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## Form **990-PF**

# Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 Open to public Inspection

	Эера	rtmen	t of the Treasury			Treated as a Privat	e Foundation		2012	
1	nterr	al Rev	enue Service			be able to use a copy of this		rting requirements	Open to public Inspection	
<u>-</u>			foundation	ax year beginning	]		, and ending	A Employer identification	number	
	m	םם	CHIII ANG	AA EOUND	A M T ( NI	TNC				
-				NUMBER I MAIL IS NOT			Room/suite	06-6042338		
_			LOEFFLER			auuressy	P-205	B Telephone number (860) 242-	7676	
			own, state, and ZIP OMFIELD,		02			C If exemption application is p	ending, check here	
Ō			all that apply	Initial retu	irn	Initial return of a fo	ormer public charity	D 1. Foreign organizations		
_			····	X Address	hange	Name change		Foreign organizations me check here and attach co	eting the 85% test, mputation	
ŀ	C	_	type of organization	on X Section		empt private foundation Other taxable private founda	ation	E If private foundation sta under section 507(b)(1)		
ī	Fa			sets at end of year			Accrual	j.		
	(fr		Part II, col. (c), lin			ther (specify) mn (d) must be on cash i	hasis I	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here		
		rt I	Analysis of Reve	enue and Expense ts in columns (b), (c), a le amounts in column	2	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes	
-		1		ts, grants, etc., rec		corporate per second			(cash basis only)	
		2		e foundation is not require				<i>k</i> +	<b>————</b>	
<b>~</b>		3	Interest on savings a cash investments					DEAR		
รูเกร		4		erest from securiti	96	14,948.	14,948.	TEULIV		
		-	Gross rents	orost morn securiti		21/3100	11/5100	@	***************************************	
9			Net rental income or	(loos)			***************************************	A MOV X E 7	1+0 - +	
4		_		· · <del></del>		31,031.	, , , , , , , , , , , , , , , , , , , ,	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1.7	
7	e	Va h	Gross sales price for assets on line 6a	n sale of assets not o all	3,889.	31,031.	***************************************	· · · · · · · · · · · · · · · · · · ·	Audigi -	
ゔ	Revenue						31,031.		, , , , , , , , , , , , , , , , , , , ,	
<u>(</u>	Re		· -	me (from Part IV, line ;	2)		31,031.		***	
إلىا		8	Net short-term ca			. , ', ' + (+' +'+			·, ·, ·, ·, -, -, -, -, -, -, -, -, -, -, -, -, -,	
SCANNED UPL		9 10a	Income modificati Gross sales less retu and allowances							
ÆŽ.		b	Less Cost of goods	sold				,		
$O_{\epsilon G}$		C	Gross profit or (lo	ss)						
1917)		11	Other income	,		447.	0.	447.	STATEMENT 1	
		12	Total. Add lines 1	through 11		46,426.	45,979.	447.		
-		13	Compensation of offi	cers, directors, truste	es, etc	0.	0.	0.	0.	
		14	Other employee s	alaries and wages						
			Pension plans, en	_						
	ses		Legal fees						-	
	éns		Accounting fees	S	TMT 2	1,750.	0.	0.	1,750.	
	ĭxp		Other professiona							
	ve E		Interest							
	Operating and Administrative Expenses	i	Taxes	S	TMT 3	850.	0.	0.	0.	
	istr	19	Depreciation and				-	1	•	
	Ë	20	Occupancy	аористоп						
	Adr		Travel, conference	as and meetings		<u> </u>		<del> </del>		
	þ	22	Printing and publi	-				<del> </del>		
	gai	23	Other expenses		TMT 4	163.	0.	0.	163.	
	Ę	i	· ·	nd administrative		103.	<u> </u>	<u> </u>	103.	
	ēra	24	•	nu aummistrative nes 13 through 23		2,763.	0.	0.	1,913.	
	ဝီ	25	-	-		25,000.	0.		25,000.	
			Contributions, giff			23,000.			23,000.	
	_	26	Add lines 24 and	<mark>nd disburseme</mark> nts 25	·•	27,763.	0.	0.	26,913.	
-		27	Subtract line 26 fr							
				rer expenses and dist	oursements	18,663.				
				ICOME (if negative, e			45,979.			
		C		me (if negative, ente			,	447.		
7	225	71			<del></del>		*************************************	<del></del>	<del></del>	

223501 12-05-12 LHA For Paperwork Reduction Act Notice, see instructions.

