



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

OMB No 1545-0052

2010

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2010, or tax year beginning

07/01, 2010, and ending

06/30, 2011

G Check all that apply:

☐ Initial return☐ Initial return of a former public charity☐ Final return☐ Amended return☐ Address change☐ Name change

Name of foundation

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

A Employer identification number

23-7258527

Number and street (or P.O. box number if mail is not delivered to street address)

P O BOX 1802

Room/suite

B Telephone number (see page 10 of the instructions)

(401) 278-6837

City or town, state, and ZIP code

PROVIDENCE, RI 02901-1802

H Check type of organization:

☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust☐ Other taxable private foundation

I Fair market value of all assets at end

of year (from Part II, col. (c), line

16) \$ 1,091,078.

J Accounting method:

☒ Cash ☐ Accrual☐ Other (specify) _____

(Part I, column (d) must be on cash basis.)

C If exemption application is pending, check here ☐D 1 Foreign organizations, check here ☐2 Foreign organizations meeting the 85% test, check here and attach computation ☐E If private foundation status was terminated under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

Part I Analysis of Revenue and Expenses

(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	50.			
2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				
4 Dividends and interest from securities	33,226.	33,226.		STMT 1
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	11,394.			
b Gross sales price for all assets on line 6a	93,439.			
7 Capital gain net income (from Part IV, line 2)		11,394.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	44,670.	44,620.		
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	3,436.	2,062.		1,374.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule)	39.	39.	NONE	NONE
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions)	825.	425.		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	525.			525.
24 Total operating and administrative expenses. Add lines 13 through 23	4,825.	2,526.	NONE	1,899.
25 Contributions, gifts, grants paid	45,088.			45,088.
26 Total expenses and disbursements. Add lines 24 and 25	49,913.	2,526.	NONE	46,987.
27 Subtract line 26 from line 12	-5,243.			
a Excess of revenue over expenses and disbursements				
b Net investment income (if negative, enter -0-)		42,094.		
c Adjusted net income (if negative, enter -0-)				

For Paperwork Reduction Act Notice, see page 30 of the instructions.

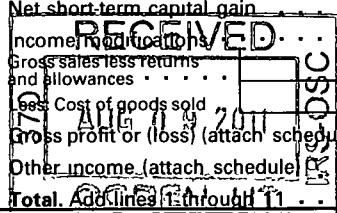
JSA

Form 990-PF (2010)

p 1015

SCANNED AUG 05 2011

SCANNED AUG 15 2011



Part II Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

Beginning of year

End of year

(a) Book Value

(b) Book Value

(c) Fair Market Value

Assets	1	Cash - non-interest-bearing	NONE	NONE	
	2	Savings and temporary cash investments	382,642.	20,046.	20,046.
	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 (attach schedule) (see page 15 of the instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ *	NONE	NONE	NONE
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments - U S and state government obligations (attach schedule)	NONE	NONE	NONE
	b	Investments - corporate stock (attach schedule)	544,908.	892,090.	1,071,032.
	c	Investments - corporate bonds (attach schedule)	NONE	NONE	NONE
	Liabilities	11	Investments - land, buildings, and equipment basis	NONE	
		Less: accumulated depreciation (attach schedule) ▶			
12		Investments - mortgage loans	NONE	NONE	
13		Investments - other (attach schedule)	NONE	NONE	NONE
14		Land, buildings, and equipment basis			
		Less: accumulated depreciation (attach schedule) ▶			
15		Other assets (describe ▶ STMT 5)	NONE	NONE	NONE
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	927,550.	912,136.	1,091,078.
17		Accounts payable and accrued expenses			
18		Grants payable			
19	Deferred revenue				
20	Loans from officers, directors, trustees, and other disqualified persons				
21	Mortgages and other notes payable (attach schedule)				
22	Other liabilities (describe ▶)				
23	Total liabilities (add lines 17 through 22)				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	927,550.	912,136.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	NONE	NONE	
30	Total net assets or fund balances (see page 17 of the instructions)	927,550.	912,136.		
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	927,550.	912,136.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	927,550.
2	Enter amount from Part I, line 27a	2	-5,243.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 6	3	630.
4	Add lines 1, 2, and 3	4	922,937.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 7	5	10,801.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	912,136.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)			(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE PART IV DETAIL					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any			
a					
b					
c					
d					
e					
2 Capital gain net income or (net capital loss)			2	11,394.	
If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7					
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):			3		
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8.					

