should be	pe submitted and i	nformation and ma	aterials they should	d include	
VIOLO	N CORFENING FOR OUT BREET SET	01.4501115.555	000 01 W 555	BBE 10= 0		
	N SCREENING FOR CHILDREN, SCH	OLARSHIP FOR F	OOR CHILDREN	, BREAST CANCE	ER PROGRAM	
	Any submission deadlines					
ON-G	Any restrictions or limitations on award	e such as hy acco	ranhical areas at	aritable fields les	de of matitutions =	r other
u	factors	s, such as by geog	grapilicai aleas, Cr	iai itabie ileius, Killi	นอ () แเรนเนนเดเร, ()	outer
SCHO	OOLS IN INDIA, CHILDREN FROM NIN	TH TO TWELFTH	GRADE TUITIO	N, TEXT. REFREN	NCE BOOKS WITH	EXAMINATION I

Part	XV Supplementary Information (contin	nued)			
3	Grants and Contributions Paid During t	he Year or Approve	d for Fut	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
			•		
			ļ		
		i			
		!			
	Total	1	<u> </u>	<u>}</u> 3a	
b	Total Approved for future payment		Γ -	> 3a	0
			ĺ		
		1			
			1		1
	Total	<u>L</u>	<u></u>	<u> </u>	
	IUlai			► 3b	0

Form	990-PF	F (2013) GURU CHARITABLE FOUNDA	TION			26-13	22564 Page 12
Pa	rt XV	I-A Analysis of Income-Producing Ac	tivities				
		ss amounts unless otherwise indicated		isiness income	Excluded by sect	(5)	
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	_	ram service revenue			 		(011 111 111 111 111 111 111 111 111 111
	a _ b		-				
							
	e _				 -		
	f -				 		
	_	ees and contracts from government agencies					
2	-	nbership dues and assessments					
3		est on savings and temporary cash investments					
4		dends and interest from securities					
5	Net r	rental income or (loss) from real estate					
	a [Debt-financed property					
	b N	Not debt-financed property					
6	Net r	rental income or (loss) from personal property					
7		er investment income					
8		or (loss) from sales of assets other than inventory					
9		income or (loss) from special events					
10		ss profit or (loss) from sales of inventory					
11	t.	er revenue a					
	ч _ е						 -
12		total Add columns (b), (d), and (e)		0		0	0
		(a), (a), (a), (b)	<u> </u>				
	Tota	II. Add line 12, columns (b), (d), and (e)				13	0
13		 Add line 12, columns (b), (d), and (e) Asheet in line 13 instructions to verify calculation 	s)			13	0
13 (See	work	sheet in line 13 instructions to verify calculation		ent of Exempt	Purposes	13	0
13 (See Pa	work	sheet in line 13 instructions to verify calculation	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
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13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	
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13 (See Pa	work t XV e No.	Relationship of Activities to the A Explain below how each activity for which incom	ccomplishme	olumn (e) of Part	XVI-A contributed	I importantly to the	

Part		ation Regarding Tran t Organizations	sfers To and Transacti	ons and R	Relationships With Nonchari	table		
1			engage in any of the follow	ng with any	other organization described		Yes	No
					section 527, relating to political			
	organizations?					\		ĺ
а	Transfers from t	he reporting foundation t	o a noncharitable exempt o	rganization	of			1
	(1) Cash					1a(1)		X
	(2) Other assets					1a(2)		X
b	Other transactio							
		ets to a noncharitable ex				1b(1) 1b(2)		X
								X
		• •	erasseis			1b(3)		X
	(5) Loans or loa	nent arrangements				1b(4) 1b(5)		x
		_	hip or fundraising solicitation	ne		1b(5)	\vdash	x
С	, ,		ists, other assets, or paid e			1c		X
-					should always show the fair market		نــــــا	
-	value of the good	s, other assets, or services	given by the reporting foundation	ion If the fou	undation received less than fair mark ods, other assets, or services receiv	ket		
(a) Line	e no (b) Amount inv	volved (c) Name of nor	nchantable exempt organization	(d) Des	scription of transfers, transactions, and sha	arıng arra	ngeme	nts
					····	-		
								
						·		
							·	
	 							
						•		
					····	-		
	1 1 6 1-1-							
2a b	described in sec		liated with, or related to, on other than section 501(c)(3		ix-exempt organizations on 527?	Yes	X N	0
		of organization	(b) Type of organiza	ion	(c) Description of relation	nship		
			ļ					
	1 0-4	- O						
Ci~~	Under penatural of peni correct, and complete	Department of the parer to ther than tax	return, including accompanying schedules payer) is based on all information of which i	anu statements, ar reparer has anv ki	nd to the best of my knowledge and belief, it is true nowledge			
Sign	K K	IN DINU			May the IR			
Here	Signature of office	er or trustee	Date Titl	DIRECTOR	(see instruc	ctions)?	Yes	No
Delet	<u> </u>	reparer's name	Preparer's signature			PTIN		
Paid	ZULFI	QAR JAFFRI, CPA	Zullapylor		8 14 14 Check I if self-employed	P001	919	11
Prep	arer Firm's name	▶JAFFRI CPA			Firm's EIN ▶ 27-3			
Use	Only Firm's addre	_{ss} ▶ 10 GOLDEN F	HEASANT GETZVII	LE NY	14068 Phone no 716-2			;