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of y	/ear
Part	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	6,474.	6,910.	6,910.
2	Savings and temporary cash investments	3,265.	24,351.	24,351.
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			
7	Other notes and loans receivable			
ł	Less allowance for doubtful accounts ▶			
8 2	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
¥   <sub>10a</sub>	Investments - U S and state government obligations			
b	Investments - corporate stock STMT 5	117,669.	114,810.	514,845.
	Investments - corporate bonds			
	Investments - land, buildings, and equipment basis			<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	Investments - other			
I -	Land, buildings, and equipment basis			
1	Less accumulated depreciation			
15	Other assets (describe ►			
'				
16	Total assets (to be completed by all filers)	127,408.	146,071.	546,106.
_	Accounts payable and accrued expenses			
18	Grants payable			
	Deferred revenue			
Liabilities 20 21 20 20 20 20 20 20 20 20 20 20 20 20 20	Loans from officers, directors, trustees, and other disqualified persons			
e 21	Mortgages and other notes payable			
ے ا	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here			
	and complete lines 24 through 26 and lines 30 and 31.			
% 24	Unrestricted			
<u>E</u> 25	Temporarily restricted			
E 26	Permanently restricted			
밀	Foundations that do not follow SFAS 117, check here			
교	and complete lines 27 through 31.			
Ö 27	Capital stock, trust principal, or current funds	0.	0.	
28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Net Assets or Fund Balance	Retained earnings, accumulated income, endowment, or other funds	127,408.	146,071.	
₹ 30	Total net assets or fund balances	127,408.	146,071.	
_				
31	Total liabilities and net assets/fund balances	127,408.	146,071.	
		lalances		
Part	Milalysis of Orlanges III Net Assets of Fulld D		· · · · · · · · · · · · · · · · · · ·	
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	127,408.
2 Ente	r amount from Part I, line 27a		2	18,663.
3 Othe	r increases not included in line 2 (itemize)		3	0.
4 Add	lines 1, 2, and 3		4	146,071.
_	eases not included in line 2 (itemize)		5	0.
6 Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	146,071.
				Form <b>990-PF</b> (2012)

Part IV Capital (	Gains and Lo	osses for Tax on In	vestment	Income					
		and(s) of property sold (e g , or common stock, 200 shs			P -	w acquired Purchase Donation	(c) Date (mo ,	acquired day, yr )	(d) Date sold (mo , day, yr )
1a AMERICAN E						D	11/1	17/00	11/26/12
b INTL BUSIN		INES				D		17/00	11/26/12
c MEDCOHEALT	<u>H</u>					P	01/2	25/08	04/30/12
<u>d</u>					<del> </del>	· · · · · · · · · · · · · · · · · · ·		<del></del>	
<u>e</u>		<u> </u>	4.10		<u> </u>				<u> </u>
(e) Gross sales price		Depreciation allowed (or allowable)		t or other basis xpense of sale				Gain or (loss is (f) minus	(g)
	619.			28 2,57					5,338.
	243. 027.			2,37	<del>/• </del> -				16,666. 9,027.
<u>c</u> 9,	027.								9,021.
е					-				
	ts showing gain in	column (h) and owned by t	the foundation	on 12/31/69			(I) Gains (	Col (h) gain	minus
(i) FMV as of 12/31/	/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			ol (k), but	not less tha s (from col (	n -0-) <b>ar</b>
a									5,338.
b								<u> </u>	16,666.
C									9,027.
d									
<u>e</u>									
2 Capital gain net income of	or (net capital loss	if gain, also enter If (loss), enter -0-	in Part I, line In Part I, line	7 7	}	2			31,031.
3 Net short-term capital ga	ain or (loss) as def	fined in sections 1222(5) an	d (6)						
If gain, also enter in Part		(c)			<b>,</b>			NT / 70	
Part V Qualifica		Section 4940(e) for	Doducad	Tay on Not	Invo	stmont in	como	N/A	<u> </u>
h-iiii									······································
(For optional use by domest	lic private roundat	ions subject to the section 4	1940(a) tax on	net investment ii	icome ;				
If section 4940(d)(2) applies	s, leave this part b	lank							
Was the foundation liable fo	or the section 4942	2 tax on the distributable am	ount of any ve	ar in the base pe	riod?				Yes X No
If "Yes," the foundation does	not qualify under	section 4940(e) Do not co	mplete this pa	rt .					
	nount in each colu	ımn for each year, see the ın	structions bef	ore making any e	ntries				7.0
<b>(a)</b> Base period ye	ears	(b)		Net value of no	(c)	-61	.	Distrit	(d) bution ratio
Calendar year (or tax yea	r beginning in)	Adjusted qualifying dist		Net value of 110	menani		··	(col (b) div	vided by col (c))
2011			6,248. 6,900.			503,27 489,34			.151502
2010			6,550.			411,02			.064595
2008			5,587.			479,87			.053320
2007			9,842.	<u>.</u>		649,98			.107452
			•						
2 Total of line 1, column (	d)						2		.431840
3 Average distribution ratio	o for the 5-year ba	ise period - divide the total c	on line 2 by 5,	or by the number	of year	rs			
the foundation has been	in existence if less	s than 5 years					3	ļ	.086368
4 Enter the net value of no	ncharitable-use as	ssets for 2012 from Part X, I	line 5				4		518,948.
									44 921
5 Multiply line 4 by line 3							5		44,821.
6 Enter 1% of net investme	ent income (1% o	f Part I, line 27b)					6		460.
7 Add lines 5 and 6							7		45,281.
8 Enter qualifying distribut	tions from Part XII	l, line 4					8		26,913.
If line 8 is equal to or gre See the Part VI instruction		heck the box in Part VI, line	1b, and comp	lete that part usin	ng a 1%	tax rate			

