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### Form **990-PF**

#### **Return of Private Foundation** or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052 2011

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For calendar year 2011 or tax year beginning and ending Name of foundation A Employer identification number THE SHULANSKY FOUNDATION, INC. 06-6042338 Number and street (or P O box number if mail is not delivered to street address) B Telephone number 34 CARY LANE (860) 242-7676 City or town, state, and ZIP code C If exemption application is pending, check here BLOOMFIELD, 06002 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 507,594. (Part I, column (d) must be on cash basis.) ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (cash basis only) (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books ıncome ıncome Contributions, gifts, grants, etc., received 2 Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 13,776. 13.776 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 26,415 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 26,415 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 12 Total. Add lines 1 through 11 40.191 40.191 0. 0. 0. 0 0 Compensation of officers, dire 14 Other employee satures and wa 15 Pension plans, employee benefits JUL 3 0 2012 b Accountingdees 1,700 0. 1,700. STMT 0. c Other professional-fee 17 Interest STMT 2 256 0. 0. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications Other expenses
Total operating
expenses. Add
Contributions of 50 0 0. 50. STMT 3 24 Total operating and administrative <u>1,750.</u> expenses. Add lines 13 through 23 2,006 0 0. 74,900 74,900. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 76,906 0 0 76,650. Add lines 24 and 25 27 Subtract line 26 from line 12: -36,715 a Excess of revenue over expenses and disbursements 40.191 b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see instructions

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For	m 99	0-PF (2011) THE SHULANSKY FOUNDATION		06-6042338 Page 2			
Г	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>		
<u> </u>	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	4,380.	6,474.	6,474.		
	2	Savings and temporary cash investments	40,429.	3,265.	3,265.		
	3	Accounts receivable >					
		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					
	,	Other notes and loans receivable					
	1	Less; allowance for doubtful accounts					
		Inventories for sale or use					
ssets	l _	The state of the s					
Ass	9	Prepaid expenses and deferred charges					
_		Investments - U.S. and state government obligations	110 214	117 ((0	407 OFF		
	1	Investments - corporate stock STMT 4	119,314.	117,669.	497,855.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other					
	14	Land, buildings, and equipment: basis					
		Less accumulated depreciation					
	15	Other assets (describe ►					
	16	Total assets (to be completed by all filers)	164,123.	127,408.	507,594.		
		Accounts payable and accrued expenses					
	18	Grants payable					
s	19	Deferred revenue		<del></del>			
Liabilities		Loans from officers, directors, trustees, and other disqualified persons					
<u>.</u>	1	Mortgages and other notes payable					
۳.		Other liabilities (describe )					
	**	Other liabilities (describe					
	22	Total liabilities (add lines 17 through 22)	0.	0.			
_	23	Foundations that follow SFAS 117, check here					
		and complete lines 24 through 26 and lines 30 and 31					
S	0.4	Unrestricted					
Š	24	ŀ	· · · · · · · · · · · · · · · · · · ·	<u></u>			
9	25	Temporarily restricted					
or Fund Balances	26	Permanently restricted					
ڃ		Foundations that do not follow SFAS 117, check here					
ř		and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds	0.	0.			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
ţ	29	Retained earnings, accumulated income, endowment, or other funds	164,123.	127,408.			
Š	30	Total net assets or fund balances	164,123.	127,408.			
_	31	Total liabilities and net assets/fund balances	164,123.	127,408.			
F	art	Analysis of Changes in Net Assets or Fund B	alances				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30				
	(mus	st agree with end-of-year figure reported on prior year's return)		1	164,123.		
2	Ente	r amount from Part I, line 27a		2	-36,715.		
3	Othe	r increases not included in line 2 (itemize)		3	0.		
4		lines 1, 2, and 3		4	127,408.		
5		eases not included in line 2 (itemize)		5	0.		
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	127,408.		
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Part IV   Capital Gains a	nd Losses for Tax on Ir	<u>ıvestment</u>	t Income					
	be the kind(s) of property sold (e.g ehouse; or common stock, 200 she			(b) How a P - Pur D - Do	acquired chase nation	(c) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a AMREIPRISE FINA	NCIAL INC: AMP				D	11/17	7/00	05/25/11
b AMERIPRISE FINA	NCIAL INC: AMP				D	11/17	7/00	05/22/11
c 18 SHS FAIRPOIN	T COMMUNICATION	INC	_		P	06/30	)/03	01/24/11
<u>d</u>								
<u>e</u>				<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				in or (loss (f) minus	
a 6,100.				0.				5,750.
b 21,960.	<del></del>		1,26					20,697.
С			3	2.				-32.
d								
е								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69			) Gains (Co		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), if any		COI	. (k), but no Losses (	ot less tha from col. (	
a			-					5,750.
b								20,697.
<u>c</u>	***************************************							-32.
<u>d</u>								
e								
2 Capital gain net income or (net cap	oital loss) { If gain, also entering the loss of the l	r in Part I, line	7 7	}   2				26,415.
, -	•		'	) <del>  -</del>				20,113.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, or		nd (6):		٦١				
If (loss), enter -0- in Part I, line 8	column (c).			a	}		N/A	
	nder Section 4940(e) for	Reduced	Tax on Net	Invest	ment Inc	ome	11/22	•
(For optional use by domestic private if section 4940(d)(2) applies, leave the	•	494U(a) tax on	i net investment in	icome.)				
Was the foundation liable for the secti		omplete this pa	irt.					Yes X No
(a)		octions before	making any entre			<u> </u>		(d)
Base periód years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) incharitable	e-use assets	,		oùtión ratio
Calendar year (or tax year beginnin	9/		1401 40100 01 110			\		rided by col. (c))
2010		26,900. 26,550.			39,346 11,021			.054971
2009								.064595
		5,587.			<u>79,876</u>			.053320
2007		9,842.			<u>49,986</u> 52,678			.107452
2006		8,190.		0 (	04,070	<u> </u>		.087810
2 Total of line 1, column (d)						,		.368148
	year back paried, divide the total	on line 2 hij E	or buthe number	ofvoore		2		.300140
3 Average distribution ratio for the 5 the foundation has been in existen	*	on line 2 by 5,	or by the number	oi years		,		.073630
the foundation has been in existen	ce il less than 5 years					3		.0/3030
4 Enter the net value of noncharitable	e-use assets for 2011 from Part X,	line 5				4		503,279.
5 Multiply line 4 by line 3								37 056
o morapiy mio i by mic o						5		37,056.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)					6		402.
7 Add lines 5 and 6						7		37,458.
						<del></del>		37,130.
8 Enter qualifying distributions from	Part XII, line 4					8		76,650.