Schedule B

(Form 990, 990-EZ. or 990-PF)

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

Schedule of Contributors

OMB No 1545-0047

Department of the Treasury Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs gov/form990. itemal Revenue Service Name of the organization Employer identification number

GURU CHARITABLE FOUNDATION 26-1322564 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of or QURU CH	ganization ARITABLE FOUNDATION	Employer identification number 26-1322564	
Part I	Contributors (see instructions) Use duplicate copie	s of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KHURSHID A GURU 8100 FLOSS LANE EAST AMHERST NY 14051 Foreign State or Province Foreign Country	\$14,000	Person X Payroll
(a) No	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
•••••	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Page 3 Name of organization Employer identification number **GURU CHARITABLE FOUNDATION** 26-1322564 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received (see instructions) Part I

Name of org	ganization ARITABLE FOUNDATION	-		Employer identification number 26-1322564
Part III	Exclusively religious, charitable, etc., total more than \$1,000 for the year. Cor For organizations completing Part III, ente contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	mplete columner the total of ear (Enter this	is (a) through (e) and the exclusively religious, chainformation once. See in	01(c)(7), (8), or (10) organizations e following line entry intable, etc.
(a) No.	our applicate copies of that in it additions	ar space is nee	, de d	
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	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(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	
	Transferee's name, address, and	ZIP + 4	Relationsh	ip of transferor to transferee
	For Prov Country			
(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	
	Transferee's name, address, and a			ip of transferor to transferee
	Transfers & Harris, address, and		Keidtionsii	ip or transferor to transferoe
	For Prov Country			
(a) No. from	(b) Purpose of gift	10) Use of gift	(d) Description of how gift is held
Part I	(b) i dipose oi giit			(a) Description of now girt is need
		(e) T	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee
:	o mano, addiego, and i		, (Jiadollali	p manoror to daniorate
			•	
	For ProvCountry			•

Schedule	F	(Form	1040)	2013
Schlednie		(- 0; 111	1040)	2013

Attachment Sequence No. 13

Page 2

Name	(s) shown o	n return Do not enter	name and socia	al secunty number	er if shown o	n other side			Attaun	Herit Seque			al sec	urity num	_	ge z
		ITABLE FOUND											26-1	322564		
	tion. The	IRS compares a	mounts repo	orted on your	tax return	with amoun										
	V	Income or Los which any amount	is not at risk,	you must che	ck the box	ın column (e)	on line	28 and	attach F		. See	ınstr	uction	s		
27	Are y	ou reporting any owed loss from a	loss not allo	owed in a price	or year du	e to the at-ris	sk, ex	cess fa	rm loss	, or basis	limit	tation	s, a p	rior yea	•	
		ership expenses									ea			Yes	٦,	No
						(b) Enter P f		(c) Ch			Empl	oyer		(e) C		
28			(a) Name			partnership, for S corpora	- 1	fore	-		entifica			any an		
A		. –			 .	101 S corpora	iion	partne]		numb	er		not a	nsk	
В								- <u>- </u>	1						╡-	
С									1						寸	
D]						Ť	
	•	Passive Income	and Loss				No	onpass	sive Inc	ome and	Los	ss				
		ive loss allowed		ssive income		Nonpassive los				on 179 expe				lonpassive		
	(altacii For	m 8582 if required)	Trom St	chedule K-1	Troi	m Schedule K-	1	+	deduction	from Form	4562		fro	m Schedu	le K-	1 T
B							\dashv	+		٠		1 1	-			\vdash
С																
_D	Takala	Υ	<u> </u>		1			<u> </u>								_
	Totals Totals				1				· · · · · · · · · · · · · · · · · · ·			1				<u>L</u>
30		mns (g) and (ı) o	f line 29a		<u> </u>							30				Γ
31		mns (f), (h), and										31				
32		rtnership and S				ombine lines	30 ar	nd 31 E	Enter th	е					_	
Par		re and include in Income or Los										32			0	·
33			<u> </u>		Name						Τ	· · · · · ·	(b) E	mployer		
	1			- (a) 1	varrie						+	IC	lentifica	ation numb	er	
- B											+					
		Pass	ive Income	and Loss					Nonp	assive I	ncon	ne ar	d Lo	ss		
		ve deduction or loss			Passive inco				duction or			(f		income fro	m	
	(allac	th Form 8582 if requir	ed)	Iron	n Scheaule	K-1	<u> </u>	rrom S	chedule	K-1	╆		Sche	dule K-1		_
В						-					+					一
34 a	Totals															
	Totals	(d) and (f) a	fluo 24a	<u>L</u>							105	1				
		mns (d) and (f) o mns (c) and (e) o									35 36		-			\vdash
37		tate and trust in		ss). Combin	e lines 35	and 36 Ente	er the	result l	nere an	ď	"	 				
		the total on line									37				0	
Par	IV I	ncome or Los	s From Re	al Estate M		Investment cess inclusion fr		<u>nduits</u>	(REM	ICs)—R	esid	lual	<u>Hold</u>	er		
38	(;	a) Name		nployer Ion number	Sch	edules Q , line 2		1, ,		me (net los: s Q, line 1b	4	S		ome from es Q, line :	3b	
			·		(5)	ee instructions)		+			+	1		<u> </u>		$\overline{}$
39		columns (d) and	(e) only En	ter the result	here and	include in th	e tota	l on lin	e 41 be	low	39				0	
Par		Summary														
40		rental income or				•				_	40				0	<u> </u>
41		ome or (loss). Comi					0, line 1	7, or Form	1040NR I	ine 18	41	L	· · · · · · · · · · · · · · · · · · ·		0	L
42		iation of farming nd fishing income re			, -											
		55), box 14, code B								> +	1				*	
	•	hedule K-1 (Form		•	• .		42				1					
43	Reconcili	ation for real esta	te professior	nals. If you we	re a real es	tate										1
		al (see instructions	•	,		•										
	-	on Form 1040 or F materially participa					43				-					
	you	atomany participe		, passive activ	, .uss iuit	.	70			l l						

