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Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

For	alen	dar year 2015 or tax year beginning ${ m FEB}$	1, 2015	, and ending	JAN 31, 2016	<u> </u>
		foundation			A Employer identification	number
		INA DOLAN AND GLADYS SA	ULSBURY			
		NDATION, INC.			06-1088838	
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	1.0
		ORANGE STREET			203-787-35	13
		own, state or province, country, and ZIP or foreign p	C If exemption application is p	pending, check here		
		HAVEN, CT 06511-6405	<u> </u>			
G	heck	all that apply Initial return	D 1 Foreign organizations	s, check here		
		Final return	Amended return		Foreign organizations me check here and attach co	eeting the 85% test,
		Address change	Name change		check here and attach co	omputation
H (_	type of organization X Section 501(c)(3) ex			E If private foundation sta	_ [-]
<u> </u>		ction 4947(a)(1) nonexempt charitable trust rket value of all assets at end of year J Accounti	Other taxable private foundaring method X Cash	Accrual	under section 507(b)(1	
		· —	ther (specify)	Accidal	F If the foundation is in a under section 507(b)(1	
(<i>II</i>			mn (d) must be on cash t	basis.)	under section 507(b)(1)(b), check here
	ırt l			(b) Net investment	(c) Adjusted net	(d) Disbursements
(LES	11 (1	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	income	income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	17665.		N/A	
1000000111	2	Check If the foundation is not required to attach Sch B				
1	3	Interest on savings and temporary cash investments				
- 1	4	Dividends and interest from securities		- -		
♪てズ	5a	Gross rents				
×		Net rental income or (loss)		······································		
◌ ૣ	۱ ـ	Net gain or (loss) from sale of assets not on line 10				
re ≏	b	Gross sales price for all assets on line 6a				
3\0.€ 17 Revenue	7	Capital gain net income (from Part IV, line 2)		0		
₩ Ğ	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances			,	
		Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	17665.	0		
	13	Compensation of officers, directors, trustees, etc	0.	0	•	0.
	14	Other employee salaries and wages				
s	_	Pension plans, employee benefits				<u> </u>
a)	16a	Legal fees			<u> </u>	
pen		Accounting fees STMT 1	500.	0	•	0.
Ä		Other professional fees			 	
tive	ţ	Interest				
itra		Taxes		-		
inis	19	Depreciation and depletion			1	
臣	20	Occupancy				
ΨÞ	21	Travel, conferences, and meetings			-	
an	22	Printing and publications			 	
ing	23	Other expenses And Society Total operating and administrative		•		
Operating and Administrative Expens	24	Total operating and administrative	500.	0		
ŏ		expenses!-Add-tines_13.through-23	22527.	<u> </u>	•	22527.
_		Contributions, gifts, grants paid	22321.			22321.
	26	Total expenses and disbursements.	23027.	0		22527.
	07	Add lines 24 and 25	23027.	U	•	24341.
	1	Subtract line 26 from line 12	-5362.			
		Excess of revenue over expenses and disbursements	-3302.	0		
		Net investment income (if negative, enter -0-)			N/A	
	<u> </u>	Adjusted net income (if negative, enter -0-)	L		1 1/ A	<u> </u>

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30	
(must agree with end-of-year figure reported on prior year's return)	5781.
2 Enter amount from Part I, line 27a	-5362.
3 Other increases not included in line 2 (itemize) ►	0.
4 Add lines 1, 2, and 3	419.
5 Decreases not included in line 2 (itemize) 5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	419.