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2009	54,353.	921,855.	0.05896046558
2008	38,843.	872,018.	0.04454380529
2007	43,271.	1,088,467.	0.03975407615
2006	60,408.	1,066,362.	0.05664868028
2005	126,025.	1,058,695.	0.11903806101
2 Total of line 1, column (d)			2 0.31894508831
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.06378901766
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5			4 1,033,853.
5 Multiply line 4 by line 3			5 65,948.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 421.
7 Add lines 5 and 6			7 66,369.
8 Enter qualifying distributions from Part XII, line 4			8 46,987.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.


Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter: _____ (attach copy of ruling letter if necessary - see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	842.
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-)	2	
3	Add lines 1 and 2	3	842.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	NONE
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	842.
6	Credits/Payments:		
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a	527.
b	Exempt foreign organizations-tax withheld at source	6b	NONE
c	Tax paid with application for extension of time to file (Form 8868)	6c	NONE
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d	7	527.
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> 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	315.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? <i>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</i>		X
1c	Did the foundation file Form 1120-POL for this year?		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
4b	If "Yes," has it filed a tax return on Form 990-T for this year?		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>		X
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 law remain in the governing instrument?	6	X
7	Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	X
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> STMT 8		
8b	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 <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	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 calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? <i>If "Yes," complete Part XIV</i>	9	X
10	Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	X

Part VII-A Statements Regarding Activities (continued)

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 page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ PRIVATE BANK TAX SERVICES Telephone no. ▶ (401) 278-6837			
Located at ▶ P.O. BOX 1802, PROVIDENCE, RI ZIP + 4 ▶ 02901				
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b 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 page 22 of the instructions)?	1b	X
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c 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 2010?	1c	X
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 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ▶		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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 page 22 of the instructions.)	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2010 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 2010.)	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did 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 2010?	4b	X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****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))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **5b**Organizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☐ Yes ☒ No
If "Yes" to 6b, file Form 8870.**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		3,436.	-0-	-0-

2 Compensation of five highest-paid employees (other than those included on line 1 - see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		NONE	NONE	NONE

Total number of other employees paid over \$50,000 ☐ NONE

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 12		NONE
Total number of others receiving over \$50,000 for professional services		NONE

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
All other program-related investments See page 24 of the instructions	
3 NONE	
Total. Add lines 1 through 3	

Form 990-PF (2010)


Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the 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	1,024,925.
b	Average of monthly cash balances	1b	24,672.
c	Fair market value of all other assets (see page 25 of the instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,049,597.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,049,597.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions)	4	15,744.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,033,853.
6	Minimum investment return. Enter 5% of line 5	6	51,693.

Part XI Distributable Amount (see page 25 of the 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	51,693.
2a	Tax on investment income for 2010 from Part VI, line 5	2a	842.
b	Income tax for 2010. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	842.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	50,851.
4	Recoveries of amounts treated as qualifying distributions	4	626.
5	Add lines 3 and 4	5	51,477.
6	Deduction from distributable amount (see page 25 of the instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	51,477.

Part XII Qualifying Distributions (see page 25 of the 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	46,987.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	46,987.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	46,987.

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 page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				51,477.
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only			NONE	
b Total for prior years 20 08, 20 , 20		NONE		
3 Excess distributions carryover, if any, to 2010:				
a From 2005	24,237.			
b From 2006	7,183.			
c From 2007	NONE			
d From 2008	NONE			
e From 2009	8,741.			
f Total of lines 3a through e	40,161.			
4 Qualifying distributions for 2010 from Part XII, line 4: ► \$ 46,987.				
a Applied to 2009, but not more than line 2a			NONE	
b Applied to undistributed income of prior years (Election required - see page 26 of the instructions)		NONE		
c Treated as distributions out of corpus (Election required - see page 26 of the instructions)	NONE			
d Applied to 2010 distributable amount				46,987.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	4,490.			4,490.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	35,671.			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		
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		NONE		
d Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions		NONE		
e Undistributed income for 2009 Subtract line 4a from line 2a. Taxable amount - see page 27 of the instructions			NONE	
f Undistributed income for 2010. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	NONE			
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)	19,747.			
9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a	15,924.			
10 Analysis of line 9:				
a Excess from 2006	7,183.			
b Excess from 2007	NONE			
c Excess from 2008	NONE			
d Excess from 2009	8,741.			
e Excess from 2010				