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	ert VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e)	or 4	948 -	see i	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \[ \bigstyle \ldots \rightarrow \] and enter "N/A" on line 1.			ĺ			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			ĺ			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	,	1			4	<u>02.</u>
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			l			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2		3			4	02.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			4	<u>02.</u>
6	Credits/Payments:			l			
		50.					
	Exempt foreign organizations - tax withheld at source			ĺ			
	Tax paid with application for extension of time to file (Form 8868)  6c			1			
d	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d		7			8	<u>50.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10				<u>48.</u>
	Enter the amount of line 10 to be: Credited to 2012 estimated tax	ed 🖊	11			4	<u>48.</u>
Pa	art VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or in	tervene	ın			Yes	-
	any political campaign?				1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definit	ion)?			1b		<u>X</u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublishe	ed or				
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n					
	managers. ► \$ 0 .						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		_X_
	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpor	ation, o	r				
,	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		<u>X</u>
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		_X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		<u>X</u>
	If "Yes," attach the statement required by General Instruction T.						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of the state	he state	law				
	remain in the governing instrument?				6	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	X	
	If "Yes," complete Part II, col. (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	CT						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_				
	of each state as required by General Instruction G? If "No," attach explanation				8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$	for cale	ndar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV				9		<u>X</u>
10	Did any persons become substantial contributors during the tax year? It even a schedule listing their papers and addressed				10		x