Page 3

		s) of property sold (e.g., real es common stock, 200 shs MLC (`P	How acquire ? - Purchase) - Donation) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a		· · · · · · · · · · · · · · · · · · ·						
b NON	VE		 					
<u>C</u>								
<u>d</u>							······································	
<u>e</u>	(f) D	to	-\ Cook or other l		<u> </u>		(h) Cara as (loos	<u> </u>
(e) Gross sales price		reciation allowed (r allowable)	g) Cost or other I plus expense of				(h) Gain or (loss (e) plus (f) minus	
<u>a</u>					 			
3								
1								
)								
Complete only for assets showing	g gain in coli	umn (h) and owned by the foun	dation on 12/31/	69		(I) G	iains (Col. (h) gair	n minus
(i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any			(I)		col (k	k), but not less that Losses (from col	an -0-) or	
1	<u></u>			<u> </u>				
)								
;								
l								
		∫ If gain, also enter in Part	l. line 7)			·	
Capital gain net income or (net cap	oital loss)	If (loss), enter -0- in Part		ŗ	2			_ .
Net short-term capital gain or (loss	s) as defined	in sections 1222(5) and (6)		`				
If gain, also enter in Part I, line 8, o	column (c)			•				
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	ndor Soc	tion 4940(e) for Redu	and Tay or	Not In	i 3	t Inco		
	is part bialik							
section 4940(d)(2) applies, leave thi as the foundation liable for the secti "Yes," the foundation does not qualif	ion 4942 tax fy under sec	on the distributable amount of tion 4940(e) Do not complete	his part					Yes X N
as the foundation liable for the secti "Yes," the foundation does not qualif Enter the appropriate amount in e	ion 4942 tax fy under sec	on the distributable amount of tion 4940(e) Do not complete for each year, see the instruction	his part	g any entrie	s			
as the foundation liable for the secti "Yes," the foundation does not quali	ion 4942 tax fy under sec ach column	on the distributable amount of tion 4940(e) Do not complete for each year, see the instruction (b) Adjusted qualifying distribution	his part ns before makin s Net valu	g any entrie (c	s			(d) bution ratio vided by col (c))
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SABINA DOLAN AND GLADYS SAULSBURY

Form	990-PF (2015) FOUNDATION, INC.			8838		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	4948	- see	instru	ıctio	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)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here And enter 1%	1				0.
	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)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0.
3	Add lines 1 and 2	3				0.
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	ļ			0.
6	Credits/Payments					
	2015 estimated tax payments and 2014 overpayment credited to 2015	4				
	Exempt foreign organizations - tax withheld at source	_				
C	Tax paid with application for extension of time to file (Form 8868)					
	Backup withholding erroneously withheld 6d	-				^
7	Total credits and payments Add lines 6a through 6d	7				<u>0.</u>
8	Enter any penalty 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	 			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		<u>.</u>		
11	Enter the amount of line 10 to be Credited to 2016 estimated tax	11	<u> </u>			
	rt 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 interve	ne in			Yes	No
	any political campaign?			1a	<u> </u>	X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definiti			1b		X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publis	hed or	•			
	distributed by the foundation in connection with the activities					.,
	Did the foundation file Form 1120-POL for this year?			16		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation \triangleright \$ 0. (2) On foundation managers \triangleright \$ 0.	•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ▶\$ 0.					v
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 incorporation	, or			ŀ	v
•-	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?	1	N/A	4a		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		N/A	4b 5		X
5	If "Yes," attach the statement required by General Instruction T			-		
e	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
U	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 st 	ata law				
	remain in the governing instrument?	ato law		6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part II.	XV		7	Х	-
′	big the foundation have at least \$6,000 in assets at any time during the year. It is so, complete i at it, con. (6), and i at it	` *		–		-
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)			ŀ		
Ja	CT			-		
h	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	х]
g	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for c	alendar				
٠	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		Х
10		STM	т 2	10	X	

Page 5

Pa	art VH-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13		13	X	
	Website address ► N/A		- 1 0	
14	The books are in care of ► EDWARD J. DOLAN Telephone no ► 203-78			<u> </u>
	Located at ► 400 ORANGE STREET, NEW HAVEN, CT ZIP+4 ►06	271	-64	05
15	• • • • • • • • • • • • • • • • • • • •		-	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
-	foreign country	J		
P	ert VII-B Statements Regarding Activities for Which Form 4720 May Be Required	T	14-	NI -
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	ļ	Yes	No
18	a During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No	1		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
,	a If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	1b	•	
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2015?	1 c]	Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2015? Yes X No			
	If "Yes," list the years 🚩			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) N/A	2b		
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<u> </u>			
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
t	a If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) N/A	25		
_	,	3b	 	X
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	_4a		
ı	bild the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	1	Х
		rm 99	0-PF	
	re re	,,m 33	O-1 1	(2013)

▶

Total. Add lines 1 through 3

Part X-

FOUNDATION, INC.

Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	0_
b	Average of monthly cash balances	1b	3069
C	Fair market value of all other assets	10	0
d	Total (add lines 1a, b, and c)	1d	3069
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	3069
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	419
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2650
6	Minimum investment return Enter 5% of line 5	6	133

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here

and do not complete this part)

1	Minimum investment return from Part X, line 6	1 1	133•
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	133.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	133.
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	133.