4942(j)(5)

N/A

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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 SEE STATEMENT 14				
Total			3a	45,088.
b Approved for future payment				
Total			3b	

[illegible]

13 Total. Add line 12, columns (b), (d), and (e)	13	44,620.
(See worksheet in line 13 instructions on page 29 to verify calculations)		

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See page 29 of the instructions.)
----------------------	--

NOT APPLICABLE

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- | | | Yes | No |
|----------|--|--------------|----|
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of 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 | 1a(1) | X |
| | (2) Other assets | 1a(2) | X |
| b | Other transactions. | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | X |
| | (4) Reimbursement arrangements | 1b(4) | X |
| | (5) Loans or loan guarantees | 1b(5) | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | X |
| c | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 1c | 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. | | |

[illegible]

- 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 ☒ No
- b** If "Yes," complete the following schedule

[illegible]

**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, this return is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.


Signature of officer or trustee

08/01/2011
Date

► SVP Tax
Title

Date _____

Title

**Paid
Preparer
Use Only**

Print/Type preparer's name

Preparer's signature

Date

PTIN

Check ☐ if self-employed

Firm's name ▶

Firm's EIN ▶

Firm's address ►

Phone no.



FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of Property		Description				P or D	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
		TOTAL SHORT-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS					4,422.	
		TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS					5,366.	
		TOTAL LONG-TERM COMMON TRUST FUND AND PARTNERSHIP, S CORPORATION, AND OTHER ESTATES OR TRUST GAIN OR LOSS					1,236.	
		1444.856 COLUMBIA ACORN INT'L SELECT FUN PROPERTY TYPE: SECURITIES					11/29/2004	07/08/2010
33,607.00		25,271.00					8,336.00	
		379.363 COLUMBIA LARGE CAP INDEX FUND CL PROPERTY TYPE: SECURITIES					03/05/2009	07/08/2010
7,887.00		5,000.00					2,887.00	
		1212.778 COLUMBIA DIVIDEND INCOME FUND C PROPERTY TYPE: SECURITIES					02/14/2007	07/08/2010
13,862.00		17,731.00					-3,869.00	
		2367.409 COLUMBIA DIVIDEND INCOME FUND C PROPERTY TYPE: SECURITIES					01/31/2007	07/08/2010
27,059.00		34,043.00					-6,984.00	
TOTAL GAIN(LOSS)							----- 11,394. =====	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
-----	-----	-----
LARGE CAP CORE CTF	1,201.	1,201.
INTERM GOVT/CREDIT BOND CTF	4,029.	4,029.
COLUMBIA ACORN FUND CLASS Z SHARES	180.	180.
COLUMBIA ACORN INT'L SELECT FUND CLASS Z	361.	361.
COLUMBIA SHORT TERM BOND FUND CLASS Z SH	3,228.	3,228.
COLUMBIA INTERNATIONAL VALUE FUND CLASS	1,293.	1,293.
COLUMBIA MARSICO INT'L OPPORTUNITIES FD	827.	827.
COLUMBIA MID CAP VALUE FUND CLASS Z SHAR	454.	454.
COLUMBIA STRATEGIC INCOME FUND CLASS Z S	4,131.	4,131.
COLUMBIA DIVIDEND INCOME FUND CLASS Z SH	2,470.	2,470.
COLUMBIA CONTRARIAN CORE FUND CLASS Z SH	796.	796.
FIDELITY INSTITUTIONAL MONEY MARKET #59	98.	98.
ISHARES BARCLAYS TIPS BD FUND	1,399.	1,399.
ISHARES MSCI EMERGING MKTS INDEX FUND	1,079.	1,079.
PIMCO TOTAL RETURN FUND INSTL	5,825.	5,825.
PIMCO COMMODITY REALRETURN STRATEGY FUND	5,855.	5,855.
	-----	-----
TOTAL	33,226.	33,226.
	=====	=====