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	└── Ye	s 🔀 No		
(2) Influence the outcome of any specific public election (see section 4955); or	to carry on, directly or indire				
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?		L Ye	s X No		ļ
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in section		[==]		
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		İ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		[32]	ŀ	
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	37 / 3	-	
section 53.4945 or in a current notice regarding disaster assistance (see instruc	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check he				i	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr			. 🗆	- 1	
expenditure responsibility for the grant?		I∕A ∐ Ye	s L No		
If "Yes," attach the statement required by Regulations section 53.4945					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	bay premiums on		s X No		
a personal benefit contract?	organal hangfit contract?	re	S LAL NO	6Ь	x
b Did the foundation, during the year, pay premiums, directly or indirectly, on a print "Yes" to 6b, file Form 8870	ersonal benefit contract?		F	00	<del>  ^</del>
7a At any time during the tax year, was the foundation a party to a prohibited tax si	halter transaction?	□ v <sub>e</sub>	s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attribu		L 16		7b	
Information About Officers Directors Truste		nagers Highly	/	75.	
Part VIII Paid Employees, and Contractors			•		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation		wances
SEE STATEMENT 5		0.	0.		0.
			-	<b></b>	
			:		
······································					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1\ If none	enter "NONE "		<u> </u>	
Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	acco	Expense unt, other wances
NONE	devoted to position		compensation	and	- Walles
NONE					
				·	
				<del>                                     </del>	
				1 -	-
				<del>                                     </del>	
Fotal number of other employees paid over \$50,000	<u> </u>	<u></u>			

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	483,669.
b	Average of monthly cash balances	1b	483,669. 27,274.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	510,943.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<del></del> !
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	510,943.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,664.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	503,279.
6	Minimum investment return Enter 5% of line 5	6	25,164.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	25,164.
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	402.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,762.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	24,762.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	24,762.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	76,650.
þ	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., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	76,650.
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	5	402.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	76,248.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when colculating whether the foundation of		he cost on

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
Distributable amount for 2011 from Part XI,	Outpus	rears prior to 2010	2010	2011
line 7				24,762.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	
b Total for prior years:				
<del></del> ', <del></del> -		0.		
3 Excess distributions carryover, if any, to 2011:				
a From 2006 25, 438.				
b From 2007 37,725.				
c From 2008 1,929. d From 2009 6.281.				
d From 2009 6, 281. e From 2010 2, 689.				
f Total of lines 3a through e	74,062.			
4 Qualifying distributions for 2011 from	74,002.	<del></del>		
Part XII, line 4: ► \$				
a Applied to 2010, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			<u> </u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount		- <del> </del>		24,762.
e Remaining amount distributed out of corpus	51,888.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	125,950.			
b Prior years' undistributed income. Subtract	123,330.		<del></del> .	
line 4b from line 2b		0.		
c Enter the amount of prior years'		0.		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		:
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2010. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2011. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	25,438.			
9 Excess distributions carryover to 2012.	400 -44			
Subtract lines 7 and 8 from line 6a	100,512.			
10 Analysis of line 9:				
a Excess from 2007 37,725.				
b Excess from 2008 1,929.				
c Excess from 2009 6, 281. d Excess from 2010 2, 689.				
e Excess from 2011 2, 888.				
				<u> </u>

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Part XIV Private Operating F		<del></del>	-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for	•	•	▶ ∟		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a			.=-		
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			•	1	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:  a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter			-		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "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					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	on had \$5,000 or m	ore in assets
at any time during t	he year-see insti	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by t	he foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			(or an equally large po	rtion of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	, Scholarship, etc., Pr	rograms:		
Check here 🕨 🗓 if the foundation of					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	viduals or organizations u	inder other conditions,	complete items 2a, b, c, and	d
a The name, address, and telephone num	ber of the person to who	m applications should be	addressed:		
b The form in which applications should t	pe submitted and informa	tion and materials they s	hould include:		
c Any submission deadlines:				<del></del>	
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields.	, kınds of institutions. c	or other factors:	
y	., , g, g, g, upino				
					Form <b>990-PF</b> (2011)
123601 12-02-11					Form MMUFPE (2011)

Form 990-PF (2011) THE SHULANSKY FOUNDATION, INC.