Part I, Line 16b (990-PF) - Accounting Fees

		300	O	0	00
$\cdot \Big[$	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
	1 JAFFRI CPA FIRM	300			

GURU CHARITABLE " UNDATION

Part I, Line 19 (990-PF) - Depreciation and Depletion

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					5	ימגנותנ	2	noing of
	ם לבכ	Method of			Accumilated	and Fynanses	Investment	- d
_	2			5		מיניין איניין		
	A		A A	Att. 0		11000		-
Describtion	Acdulred	Computation	Asset Life	Other basis	Depreciation	per Books	ncome	Income
NOTIVIOSAGSO INSMAILIOS F	4/4/2014	CED 470 OL AIM 4009/	1	24 694	21 684			
	1107/1/1	2001 MICO - 6 - 0 - 10 - 10 - 10 - 10 - 10 - 10 -	_	200,10	,			
			•					

Part I, Line 23 (990-PF) - Other Expenses

		37,124	0	C	37,124
ļ		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	Supplies	8,622			8,622
2	Bank Fee	121			121
3	Furniture & Fixture	21,857			21,857
_ 4	Postage, Mailing Services	199			199
5	Books, Subscriptions, Reference	2,920			2,920
6	Business Registration Fees	200			200
7	Other Employee Salaries Ext	3,205			3,205

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

	53,539	31,681	53,539	0	0	0
		Accumulated	Accumulated			,
	Cost or	Depreciation	Depreciation	Book Value	Book Value	FMV
Asset Description	Other Basis	Beg. of Year	End of Year	Beg of Year	End of Year	End of Year
1 FURNITURE AND EUIPMENT	53,539	31,681	53,539	0	0	

GURU CHARITABLE FOUNDATION

Part II, Line 20 (990-PF) - Loans from Officers, Directors, Trustees, Other Disqualified Persons

0	Fair Market Value of	Consideration	<u> </u>
		Consideration Description	ı
		Purpose of Loan	
	Interest	Rate	-
		Repayment Terms	,
	Matunty	Date	
	Date of	Note	
		Security Provided	
16,946	Balance Due	End of Year	16,946
13,144	Balance Due	Beg of Year	13,144
 13,144		Onginal Amount	13,144
		Title	Trustee
		Name of Lender	1 Khurshid Guru

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

										0	•	0
	Name	Check "X"	Street	A†O	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Avg Hrs Per Week Compensation	Benefits	Expense
	KHURSHID A GURU		8100 FLOSS L	ST	È	14051		TRUSTEE	5 00			
	LUBNA'S GURU	1	8100 FLOSS LÁNÉ	EAST AMHERST	<u>,</u>	14051		TRÙSTĚE	2 00	1	1	
7	PAUL J HARDĚR		S 6230 OLD LAKESHORE RD	LAKE VIEW	ž	4085		TRUSTEE	2 00			
<u> </u>	JAMES O PEABODY		DEPT OF UROLOGY/HENRY	DETROIT	<u> </u>	, 48202	·	TRUSTEE	5 00	a come r	1 1 :	:
4					_			_	_			ŧ