FORM 990PF, PART I - ACCOUNTING FEES

=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
AUDIT & ACCOUNTING FEES (ALLOC	39.	39.		
TOTALS	39.	39.	NONE	NONE
	=====	=====	=====	=====

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART I - TAXES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
FOREIGN TAXES	6.	6.
FEDERAL ESTIMATES - PRINCIPAL	400.	
FOREIGN TAXES ON QUALIFIED FOR	405.	405.
FOREIGN TAXES ON NONQUALIFIED	14.	14.
	-----	-----
TOTALS	825.	425.
	=====	=====

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
OTHER NON-ALLOCABLE EXPENSE -	525.	525.
TOTALS	----- 525. =====	----- 525. =====

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART II - OTHER ASSETS
=====DESCRIPTION

SEE ATTACHED STATEMENT

TOTALS

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES
=====DESCRIPTION
-----AMOUNT

OVERPAYMENT OF INSURANCE PAYMENT	500.
REFUND FOR PAYMENT OF PERSONAL ALARM	126.
BROKERAGE ANITRUST LITIGATION SETTLEMENT	4.

TOTAL	630.
	=====



GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

=====

DESCRIPTION

AMOUNT

CTF COST ADJUSTMENT

10,801.

TOTAL

10,801.

=====

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

STATE(S) WHERE THE FOUNDATION IS REGISTERED
=====

CT

~~FORM 990~~

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
=====

OFFICER NAME:

BANK OF AMERICA, N.A

ADDRESS:

777 MAIN STREET

HARTFORD, CT 06115

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 40

COMPENSATION 3,436.

OFFICER NAME:

PASQUALINA YACOVACCI

ADDRESS:

5366 PARK AVE

BRIDGEPORT, CT 06604

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10

OFFICER NAME:

GLORIA FRANCESCONI

ADDRESS:

16 PLYMOUTH AVENUE

TRUMBULL, CT 06611

TITLE:

SECOND VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10

OFFICER NAME:

JO-ANN OLSEN

ADDRESS:

1127 BROOKLAWN AVE

FAIRFIELD, CT 06825

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES
=====

OFFICER NAME:

HELEN SCINTO

ADDRESS:

101 MILL RIVER RD
STRATFORD, CT 06614

TITLE:

RECORDING SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10

OFFICER NAME:

CAROLYN DZURKA

ADDRESS:

61 ARCADIA AVE
BRIDGEPORT, CT 06604

TITLE:

CORRESPONDING SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10

OFFICER NAME:

ROSALYN SCHOONMAKER

ADDRESS:

95 CURT SMITH ROAD
SOUTHBURY, CT 06488

TITLE:

FIRST VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 10

TOTAL COMPENSATION:

3,436.

=====

~~XXXXXX~~

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

EMPLOYEE NAME:

NONE

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS
=====

NAME:

NONE

~~XXXXXX~~

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.
FORM 990PF, PART XV - LINES 2a - 2d
=====

23-7258527

RECIPIENT NAME:
BARBARA SURINA

XXXXXX

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC. 23-7258527
FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID
=====

RECIPIENT NAME:

SEE ATTACHED SCHEDULE

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

SUPPORT FOR NAMED INDIVIDUALS

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID 45,088.

TOTAL GRANTS PAID:

45,088.