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y Recipient				
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	0, 000000000000000000000000000000000000			<del></del> .
RUSTEES OF HAMILTON COLLEGE				
98 COLLEGE HILL ROAD				
LINTON, NY 13323				1,000
NAME OF THE PROPERTY OF THE PR				
PALM SPRINGS FRIENDS OF PHILHARMONIC O BOX 12770				
PALM DESERT CA 92255-2770				250
ABA DESERT, CA 92233-2110				
CONNECTCUT CHILDREN'S MEDICAL CENTER				
FOUNDATION				
282 WASHINGTON STREET				
HARTFORD, CT 06106			T-7	50,000
THE WALKS FOUNDATION, INC.				
P.O. BOX 155				
WEST GRANBY CT 06090				500
JEWISH COMMUNITY FOUNDATION OF				
GREATER HARTFORD				
333 BLOOMFIELD AVENUE SUITE D				
WEST HARTFORD CT 06117				1,000
	TINUATION SHEE	r(s)	<b>▶</b> 3a	74.900
b Approved for future payment				
NONE				
			+	
·				
	<del>                                     </del>			
Total			<b>▶</b> 3b	0

oducing Activitie  Unrelated b	usiness income	1		
		Excluded by	section 512, 513, or 514	(a)
(a) Business	(b)	(c) Exclu-	(d)	(e) Related or exempt
code	Amount	code	Amount	function income
				• • •
			, .	
		<u> </u>		
				· · · · · · · · · · · · · · · · · · ·
		14	13,776.	
	3.5			
j				
		18	26,415.	
	0	<u>.ll</u>		
			13	40,19
ons.)				
ies to the Accom	nplishment of E	Exempt P	urposes	
th income is reported in c	column (e) of Part XVI	-A contributed	importantly to the accomp	olishment of
<del></del>				
	3			
<del>.</del>				
		-		
				<del> </del>
	ons.)	code Amount	18  18  18  Institute to the Accomplishment of Exempt Potentian column (e) of Part XVI-A contributed	14 13,776.  18 26,415.  18 26,415.  18 26,191.  19 19 19 19 19 19 19 19 19 19 19 19 19 1