	990-PF (2012) THE SHULANSKY FOUNDATION, INC. 06-60 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se			Page 4
		e instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)		_	20
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%		9	20.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2		9	20.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		9	20.
6	Credits/Payments			•
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 500.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868)  6c			
	Backup withholding erroneously withheld 6d			
	Total credits and payments Add lines 6a through 6d		5	00.
	Enter any penalty for underpayment of estimated tax. Check here X 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		4	29.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be Credited to 2013 estimated tax			
	rt VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
•	any political campaign?	1a		Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	16	<del> </del>	
u	(1) On the foundation $\blacktriangleright$ \$ 0 • (2) On foundation managers $\blacktriangleright$ \$ 0 •			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
e	^			
^		2		X
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		+	<u>^                                   </u>
	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 incorporation, or			X
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	+	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a tax return on Form 990-T for this year?	4a	+	<del>  ^</del>
	·		-	X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	ļ.,	<u> </u>
	If "Yes," attach the statement required by General Instruction T.			
b	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 law			1
	remain in the governing instrument?	6	X	<del> </del>
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X	<del> </del>
	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)	<b>—</b>		
	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	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2012 or the taxable year beginning in 2012 (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? If "Yes," attach a schedule listing their names and addresses	10		X

orm 990-PE (2012) . THE SHULANSKY FOUNDATION			06-6042	338	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	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	on 4945(e))?	Yı	es X No		
(2) Influence the outcome of any specific public election (see section 4955),	or to carry on, directly or indir				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose		Y <sub>1</sub>	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	/, or educational purposes, or		[ <del>1</del> 57]		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur		in Regulations	N/A		
section 53 4945 or in a current notice regarding disaster assistance (see instr	**		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?		- /	es No		
If "Yes," attach the statement required by Regulations section 53.494		1/A1	es 📖 No 📗		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	pay premiums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	nersonal henefit contract?	·	38 [22] 140	6b	x
If "Yes" to 6b, file Form 8870.	porconar bonone contract		Ī		<del>                                     </del>
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attrib			N/A	7b	**-
Information About Officers, Directors, Trus		nagers, Highly	y	•	····
Faid Employees, and Contractors					
List all officers, directors, trustees, foundation managers and their	r compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e)	Expense ount, other
(a) Name and address	to position	`enter -0-) '	compensation	alle	owances
The state of the s					
					•
SEE STATEMENT 6	-	0.	0	•	0.
	-				
	$\dashv$				
· · · · · · · · · · · · · · · · · · ·				_	
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	-				
		1			
	-			-	
	=				
Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."		<del></del>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e)	Expense ount, other
(a) wathe and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	alle	owances
NONE					
		_			
	_				
		<del> </del>		<u> </u>	
	_				
			L		
Total number of other employees paid over \$50,000	·····	···	<b>D</b>		0
			Forr	n <b>990-l</b>	<b>PF</b> (2012)