=====

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 24
RUN 07/12/2011
03 27 08 PM

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
07/01/10	ROSE LEONARDI MONTHLY INS PREMIUM FOR TR TRAN#=101820002000 TR CD=580 REG=0 PORT=INC	-165.00	-165.00	**CHANGED**	1007000002 07/12/11 DBA
07/01/10	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED FOR: TR TRAN#=101820005000 TR CD=580 REG=0 PORT=INC	-646.08	-646.08	**CHANGED**	1007000005 07/12/11 DBA
07/01/10	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY KAPLAN-STRATFORD BD OF ED FOR: TR TRAN#=101820006000 TR CD=580 REG=0 PORT=INC	-750.00	-750.00	**CHANGED**	1007000006 07/12/11 DBA
07/01/10	EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR: TR TRAN#=101820004000 TR CD=580 REG=0 PORT=INC	-165.00	-165.00	**CHANGED**	1007000004 07/12/11 DBA
07/01/10	SANDRA BERKMAN PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PAYMENT FOR: TR TRAN#=101820003000 TR CD=305 REG=0 PORT=INC	-165.00	-165.00	BENE DISTRIBUTION WITH NO SSN	
07/13/10	LIFELINE FOR ROSE CHIKLA #20277951, BILLING #14581203, SVCS FOR 6/25/10 - 7/25/10 PER LTR DTD 7/7/10 FOR: TR TRAN#=101940002000 TR CD=580 REG=0 PORT=INC	-45.00	-45.00	**CHANGED**	1007000021 07/12/11 DBA
07/13/10	LIFELINE CONNECTICUT AT FCA INVOICE #35039 MONTHLY FEE FOR S D KAPLAN #00071, JUL '10 PER LTR DTD 7/7/10 FOR: TR TRAN#=101940001000 TR CD=580 REG=0 PORT=INC	-50.00	-50.00	**CHANGED**	1007000020 07/12/11 DBA
07/26/10	PASQUALINA YACOVACCI EXPENSE REIMBURSEMENT PER LTR DTD 7/21/10 FOR: TR TRAN#=102070001000 TR CD=580 REG=0 PORT=INC	-28.99	-28.99	**CHANGED**	1007000035 07/12/11 DBA
08/02/10	MILFORD BOARD OF EDUCATION INS. PREMIUM RE: ROSE CHICKLA GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102140001000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00	UNMATCHED BENE DISTRIBUTION	
08/02/10	TREASURER CITY OF MILFORD INSURANCE PREMIUM FBO CAROL BARON GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102140003000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00	UNMATCHED BENE DISTRIBUTION	
08/02/10	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE: ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102140004000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00	UNMATCHED BENE DISTRIBUTION	
08/02/10	BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102140005000 TR CD=305 REG=0 PORT=INC	-590.46	-590.46	UNMATCHED BENE DISTRIBUTION	
08/02/10	ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102140006000 TR CD=305 REG=0 PORT=INC	-165.00	-165.00	UNMATCHED BENE DISTRIBUTION	
08/02/10	MILFORD BOARD OF EDUCATION F/B/O NORA WOLF GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102140002000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00	UNMATCHED BENE DISTRIBUTION	

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 25
RUN 07/12/2011
03:27 08 PM