123621 12-02-11

Information Regarding Transfers To and Transactions and Relationships With Noncharitable   Exempt Organizations	orm 990	)-PF (2011) <b>THE S</b>	SHULANSKY	FOUNDA	TION, I	NC.			042338		ige 13
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  a Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash Other transactions:  (2) Other assets Other transactions:  (3) States of assets from a noncharitable exempt organization (3) Ronatiol facilities, equipment, or other assets (4) Remibusement arrangements (5) Loans or loan guarantees (5) Loans or loan guarantees (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (7) It is not of the above in "Set," complete the following schedule. Column (p) should always show the fair market value of the goods, other assets, or services govern by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (p) Amount involved (a) Livie ro (b) Amount involved (c) Name of noncharitable exempt organization (d) Oscorption of transfers, transactions, and atheiring arrangements, show in section 501(c) of the Code (other than section 501(c)) of the Code (ot	Part )			sfers To a	ind Transa	ctions a	nd Relations	hips With Non	charitable	;	
a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cach (1) Cach (2) Other assets b Other transactions: (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (3) Loans or loan guarantees (6) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) The services of	1 Did	the organization directly or ind	lirectly engage in any	of the followin	g with any othe	r organizatio	n described in sect	ion 501(c) of		Yes	No
(1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Renal of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Enformance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (11) Sales of assets (12) Loans or loan guarantees (12) Loans or loan guarantees (13) Loans or loan guarantees (14) Enformance of services or membership or fundraising solicitations (15) Loans or loan guarantees (16) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, making lists, other assets, or paid employees (16) Loans or loan guarantees (16) Loans or loan guarantees (17) India provided provided provided solicities, or services green by the reporting foundation. If the foundation eceived less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, other assets, or services greened.  (a) Liver or (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements are serviced.  (a) Liver or (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  If yes \( \) N  If Yes \( \) In Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of perjary, I declare that I have examined this return, including accompanying schedules and slatements, and to the best of my knowledge accompanying schedules and slatements, and to the best of my knowledge accompanying schedules and slatements, and to the best of my knowledge accompanying schedules and slatements, and to the best of m	the	Code (other than section 501(	c)(3) organizations) (	or in section 52	7, relating to po	olitical organi	izations?				
(2) Other assets b Other transactions: (1) Sales of assets to an oncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of lacitities, equipment, or other assets (3) Rental of lacitities, equipment, or other assets (3) Rental of lacitities, equipment, or other assets (3) Loans or loan guarantees (3) Performance of services or membership or fundraising solicitations (3) Performance of services or membership or fundraising solicitations (3) If the answer to any of the above is "Yes," complete the following schedule. Column (s) should always show the fair market value of the goods, other assets, or services received. (3) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  10 Performance of services received. (a) Name of organization (b) Type of organization (d) Description of relationship  11 Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship  11 Yes, "complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship  12 If Yes In Type (c) Description of relationship  13 In Yes, "Complete the following schedule.  14 In Yes, "complete the following schedule.  15 In Yes, "complete the following schedule.  16 In Yes, "complete the following schedule.  17 In Yes In Type (c) Type of organization of which prepare has any knowledge after the proper of the management of the proper is based on all information of which prepare has any knowledge after the proper of the management of the proper is based on all information of which prepare has any knowledge after the proper of the management of the proper of th	<b>a</b> Trai	nsfers from the reporting found	dation to a noncharit	able exempt org	ganization of:						1
b Other transactions:  (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Rembursement arrangements  (5) Loans or loan guarantees  (6) Performance of services or membership or fundrasing solicitations  (7) Experiment of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services greated the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Inset of (b) Amount involved  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and shuring arrangements.  N / A   2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than sections Sottics) or services received.  (a) Inset of complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N / A     If (s)	(1)	Cash							1a(1)		X
(2) Purchases of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Rembursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (9) Performance of services or services received. (9) It the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (9) Amount involved (9) Amount involved (9) Amount involved (9) Amount involved (10) Performance of transfers, transactions, and sharing arrangements (11) Performance of transfers, transactions, and sharing arrangements (12) Performance of transfers, transactions, and sharing arrangements (13) Performance of transfers, transactions, and sharing arrangements (14) Performance of transfers, transactions, and sharing arrangements (15) Complete the following schedule. (16) Name of noncharitable exempt organization (17) Performance of transfers, transactions, and sharing arrangements. (18) Performance of transfers, transactions, and sharing arrangements, and organization of relationship (17) Performance of transfers, transactions, and sharing arrangements. (18) Performance of perpury, i declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and blatter of highly price of transfers.  18) Performance of transfers, and complete Declaration of prepare (other than appayer) is based on all information of which prepare has any knowledge after that the prepare is based on all in	(2)	Other assets							1a(2)		Х
(2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundriasing solicitations (7) Exharing of facilities, equipment, mailing lists, other assets, or paid employees (8) If the answer to any of the above is "Yes," complete the following schedule, Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation deceived less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services precived.  (a) It was no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X   N   If Yes, Complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A    Unider penalties of pirgury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and best of the pirgury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and best of the pirgury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and best of the pirgury transfers of pirgury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and best of the pirgury transfers are my knowledge and best of the pirgury transfers are my knowledge and best of the pirgury transfers.    Prescription of the pirgury transfers are my knowled	<b>b</b> Oth	er transactions:									