Form 990-PF (2012) THE SHULANSKY FOUNDATION, INC.	06-60	)42338 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1 N/A	<u></u>	
2		
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on line	c 1 and 2	Amount
1 N/A	5 I dilu 2	Amount
1 21/22		
2		
All other program-related investments. See instructions		
3		
Total Addition 1 through 2		0

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а		1a	506,351. 20,500.
	Average of monthly cash balances	1b	20,500.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1 d	526,851.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	526,851.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	7,903.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	518,948.
6	Minimum investment return. Enter 5% of line 5	6	25,947.
P	art XI  Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations foreign organizations check here and do not complete this part.)	ons and certain	
1	Minimum investment return from Part X, line 6	1	25,947.
	Tax on investment income for 2012 from Part VI, line 5	20.	
b			
C	Add lines 2a and 2b	2c	92 <u>0.</u>
3	Distributable amount before adjustments Subtract line 2c from line 1	3	25,027.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	25,027.
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	25,027.
_	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1a	26,913.
a		1b	0.
b		2	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		<del></del>
3	Amounts set aside for specific charitable projects that satisfy the	3a	
	Suitability test (prior IRS approval required)	3b	
b		4	26,913.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	-7	20,5100
5		5	0.
6	income Enter 1% of Part I, line 27b  Adjusted qualifying distributions. Subtract line 5 from line 4	6	26,913.
6	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found		
	4940(e) reduction of tax in those years	ation quannos for th	0 0000011
	TOTO(O) TOUBLESS OF LEX III STORY YEARS	<del></del>	- 000 PE (00.10)

Form 990-PF (2012) THE SHULANSI	KY FOUNDATION	, INC.	06-60	42338 Page 9
Part XIII Undistributed Income (see	instructions)			
	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
Distributable amount for 2012 from Part XI, line 7				25,027.
2 Undistributed income, if any, as of the end of 2012			,	1. 1
a Enter amount for 2011 only			0.	
<b>b</b> Total for prior years		0.		
3 Excess distributions carryover, if any, to 2012	· · · · · · · · · · · · · · · · · · ·			
a From 2007 37,725.				
b From 2008 1,929.				
c From 2009 6,281.				
d From 2010 2,689.				
e From 2011 51,888.				
f Total of lines 3a through e	100,512.			
4 Qualifying distributions for 2012 from				
Part XII, line 4 ▶ \$ 26,913.				
a Applied to 2011, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		,
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	<u></u>		
d Applied to 2012 distributable amount				25,027.
e Remaining amount distributed out of corpus	1,886.			
5 Excess distributions carryover applied to 2012 (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 3f, 4c, and 4e Subtract line 5	102,398.			
h Driar vegre' undistributed income Cubtract				

- b Prior years' undistributed income Subtract line 4b from line 2b
- c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed
- d Subtract line 6c from line 6b Taxable amount - see instructions
- e Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount - see instr
- f Undistributed income for 2012 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013
- 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)
- 8 Excess distributions carryover from 2007 not applied on line 5 or line 7
- Excess distributions carryover to 2013 Subtract lines 7 and 8 from line 6a

10	Analysis of line 9	
	a Excess from 2008	

b Excess from 2009	
c Excess from 2010	
d Excess from 2011	

Allalysis of line 5	
a Excess from 2008	1,929.
b Excess from 2009	6,281.
c Excess from 2010	2,689.
d Excess from 2011	51,888.
e Excess from 2012	1,886.

0.	
	0

3	7	,	7	2	5	

64,673.

Form **990-PF** (2012)

0.