Part 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	22527.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 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	22527.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22527.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see Instructions)

`	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	337,500			
line 7				133.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
ь Total for prior years				
,,		_0.		
3 Excess distributions carryover, if any, to 2015				
a From 2010				
b From 2011				
c From 2012 8400.				
d From 2013 15112.				
e From 2014 19942.	40454			
f Total of lines 3a through e	43454.	·····		
4 Qualifying distributions for 2015 from				
Part XII, line 4 ► \$ 22527.			0	
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior		0		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.			133.
d Applied to 2015 distributable amount	22204			133.
e Remaining amount distributed out of corpus	22394.			0.
5 Excess distributions carryover applied to 2015 (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	65848.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
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		0.		
assessed d Subtract line 6c from line 6b Taxable	······			
amount - see instructions		0.		
e Undistributed income for 2014 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2015 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.	•		
8 Excess distributions carryover from 2010	,			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2016				
Subtract lines 7 and 8 from line 6a	65848.			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012 8400.				
c Excess from 2013 15112.				
d Excess from 2014 19942.				
e Excess from 2015 22394.				5 000 PE (0045)

Form **990-PF** (2015)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment 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) recipient or substantial contributor a Paid during the year NONE SCHOLARSHIPS HEISMAN TROPHY TRUST 111 BROADWAY, STE 103A 2000. NEW YORK, NY 10006 NONE OPERATING SUPPORT HIHOPES THERAPUTIC RIDING 36 TOWN WOODS ROAD 500. OLDE LYME, CT 06371 TUITION AND NONE INDIVIDUALS UNDER \$1000 VARIOUS SCHOLARSHIP 600. VARIOUS, CT OPERATING SUPPORT NONE FARNHAM HOUSE 162 FILLMORE ST 1100. NEW HAVEN, CT 06513 OPERATING SUPPORT JAMES HILLHOUSE HIGH SCHOOL NONE 480 SHERMAN PARKWAY 500. NEW HAVEN CT 06511 SEE CONTINUATION SHEET(S) ➤ 3a 22527. Total b Approved for future payment NONE Total

cing Activities
2

	Unrelate	ed business income	Exclu	ded by section 512, 513, or 514	(0)
Enter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program service revenue	code		code		
a	I		\vdash		
b	Į.		 		
d	1		†		
	ł			<u>-</u>	
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other			-		
than inventory					
9 Net income or (loss) from special events			-		
O Gross profit or (loss) from sales of inventory			-		
1 Other revenue					
a			-		
b					
<u> </u>					
d			<u> </u>		
C Cuttotal Add columns (b) (d) and (s)		0.		0.	(
2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	<u> </u>	1	• [(
See worksheet in line 13 instructions to verify calcul	lations \			10_	
				A D	······································
Part XVI-B Relationship of Acti	villes to the ACC	omplishment of E	xemp	t Purposes	
Line No Explain below how each activity for v			A contri	buted importantly to the acco	mplishment of
the foundation's exempt purposes (c	other than by providing it	ands for such purposes)			
NOT APPLICABLE					· · · · · · · · · · · · · · · · · · ·
					
					
				··	
				····	
					
					

Part XVII	Information R Exempt Orgar		isters To a	ind Transactions a	nd Relationships With None	charitable	€	
1 Dud the e			of the followin	a with any other organization	n described in section 501(c) of		Yes	No
				7, relating to political organi				110
	from the reporting found				2410113			
(1) Cash		ation to a nonosiante	ibio exempt or	gamzation of		1a(1)	1	Х
(2) Othe			-			1a(2)		X
						10(2)		
	isactions s of assets to a noncharita	ahla avamnt organiz:	ition			16(1)	•	Х
• •	hases of assets from a no	• •				1b(2)		X
• •	al of facilities, equipment,		organization			1b(3)		X
• •	ar or racilities, equipment, ibursement arrangements					1b(4)	 	X
• •	<u> </u>	•				1b(5)	1	X
	is or loan guarantees ormance of services or m	amharchin ar fundra	ising solicitatio	ne		1b(6)	1	X
• •	of facilities, equipment, ma	<u>-</u>	-			10	\vdash	X
•		-			vays show the fair market value of the go		L sats	
			-		e in any transaction or sharing arrangem		,013,	
	d) the value of the goods,			ou 1035 than ian market valu	o in any transaction or change arrangement	JII., JII.OW III		
(a) Line no	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·		exempt organization	(d) Description of transfers, transactions	and sharing ar	rrangemo	ents
(4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4	(4)	1	N/A	,		<u></u>		
				·				
		+						
		+						
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		1						
		 						