(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundrating solicitations (6) Performance of services or membership or fundrating solicitations (6) Performance of services or membership or fundrating solicitations (7) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (8) Performance of services or membership or fundrating solicitations (8) If the answer to any of the above or "ves", complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of inoricharitable exempt organization (d) Osserphion of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  2b If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship  N/A  Under penalties of perpry, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and best of the perpendicular of perpendicular of the pe	(1)	Sales of assets to a noncharit	able exempt organiza	ation					1b(1)	L	X
(4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (10) Performance of services or membership or fundraising solicitations (11) It has answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (b) the value of the goods, other assets, or services received. (a) Live no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements.  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  1 If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A     May the IRS discoss this return, white prepare and bother integration, and complete Declaration of preparer (after than tax-player) is based on all enformation of which preparer has any inconlecting return, which preparer is the preparer is the preparer in the preparer is the proparer in the preparer is the preparer in the proparer in the preparer in the preparer in the proparer in the	(2)	Purchases of assets from a ne	oncharitable exempt	organization					1b(2)	ļ <u> </u>	Х
(5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (7) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (8) Lie	(3)	Rental of facilities, equipment	, or other assets								X
(6) Performance of services or membership or fundraising solicitations  (a) If the answer to any of the above is "Yes, complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Oescription of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (a) When of organization  (b) Type of organization  (c) Description of relationship  N/A  Under penalties of person, I declare that I have examined this inturn, including accompanying schedules and statements, and to the best of my knowledge and best of the prepare is any knowledge and best of the prepare is as any knowledge.  Signature of office pri trustee  Date  Title  Yes X N  May the IRS discuss this return in the prepare is as any knowledge.  Any Yes IN  May the IRS discuss this return in the prepare is as any knowledge.  Yes IN  May the IRS discuss this return in the prepare is as any knowledge.  PRESIDENT  Title	(4)	Reimbursement arrangement	S						1b(4)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d If the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services processed less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If "ves," complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of perpury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge return with the prepare return in with the prepare return with the prepare return. If the	(5)	Loans or loan guarantees									X
d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in A.A.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  3 If "Yes," complete the following schedule.  (a) Name of organization (b) Type of organization (e) Description of relationship in the best of my knowledge in the prepare of the prepare (other than accomplete Declaration of preparer (other than taxphyre) is based on all information of which preparer has best of my knowledge in the preparer	(6)	Performance of services or m	embership or fundra	using solicitatio	ns				1b(6)		X
or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements    N/A    N/A	c Sha	iring of facilities, equipment, m	ailing lists, other ass	ets, or paid em	ployees				1c_	<u> </u>	X
column (d) the value of the goods, other assets, or services received.  (a) the no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of parary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge than belief, it is time, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge than belief, it is time, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which prepare has any knowledge than the perspect of the Signature of officiply in trustee  Name that the perspect is the like that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge than the perspect of the p				-	•	•				iets,	
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?			<u> </u>								
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?	(a) Line no	(b) Amount involved	(c) Name o		e exempt organi	zation	(d) Description	n of transfers, transaction	s, and sharing an	rangeme	ents
If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Title				N/A							
If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Title		, , , , , , , , , , , , , , , , , , , ,									
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If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Title							<del></del>				
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If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Title											
If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Title											
If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge  Signature of officer or trustee  Date  Title	0- 10+	ha farradation direathi ar indire	athe affiliated with a	related to one		amat araans	zotropo dogoribad				
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge shown below (see instriction).  Signature of officer or trustee  Date  Title		<del>-</del>	-			empt organi.	zations described		Vac	¥	
(a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer has any knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)?  Yes N  Yes N		` '	'	c)(3)) or iii seci	1011 321 7				163		7 140
N/A  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 taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)?  PRESIDENT  Signature of officer or trustee  Date  Title	ווו ט				(h) Type of or	ganization		(c) Description of rel	ationship		
Sign Here  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 taxpayer) is based on all information of which preparer has any knowledge shown below (see instr.)?  PRESIDENT  Title  Title			gamzaton		(5) 1,500 01 01	gomzanon		(6) 2 2 2 2 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7			
Sign Here  and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Title  PRESIDENT  Title  Title  Title		N/A					-				
Sign Here  and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Title  PRESIDENT  Title  Title  Title											
Sign Here  and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Title  PRESIDENT  Title  Title  Title											
Sign Here  and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Title  PRESIDENT  Title  Title  Title					<u> </u>						
Sign Here  and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Title  PRESIDENT  Title  Title  Title		Under penalties of perjury, I declar	e that I have examined the	his return, includir	g accompanying s	schedules and	statements, and to the	best of my knowledge			
Here Signature of officer or trustee  X Yes N	Sian								return with th	ne prepai	rer
Signature of officer or trustee Date Title		/anan.	DV 2	. 1 61	W 17/2	4) 12-	PREST	ремт			str )? <b>No</b>
		Signature of officer or truste	:e		Date	· · · · · · · · · · · · · · · · · · ·			- [		
		<u> </u>		Preparer's s	<del></del>			Check if	PTIN		