Total

Part XVI-A Analysis of Income-Prod	ducing Activitie	s			
Enter gross amounts unless otherwise indicated	Unrelated b	usiness income		y section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	7.11100111	
å					
D	<del>-</del> -				
<u> </u>					
f					<del></del>
g Fees and contracts from government agencies					
2 Membership dues and assessments			<del>-   -   -</del>		·
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	14,948.	
5 Net rental income or (loss) from real estate		<del></del>			
a Debt-financed property					
b Not debt-financed property			<del>-  </del>	······································	
6 Net rental income or (loss) from personal				··	
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	31,031.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		·····			
11 Other revenue					
a IRS REFUND					447
b					
C					
d	( )				
8					·
12 Subtotal Add columns (b), (d), and (e)			0.	45,979.	447
13 Total Add line 12, columns (b), (d), and (e)				13	46,426

Line No.	the foundation's exempt purposes (other than by providing funds for such purposes)									plishment of	
Ā								OPERATIONS	OF	THE	FOUNDATION
				<u> </u>			-			-	
					•						
<del> </del>			-	· · · · · · · · · · · · · · · · · · ·							
<del></del>			-								
-	<del> </del>							<del></del>			
				_							
										-	
				· •							

223621 12-05-12

rai	( AVII )	Exempt Organi		rsioa	nd Transactions a	ina Relationsi	nps with Nonch	aritable	9	
1	Did the ord			e following	with any other organizatio	n described in section	on 501/c) of	-1	Yes	No
		•			7, relating to political organi		JII 30 I(C) 01		163	140
		, ,	ation to a noncharitable e			124(101157				
	(1) Cash	rom the reporting rounds	ation to a nonchantable ex	veriibt oið	amzation of			1a(1)		Х
	(1) Other	accete						1a(2)		X
	Other trans							10(2)		
		of assets to a noncharital	hle evemnt organization					16(1)	1	Х
			ncharitable exempt organ	ization				15(2)		X
		of facilities, equipment,						1b(3)		X
	- •	oursement arrangements						1b(4)		X
		or loan guarantees						1b(5)		X
	` '	•	mbership or fundraising	solicitatio	ns			1b(6)		Х
			iling lists, other assets, or					10		X
d	If the answ	er to any of the above is	"Yes," complete the follow	ving sche	dule Column (b) should alv	ways show the fair m	arket value of the goods	, other ass	ets,	
	or services	given by the reporting fo	oundation. If the foundati	on receive	ed less than fair market valu	ie in any transaction	or sharing arrangement,	show in		
	column (d	the value of the goods,	other assets, or services	received						
(a) பா	ne no	(b) Amount involved	` ' '		exempt organization	(d) Description	of transfers, transactions, an	d sharing ar	rangeme	ents
				N/A						
						<del> </del>				
				-				• •		
			<del></del>							
							· · · · · · · · · · · · · · · · · · ·			
					<del></del>					
		•	•		or more tax-exempt organi	zations described				_
			r than section 501(c)(3))	or in sect	ion 527?			Yes	LX.	☐ No
<u> </u>	if "Yes," co	mplete the following sch			#N T		(-) D			
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	isnip	-	
		N/A			-					
	<del></del>	· · · · · · · · · · · · · · · · · · ·	<del></del>			<del> </del>				
	Under	penalties of perjury, I declare	that I have examined this retu	ım, ıncludin	g accompanying schedules and	statements, and to the	best of my knowledge	May the IRS	discuss	thic
Sig	in and be	elief, it is true, correct, and cor	mplete Declaration of prepare	er (other than	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge	etum with the	e prepar	rer
He			1///		11/13/2013	PRESID	ENT	X Yes	_	] No
	Sign	ature of officer or trustee			Date	Title				
		Print/Type preparer's na	•	parg/c s	areture	Date	Check if PTIN	1		
,		NEWTON BUC	KNER III	$\nearrow\!\!\!\!\checkmark$	1 OM	8-26-13	self- employed			
Pa		CPA		w \		0.70.7		00028		
	parer	Firm's name > WHI	TTLESEY & H	ADLE	Y, P.C.		Firm's EIN ► 06-0	19033	26	
Us	e Only	<u> </u>	7 0113 5 5 5	277.						
			7 CHARTER C				060	-524-	117	1
_		нд	ARTFORD, CT	0010	0-2100		<del></del>	- 3 2 4 - Form <b>990</b>		