		1						
		-	 					
		 						
		<u> </u>						
		+						
2a Is the fou	indation directly or indirec	_ 	related to one	or more tax-exempt organiz	zations described			
	n 501(c) of the Code (othe	•			200000000000000000000000000000000000000	☐ Yes	ГХ	☐ No
	omplete the following sch	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,01. 027				
<u>n</u> 11 103, 0	(a) Name of or			(b) Type of organization	(c) Description of rela	tionship		
	N/A	94		(4) 1) 1	(,,			
							-	
Unde	r penalties of penjury, I declare	e that I have examined the	ns retum, includir	ig accompanying schedules and	statements, and to the best of my knowledge			
Sign and b	pelief, it is true, correct, and co	omplete Declaration of p	reparer (other tha	n taxpayer) is based on all inform	ation of which preparer has any knowledge	May the IRS return with the	he prepa	rer
Here	CL	Ball		- 13/11/1K	PRESIDENT	shown below		No No
Z	nature of officer or truste	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Date // O//	Title		<u> </u>	
	Print/Type preparer's n		Preparer's s			TIN		
			D	$C \cap I$	34. self- employed			
Paid			HOW	auch will	1 111116	P00163	1422)
Preparer	Firm's name ► LEV	JTTSKY & I	BERNEY	P. C.	Firm's EIN ▶ 06			
Use Only		, I I OKI W I		··· ·· //V	, Finis Env > 00	10122		
- :y	Firm's address ▶ 1 (OO BRADI.F	Y ROAD					
		DODBRIDGE		525	Phone no (20	3)389-	-53 <i>7</i>	['] 1
_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JODE TOOL	, 01 00	<u> </u>	Tribile No. (20	Form 99		
						101111 23	J 1 1	(2013)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

Name of the organization

SABINA DOLAN AND GLADYS SAULSBURY

FOUNDATION, INC.

Employer identification number

06-1088838 Organization type (check one): Filers of: Section: Form 990 or 990-EZ ____ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization
SABINA DOLAN AND GLADYS SAULSBURY
FOUNDATION, INC.

Employer identification number

06-1088838

Part I	Contributors	(see instructions).	Use duplicate copies	of Part I if additional	space is needed.
--------	---------------------	---------------------	----------------------	-------------------------	------------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	EDWARD DOLAN 314 SHORE DRIVE BRANFORD, CT 06405	\$ <u>17000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Omnicash Payroll Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

FOUNDATION, INC.

Name of organization
SABINA DOLAN AND GLADYS SAULSBURY

Employer identification number

06-1088838

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
=		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 	200 E7 or 200 BE) //2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Employer identification number SABINA DOLAN AND GLADYS SAULSBURY FOUNDATION, 06-1088838 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