self- employed NEWTON BUCKNER III P00028963 Firm's EIN  $\triangleright$  06-0903326 Firm's name ► WHITTLESEY & HADLEY, P.C.

Firm's address ▶ 147 CHARTER OAK AVE. HARTFORD, CT 06106-5100

860-524-4471 Phone no.

Form **990-PF** (2011)

Paid

Preparer

**Use Only** 

CPA

Part.XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor UNITED WAY COMMUNITY CAMPAIGN 30 LAUREL STREET HARTFORD CT 06106 1,250, HARTFORD STAGE COMPANY 50 CHURCH STREET HARTFORD CT 06103 300. HARTFORD SYMPHONY ORCHESTRA 100 PEARL STREET 2ND FLOOR, EAST TOWER HARTFORD CT 06103 500. WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD CT 06103 1,250, HARTFORD SEMINARY 77 SHERMAN STREET HARTFORD CT 06105 250. THE BUSHNELL 166 CAPITOL AVENUE HARTFORD CT 06106 250. MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD CT 06117 250. HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102 700. JEWISH FAMILY SERVICE 333 BLOOMFIELD AVE, SUITE A WEST HARTFORD CT 06117 300. FIDELCO GUIDE DOG FOUNDATION 103 VISION WAY BLOOMFIELD CT 06002 250. Total from continuation sheets 22,150.

Part.XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual. Recipient Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient EISENHOWER MEDICAL CENTER FOUNDATION 39000 BOB HOPE DRIVE 250, RANCHO MIRAGE CA 92270 EASTER SEAL REHABILITATION CENTER 233 SOUTH WACKER DRIVE, SUITE 2400 CHICAGO, IL 60606 100. JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE, SUITE C WEST HARTFORD CT 06117 10,000. UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE 250. WEST HARTFORD CT 06117 RENBROOK SCHOOL 2865 ALBANY AVENUE WEST HARTFORD CT 06117 500, KINGSWOOD-OXFORD SCHOOL 170 KINGSWOOD ROAD WEST HARTFORD CT 06119-1430 350. CONNECTICUT PUBLIC TELEVISION 1049 ASYLUM AVE. 200, HARTFORD CT 06105 MARK TWAIN HOUSE 351 FARMINGTON AVENUE 200. HARTFORD CT 06105 THE LOOMIS CHAFFEE SCHOOL 4 BATCHELDER ROAD WINDSOR, CT 06095 3,500, CONNECTICUT CHILDREN'S MEDICAL FOUNDATION 282 WASHINGTON STREET

HARTFORD CT 06106

Total from continuation sheets

1,500.

FORM 990-PF	ACCOUNTI	NG FEES	<del>-                                    </del>	STATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
ACCOUNTING FEES	1,700.	0.	0	1,700.
TO FORM 990-PF, PG 1, LN 16B	1,700.	0.	0	1,700.
FORM 990-PF	TAX	ES	· · · · · · · · · · · · · · · · · · ·	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
EXCISE TAX	256.	0.	0	. 0.
TO FORM 990-PF, PG 1, LN 18	256.	0.	0	. 0.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MISC	50.	0.	0	. 50.
TO FORM 990-PF, PG 1, LN 23	50.	0.	0	. 50.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 4
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE
2,300 SH AMERICAN EXPRESS 125 SH COCA COLA 1,900 SH GENERAL ELECTRIC 800 SH IBM 312 SH MEDCOHEALTH SOLUTIONS 1,000 SH MERCK & CO 39 SH PNC FINANCIAL SERVICES 1,500 SH PIMCO HIGH INCOME FU			6,454. 2,053. 3,684. 20,618. 180. 2,444. 28,256. 22,520.	108,491. 8,746. 34,029. 147,104. 17,441. 37,700. 2,249. 18,030.