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	contribution	Amount
	or substantial contributor	recipient		
THE LOOMIS CHAPFEE SCHOOL  BATCHELDER ROAD				
WINDSOR CT 06095				3,5
				- 1-
CONNECTICUT CHILDREN'S MEDICAL CENTER				
FOUNDATION, INC.				
282 WASHINGTON STREET HARTFORD CT 06106				1,50
inkiroka, cr ootoo				1,30
THE BUSHNELL				
166 CAPITOL AVE				
HARTFORD, CT 06106				25
CONNECTICUT PUBLIC TELEVISION AND				
RADIO				
1049 ASYLUM AVENUE				
HARTFORD, CT 06105				20
EASTER SEALS CAPITOL REGION				
233 SOUTH WACKER DRIVE, SUITE 2400				
CHICAGO, IL 60606				10
EISENHOWER MEDICAL CENTER FOUNDATION				
39000 BOB HOPE DRIVE				
RANCHO MIRAGE, CA 92270				25
FIDELCO GUIDE DOG FOUNDATION				
103 VISION WAY				ļ
BLOOMFIELD, CT 06002				25
JEWISH FAMILY SERVICES				
333 BLOOMFIELD AVENUE, SUITE A				
WEST HARTFORD, CT 06117				3(
JEWISH COMMUNITY CENTER OF GREATER				
HARTFORD				
335 BLOOMFIELD AVENUE				
WEST HARTFORD, CT 06117				25
HARTFORD HOSPITAL				
80 SEYMOUR STREET				_
HARTFORD CT 06102  Total from continuation sheets		-		22,00

Part XV Supplementary Information				ı · · · · · · · · · · · · · · · · · · ·
3 Grants and Contributions Paid During the Yo				
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		
HARTFORD SYMPHONY ORCHESTRA				
100 PEARL STREET, 2ND FLOOR, EAST				
TOWER HARTFORD, CT 06103				500
KINGSWOOD OXFORD SCHOOL				
170 KINGSWOOD ROAD				
WEST HARTFORD, CT 06119-1430				350
		•		
THE MARK TWAIN HOUSE AND MUSEUM				
351 FARMINGTON AVENUE HARTFORD, CT 06105				200
HARTFORD, CT VVIV				20
HARTFORD SEMINARY				
77 SHERMAN STREET				
HARTFORD, CT 06105-2260				25
HARTFORD STAGE COMPANY				
50 CHURCH STREET				
HARTFORD, CT 06103				30
UNIVERSITY OF HARTFORD				
200 BLOOMFIELD AVENUE				25
WEST HARTFORD, CT 06117				25
WADSWORTH ATHENEUM MUSEUM OF ART				
600 MAIN STREET				
HARTFORD, CT 06103				1,25
WATKINSON SCHOOL				
180 BLOOMFIELD AVE				10
HARTFORD, CT 06105				10
JEWISH FEDERATION OF GREATER HARTFORD				
333 BLOOMFIELD AVENUE, SUITE C				
WEST HARTFORD, CT 06117				10,00
RENBROOK SCHOOL				
2865 ALBANY AVENUE				50
WEST HARTFORD, CT 06117  Total from continuation sheets			<u> </u>	1

3 Grants and Contributions Paid During the	If recipient is an individual			<del> </del>
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
	or substantial contributor	recipient		
TRUSTEES OF HAMILTON COLLEGE				
198 COLLEGE HILL ROAD				
CLINTON, NY 13323				1,000.
				1
				1
Total from continuation sheets		l	<u> </u>	<del></del>

FORM 990-PF	OTHER :	INCOME	S	STATEMENT 1
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
IRS REFUND	-	447.	0.	447.
TOTAL TO FORM 990-PF, PART I,	LINE 11	447.	0.	447.
FORM 990-PF	ACCOUNT	ING FEES	S	STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,750	. 0	. 0.	1,750.
TO FORM 990-PF, PG 1, LN 16B	1,750	0	0.	1,750.
FORM 990-PF	TA	KES	S	STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	850	. 0	. 0.	0.
TO FORM 990-PF, PG 1, LN 18	850	0	0.	0.
FORM 990-PF	OTHER I	EXPENSES	S	STATEMENT 4
		(D)	(C)	(D)
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		CHARITABLE PURPOSES
DESCRIPTION  MISC	EXPENSES	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES

FORM 990-PF	CORPORATE STOCK		STAT	EMENT
DESCRIPTION		BOOK VALUE		MARKET ALUE
2200 SH AMERICAN EXPRESS	<del>-</del>	6,17		126,456
125 SH COCA COLA		2,05		9,063
1,900 SH GENERAL ELECTRIC		3,68		39,881
700 SH IBM		18,04		134,085
312 SH MEDCOHEALTH SOLUTIONS 1000 SH MERCK AND CO.		2,44	0. 14	0 40,940
39 SH PNC FINANCIAL SERVICES GR	OUP	28,25		2,274
1,500 SH PIMCO HIGH INCOME FUND		22,52		15,720
1,000 SH VERIZON COMMUNICATIONS		6,96		43,270
1,000 SH WISCONSON ENERGY		14,14		73,700
591 SH PFIZER		10,35		14,821
240 SH FRONTIER COMMUNICATIONS		,	0.	1,027
252 SH EXPRESS SCRIPTS		18	30.	13,608
TOTAL TO FORM 990-PF, PART II,	LINE 10B	114,81	10.	514,845
	IST OF OFFICERS, DI		STAT	EMENT
TRUSTEES A			EMPLOYEE BEN PLAN	EXPENSE
	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	
TRUSTEES A	TITLE AND	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS  RALPH SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002	TITLE AND AVRG HRS/WK PRES, TREASURER 1.00	COMPEN- SATION R, TRUSTEE 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NAME AND ADDRESS RALPH SHULANSKY 60 LOEFFLER ROAD, UNIT P-205	TITLE AND AVRG HRS/WK PRES, TREASURER	COMPEN- SATION R, TRUSTEE 0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT 0
NAME AND ADDRESS  RALPH SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  JOHN D. SHULANSKY 60 LOEFFLER ROAD, UNIT P-205	TITLE AND AVRG HRS/WK PRES, TREASURER 1.00  VICE PRESIDENT,	COMPEN- SATION  R, TRUSTEE  0.  TRUSTEE  0.	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT 0
NAME AND ADDRESS  RALPH SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  JOHN D. SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  LAURA S. NASSAU 60 LOEFFLER ROAD, UNIT P-205	TITLE AND AVRG HRS/WK PRES, TREASURER 1.00  VICE PRESIDENT, 1.00  VICE PRESIDENT, 1.00	COMPEN- SATION  R, TRUSTEE  0.  TRUSTEE  0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0
NAME AND ADDRESS  RALPH SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  JOHN D. SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  LAURA S. NASSAU 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002	TITLE AND AVRG HRS/WK PRES, TREASURER 1.00  VICE PRESIDENT, 1.00	COMPEN- SATION  R, TRUSTEE  0.  TRUSTEE  0.	EMPLOYEE BEN PLAN CONTRIB 0.	EXPENSE ACCOUNT 0
NAME AND ADDRESS  RALPH SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  JOHN D. SHULANSKY 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  LAURA S. NASSAU 60 LOEFFLER ROAD, UNIT P-205 BLOOMFIELD, CT 06002  DEBRA S. GERSHMAN 60 LOEFFLER ROAD, UNIT P-205	TITLE AND AVRG HRS/WK PRES, TREASURER 1.00  VICE PRESIDENT, 1.00  VICE PRESIDENT, 1.00	COMPEN- SATION  R, TRUSTEE  0.  TRUSTEE  0.  TRUSTEE  0.	EMPLOYEE BEN PLAN CONTRIB  0.	EXPENSE ACCOUNT  0  0

### Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

 $\triangleright$  X If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www irs.gov/efile and click on e-file for Charities & Nonprofits. Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print 06-6042338 THE SHULANSKY FOUNDATION, INC. File by the Social security number (SSN) Number, street, and room or suite no. If a P.O. box, see instructions. due date for 34 CARY LANE filing your instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. BLOOMFIELD, CT 06002 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Code Is For Code Is For 07 Form 990-T (corporation) Form 990 or Form 990-EZ 01 80 02 Form 1041-A Form 990-BL 09 Form 4720 (individual) 03 Form 4720 Form 5227 10 04 Form 990-PF 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 06 Form 8870 12 Form 990-T (trust other than above) RUTH SHULANSKY The books are in the care of ▶ 34 CARY LANE - BLOOMFIELD, CT 06002 Telephone 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 the whole group, check this If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until , to file the exempt organization return for the organization named above. The extension AUGUST 15, 2013 is for the organization's return for: ► X calendar year 2012 or tax year beginning , and ending Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 500. nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. 3ь estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, 500. by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions. Form 8868 (Rev. 1-2013) For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 01-21-13