TAX CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
08/02/10 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR MARY CAMERON FOR. TR TRAN#=102140008000 TR CD=580 REG=0 PORT=INC	-287 19	-287 19	**CHANGED** 07/12/11 DBA	1008000008
08/02/10 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE FOR. TR TRAN#=102140009000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00	**CHANGED** 07/12/11 DBA	1008000009
08/02/10 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR ROSALIE HATCHER FOR. TR TRAN#=102140010000 TR CD=305 REG=0 PORT=INC	-324.96	-324.96 BENE DISTRIBUTION WITH NO SSN		1008000010
08/02/10 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN FOR. TR TRAN#=102140011000 TR CD=580 REG=0 PORT=INC	-287.19	-287 19	**CHANGED** 07/12/11 DBA	1008000011
08/02/10 ROSE LEONARDI MONTHLY INS PREMIUM FOR. TR TRAN#=102140007000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1008000007
08/02/10 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR. TR TRAN#=102140012000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1008000012
08/10/10 LIFELINE FOR ROSE CHIKLA #20277951, BILLING #14787473, SVCS FOR 7/25/10 - 8/25/10 PER LTR DTD 8/4/10 FOR. TR TRAN#=102220002000 TR CD=580 REG=0 PORT=INC	-45 00	-45 00	**CHANGED** 07/12/11 DBA	1008000019
08/10/10 SPRING MEADOWS TRUMBULL WRIST PENDANT REMOTE FOR ROSE PELLEGRINO APARTMENT # 255, PER LTR DTD 8/4/10 FOR. TR TRAN#=102220003000 TR CD=580 REG=0 PORT=INC	-168.00	-168 00	**CHANGED** 07/12/11 DBA	1008000020
08/10/10 LIFELINE CONNECTICUT AT FCA INVOICE #36730 MONTHLY FEE FOR S D KAPLAN #00071, AUG '10 PER LTR DTD 8/4/10 FOR. TR TRAN#=102220001000 TR CD=580 REG=0 PORT=INC	-50 00	-50 00	**CHANGED** 07/12/11 DBA	1008000018
08/24/10 HOME INSTEAD SENIOR CARE INVOICE #434-0210-2 FOR PETER CORDERO 5/16/10 - 5/31/10 PER LTR DTD 8/18/10 FOR. TR TRAN#=102360001000 TR CD=580 REG=0 PORT=INC	-69 00	-69.00	**CHANGED** 07/12/11 DBA	1008000036
09/01/10 ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102440001000 TR CD=305 REG=0 PORT=INC	-165.00	-165.00 UNMATCHED BENE DISTRIBUTION		1009000001
09/01/10 ROSE LEONARDI MONTHLY INS PREMIUM FOR. TR TRAN#=102440002000 TR CD=580 REG=0 PORT=INC	-165.00	-165 00	**CHANGED** 07/12/11 DBA	1009000002
09/01/10 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR. TR TRAN#=102440003000 TR CD=580 REG=0 PORT=INC	-165 00	-165.00	**CHANGED** 07/12/11 DBA	1009000003
09/01/10 SONDR A BERKMAN MONTHLY INSURANCE PREMIUM FOR. TR TRAN#=102440004000 TR CD=580 REG=0 PORT=INC	-165 00	-165.00	**CHANGED** 07/12/11 DBA	1009000004
09/08/10 LIFELINE FOR ROSE CHIKLA #20277951, BILLING #15008843 SVCS FOR 8/25/10 - 9/25/10 PER LTR DTD 9/1/10 FOR. TR TRAN#=102510001000 TR CD=580 REG=0 PORT=INC	-45 00	-45.00	**CHANGED** 07/12/11 DBA	1009000009

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 26
RUN 07/12/2011
03 27.08 PM