NEW HAVEN, CT 06513 ST. MARTIN DE PORRES NONE SCHOLARSHIPS 12 VARIOUS OTHER ORGANIZATIONS NONE VARIOUS, CT VARIOUS,	3 Grants and Contributions Paid During t	he Year (Continuation)			
OF SUBSTANLAY ST., APT G-107 RECHARS HAVEN, CT 06516 OF SUBSTANLAY ST. APT G-107 RECHARS RIN ST., APT G-107 REST HAVEN, CT 06516 NONE OF SUBSTANLAY ST. APT G-107 REST HAVEN, CT 06516 NONE OF SUBSTANLAY ST., APT G-107 REST HAVEN, CT 06516 NONE PERSONAL MAINTENANCE FULTION RECHARS RIN ST., APT G-107 REST HAVEN, CT 06516 NONE PULTION RECHARS RIN ST., APT G-107 REST HAVEN, CT 06516 NONE REST HAVEN, CT 06516 REST HAVEN, CT 06516		show any relationship to	If recipient is an individual, show any relationship to Foundation		Amount
131 LLOYD ST. MEM HAVEN, CT 06513 ST. MARTIN DE PORRES NONE ST. MARTIN DE PORRES NONE SCHOLARSHIPS 12 VARIOUS OTHER ORGANIZATIONS VARIOUS, CT MAVERLY BRIN 278 MAIN ST., APT G-107 MEST HAVEN, CT 06516 NONE TUITION TUITION 32 THOMAS BRIM AND TO	Name and address (home or business)	or substantial contributor		Contribution	
LIST LLOYD ST. REW HAVEN, CT 06513 ST. MARTIN DE PORRES NONE ST. MARTIN DE PORRES NONE SCHOLARSHIPS LIST MARIOUS OTHER ORGANIZATIONS VARIOUS OTHER ORGANIZATIONS VARIOUS, CT SUZVERLY BRIM NONE POUTION TOUTION 3.6 1.7 1.7 1.7 1.7 1.7 1.7 1.7 1					
NEW HAVEN, CT 06513 ST. MARTIN DE PORRES NONE SCHOLARSHIPS 12 VARIOUS OTHER ORGANIZATIONS VARIOUS, CT NONE DEFRATING SUPPORT VARIOUS, CT NONE TUITION TUITION TUITION TUITION TUITION TUITION TUITION TUITION TUITION 34 36 36 36 36 36 36 36 36 36		NONE		PERSONAL MAINTENANCE	
ST. MARTIN DE PORRES 208 COLUMBUS AVENUE SCHOLARSHIPS 12 VARIOUS OTHER ORGANIZATIONS NONE VARIOUS VARIOUS, CT WAVERLY BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 30					140
208 COLUMBUS AVENUE NEW HAVEN, CT 06519 VARIOUS OTHER ORGANIZATIONS VARIOUS, CT WAVERLY BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 NONE TUITION TUITION 3.4 TOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 3.4					
NARIOUS OTHER ORGANIZATIONS VARIOUS VARIOUS, CT SIMAVERLY BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 NONE TUITION TUITION TUITION TUITION SET HAVEN, CT 06516 TUITION 3.4	ST. MARTIN DE PORRES	NONE		TUITIONS AND	
VARIOUS OTHER ORGANIZATIONS VARIOUS, CT WAVERLY BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 NONE TUITION TUITION TUITION 8: THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 05516 TUITION 3.6	208 COLUMBUS AVENUE			scholarships	
VARIOUS (CT 33) WAVERLY BRIM NONE TUITION 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 83 THOMAS BRIM NONE TUITION 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34	NEW HAVEN, CT 06519				127
VARIOUS (CT 33) WAVERLY BRIM NONE TUITION 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 8: THOMAS BRIM NONE TUITION 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 3.6	VARIOUS OTHER ORGANIZATIONS	NONE		OPERATING SUPPORT	
WAVERLY BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 81 THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34					
278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34	VARIOUS, CT			1	331
278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34					
WEST HAVEN, CT 06516 THOMAS BRIM 278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34		NONE		TUITION	
278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34					839
278 MAIN ST., APT G-107 WEST HAVEN, CT 06516 TUITION 34					
WEST HAVEN, CT 06516 TUITION 34	THOMAS BRIM	NONE		TUITION	
	278 MAIN ST., APT G-107				
	WEST HAVEN, CT 06516			TUITION	343
					- · . · ·
		,			
	 			-	
Total from continuation sheets	Total from continuation sheets				1782

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES	
ACCOUNTING	500.	0.		0.	
TO FORM 990-PF, PG 1, LN 16B	500.	0.		0.	
	SUBSTANTIA	L CONTRIBUTORS	S S'	татемент 2	
NAME OF CONTRIBUTOR	ADDR	ESS			
EDWARD DOLAN		ORANGE STREET HAVEN, CT 0651	11		

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

3

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

EDWARD J. DOLAN 400 ORANGE STREET NEW HAVEN, CT 06511

TELEPHONE NUMBER

203-787-3513

FORM AND CONTENT OF APPLICATIONS

APPLICATION FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

SCHOLARSHIPS AND GRANTS WILL BE PROVIDED TO STUDENTS PARTICIPATING IN INTERSCHOLASTIC ATHLETICS AT PUBLIC HIGH SCHOOLS IN NEW HAVEN, CT. GRANTS WILL BE PROVIDED TO NEEDY STUDENTS IN NEW HAVEN, CT TO ENABLE THEM TO ATTEND SUMMER CAMPS WHICH WILL TEACH THEM ATHLETIC SKILLS.

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