THE SHULANSKY FOUNDATION, INC.  1,000 SH VERIZON COMMUNICATIONS 1,000 SH WISCONSON ENERGY 18 SH FAIRPOINT COMMUNICATION 591 SH PFIZER 240 SH FRONTIER COMMUNICATIONS 460 SH AMERIPRISE FINANCIAL  TOTAL TO FORM 990-PF, PART II, LIN	E 10B =	6,5: 14,1: 10,3: 4:	32. 45. 0. 51. 32.	40,120. 69,920. 0. 12,789. 1,236. 0. 497,855.
FORM 990-PF PART VIII - LIST TRUSTEES AND	OF OFFICERS, DI		STATI	EMENT 5
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
RALPH SHULANSKY 34 CARY LANE BLOOMFIELD, CT 06002	PRES, TREASURER	, TRUSTEE 0.	0.	0.
JOHN D. SHULANSKY 34 CARY LANE BLOOMFIELD, CT 06002	VICE PRESIDENT, 1.00	TRUSTEE 0.	0.	0.
LAURA S. NASSAU 34 CARY LANE BLOOMFIELD, CT 06002	VICE PRESIDENT, 1.00	TRUSTEE 0.	0.	0.
DEBRA S. GERSHMAN 34 CARY LANE BLOOMFIELD, CT 06002	VICE PRESIDENT, 1.00	TRUSTEE 0.	0.	0.
RUTH K. SHULANSKY 34 CARY LANE BLOOMFIELD, CT 06002	SECRETARY, TRUS	TEE 0.	0.	0.

0.

0.

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

0.

## Form **8868**

(Rev. January 2012)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

					<del></del>		
If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box			ightharpoonup X	
	re filing for an Additional (Not Automatic) 3-Month Ex			-			
	omplete Part II unless you have already been granted a						
	c filing (e-file). You can electronically file Form 8868 if y						
-	o file Form 990-T), or an additional (not automatic) 3-moi		·		· ·		
	file any of the forms listed in Part I or Part II with the exc	•					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details o	on the elec	tronic filing of th	nis form,	
	irs.gov/efile and click on e-file for Charities & Nonprofits			1\			
Part I	Automatic 3-Month Extension of Time						
Part I only		•				▶ □	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time		
Type or print	Name of exempt organization or other filer, see instructions.			Employer	ployer identification number (EIN) or		
					06-6042	338	
File by the due date for filing your	for Number, street, and room or suite no. If a P.O. box, see instructions.			Social se	al security number (SSN)		
retum See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
	BLOOMFIELD, CT 06002		······································		<del></del>		
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)	•		0 4	
Application			Application			Return	
s For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)	orm 990-T (corporation)			
Form 990-BL		02	Form 1041-A			08	
Form 990-EZ		01	Form 4720			09	
Form 990-PF		04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870			12	
	RALPH SHULANSKY						
	ooks are in the care of ► 34 CARY LANE -	BLOO				<del></del>	
Teleph	one No. ► (860) 242-7676		FAX No. ▶			. 🗀	
If the organization does not have an office or place of business in the United States, check this box							
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this							
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until							
AUGUST 15, 2012 , to file the exempt organization return for the organization named above. The extension							
_	or the organization's return for:						
<b>₽</b> [	X calendar year 2011 or						
	tax year beginning	, an	d ending		_ ·		
2 16+6	2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return						
2 11 11							
L.	☐ Change in accounting period						
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	enter the tentative tax, less any				
	refundable credits. See instructions.	2000, 6	tio terrainto tang todo arry	За	\$	850.	
	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	mated tax payments made. Include any prior year overp			3ь	\$	850.	
	ance due. Subtract line 3b from line 3a. Include your pa						
					\$	0.	
	If you are going to make an electronic fund withdrawal				EO for payment	instructions.	
.HA For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 1-2012)							

123841 01-04-12