Form 88	68 (Rev. 1-2013)					Page <b>2</b>
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	omplete only Part II and check this	s box		► X
	nly complete Part II if you have already been granted an a				868	<u> </u>
	are filing for an Automatic 3-Month Extension, complete					
Part	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no co	pies need	ded).
			Enter filer's	identifyin	number, s	see instructions
Type or	Name of exempt organization or other filer, see instru		Employer identification number (EIN) or			
print			(2, 2			
File by the	THE SHULANSKY FOUNDATION, IN	NC.			06-60	42338
due date f			tions.	Social sec	unty numbe	er (SSN)
filing your return Sec	24 αλου τλισ				<b>,</b>	(,
instruction		oreign add	ress, see instructions.			
	BLOOMFIELD, CT 06002	orongir, add				
Enter th	e Return code for the return that this application is for (file	a conara	te application for each return)			0 4
Linter ti	e netarii oode for the retarii that this application is for thic	га зорага	te application for each return)			(0,1)
Applica	tion	Return	Application		<del></del>	Return
Is For		Code	Is For			Code
	90 or Form 990-EZ	01	13 1 01			Code
Form 99		02	Form 1041-A			08
	720 (Individual)	03	Form 4720			09
Form 99		03	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
	90-T (sec. 40 (a) of 40 (a) (tust)	06	Form 8870			11
	Do not complete Part II if you were not already granted		L	riought filo	d Earm 996	
310P:	RUTH SHULANSKY	an auton	natic 3-month extension on a pre-	riously life	u romi 660	0.
• Th.	books are in the care of > 34 CARY LANE -	BT.OO!	METELD CT 06002			
	phone No $\triangleright$ (860) 242-7676	рпоот	FAX No. ▶			
		المطامين	·			▶ □
	e organization does not have an office or place of business			If Alexander 6 - 1		
_	s is for a Group Return, enter the organization's four digit	ר	· · · · · · · · · · · · · · · · · · ·			
box ▶			ach a list with the names and EINs on BER 15, 2013.	all memo	ers the exter	nsion is for
		NO V EII.	<del></del>			
	or calendar year $2012$ , or other tax year beginning		, and endir			
6 If	the tax year entered in line 5 is for less than 12 months, o	neck reas	on: Initial return	Final r	eturn	
_ i	Change in accounting period					
	tate in detail why you need the extension ADDITIONAL TIME IS NEEDED TO	בדד בי	A COMPLEME AND ACC	יווס א חודי	DEMID	NT
Ē	ADDITIONAL TIME 15 NEEDED 10	CTTC '	A COMPLETE AND ACC	UKATE	RETUR	IN •
_						<del></del>
					<del></del>	
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any		•	500
	onrefundable credits. See instructions		······································	8a	\$	500.
	this application is for Form 990-PF, 990-T, 4720, or 6069,					
	ax payments made. Include any prior year overpayment al	lowed as a	a credit and any amount paid	-	_	E 0 0
_	previously with Form 8868.			8b	\$	500.
	Balance due. Subtract line 8b from line 8a. Include your pa	-	tn this form, if required, by using		<u> </u>	0.
	FTPS (Electronic Federal Tax Payment System). See instr		at he completed for Day III	8c	\$	<u> </u>
t1_2	<del>-</del>		st be completed for Part II	_	ا عليت منا يتما	an and halist
unaer p It is true	enalties of perjury, I declare that I have examined this form, includ , correct, and complete, and that I am authorized to prepare this fi	iniy accom) orm	parrying scrieoties and statements, and t	io ine dest 0	i iliy knowled	ge and beliet,
		PRESI	DENT	Dat-		
Signatui	little P	LUDGI	DEMI	Date		<del></del>

Form **8868** (Rev. 1-2013)