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
09/08/10	FSW INC CONSULTING SERVICES FOR LOIS SMITH JULY 30, 2010 - PER LTR DTD 9/1/10 FOR: TR TRAN#=102510002000 TR CD=580 REG=0 PORT=INC	-93 50	-93 50	**CHANGED** 07/12/11 DBA	1009000010
09/08/10	ANITA TOMASCO EXPENSE REIMBURSEMENT PER LTR DTD 9/1/10 FOR: TR TRAN#=102510003000 TR CD=580 REG=0 PORT=INC	-608.80	-608 80	**CHANGED** 07/12/11 DBA	1009000011
09/15/10	LIFELINE CONNECTICUT AT FCA INVOICE #38377 MONTHLY FEE FOR S D KAPLAN #00071, SEPT 2010 GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=102580001000 TR CD=580 REG=0 PORT=INC	-50 00	-50 00	**CHANGED** 07/12/11 DBA	1009000028
09/22/10	BURROUGHS COMMUNITY CENTER STORAGE & MEETING SPACE 9/10/10 - 9/10/11. PER LTR DTD 9/15/10 FOR: TR TRAN#=102650001000 TR CD=580 REG=0 PORT=INC	-475 00	-475 00	**CHANGED** 07/12/11 DBA	1009000033
10/01/10	ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=102740001000 TR CD=305 REG=0 PORT=INC	-165.00	-165.00 UNMATCHED BENE DISTRIBUTION		1010000001
10/01/10	EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR TR TRAN#=102740003000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1010000003
10/01/10	ROSE LEONARDI MONTHLY INS PREMIUM FOR TR TRAN#=102740002000 TR CD=580 REG=0 PORT=INC	-165.00	-165 00	**CHANGED** 07/12/11 DBA	1010000002
10/01/10	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED FOR: TR TRAN#=102740004000 TR CD=580 REG=0 PORT=INC	-646.08	-646 08	**CHANGED** 07/12/11 DBA	1010000004
10/01/10	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY KAPLAN-STRATFORD BD OF ED FOR: TR TRAN#=102740005000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00	**CHANGED** 07/12/11 DBA	1010000005
10/07/10	FAMILY & CHILDREN'S MED ALARM INVOICE #40041 / 00071 SERVICES FOR S D KAPLAN OCT & NOV 2010 PER LTR DTD 10/4/10 FOR TR TRAN#=102800001000 TR CD=580 REG=0 PORT=INC	-100.00	-100 00	**CHANGED** 07/12/11 DBA	1010000011
10/07/10	GREATER BPT RETIRED TEACHERS POSTAGE FOR GBRTF MEETING PER LTR DTD 10/4/10 FOR: 23-7258527 TR TRAN#=102800004000 TR CD=580 REG=0 PORT=INC	-147 24	-147 24	**CHANGED** 07/12/11 DBA	1010000014
10/07/10	LIFELINE FOR ROSE CHIKLA #20277951, BILLING #15216885 SVCS FOR 9/25/10 - 11/24/10 PER LTR DTD 10/4/10 FOR TR TRAN#=102800002000 TR CD=580 REG=0 PORT=INC	-90.00	-90.00	**CHANGED** 07/12/11 DBA	1010000012
10/29/10	CAROLYN DZURKA EXPENSE REIMBURSEMENT PER LTR DTD 10/26/10 FOR TR TRAN#=103020002000 TR CD=580 REG=0 PORT=INC	-18.99	-18 99	**CHANGED** 07/12/11 DBA	1010000036
10/29/10	HOME INSTEAD SENIOR CARE INVOICE #523-1010-1 FOR ROSE CHIKLA 10/1/10 - 10/15/10 PER LTR DTD 10/26/10 FOR TR TRAN#=103020001000 TR CD=580 REG=0 PORT=INC	-197.00	-197 00	**CHANGED** 07/12/11 DBA	1010000035

BANK OF AMERICA, N A
TAX TRANSACTION DETAIL

PAGE 27
RUN 07/12/2011
03 27 08 PM

TAX CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
10/29/10 JO ANN OLSEN EXPENSE REIMBURSEMENT PER LTR DTD 10/26/10 FOR TR TRAN#=103020003000 TR CD=580 REG=0 PORT=INC	-18 43	-18 43	**CHANGED** 07/12/11 DBA	1010000037
11/01/10 MILFORD BOARD OF EDUCATION INS. PREMIUM RE: ROSE CHICKLA GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=103050001000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00 UNMATCHED BENE DISTRIBUTION		1011000001
11/01/10 TREASURER CITY OF MILFORD INSURANCE PREMIUM FBO CAROL BARON GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=103050003000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00 UNMATCHED BENE DISTRIBUTION		1011000003
11/01/10 TREASURER CITY OF MILFORD INSURANCE PREMIUM RE: ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=103050004000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00 UNMATCHED BENE DISTRIBUTION		1011000004
11/01/10 MILFORD BOARD OF EDUCATION F/B/O MORA WOLF GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=103050002000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00 UNMATCHED BENE DISTRIBUTION		1011000002
11/01/10 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR ROSALIE HATCHER FOR: TR TRAN#=103050010000 TR CD=305 REG=0 PORT=INC	-324.96	-324.96 BENE DISTRIBUTION WITH NO SSN		1011000010
11/01/10 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN FOR: TR TRAN#=103050011000 TR CD=580 REG=0 PORT=INC	-287 19	-287 19	**CHANGED** 07/12/11 DBA	1011000011
11/01/10 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR: TR TRAN#=103050012000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1011000012
11/01/10 BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=103050005000 TR CD=305 REG=0 PORT=INC	-590.46	-590.46 UNMATCHED BENE DISTRIBUTION		1011000005
11/01/10 ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=103050006000 TR CD=305 REG=0 PORT=INC	-165.00	-165.00 UNMATCHED BENE DISTRIBUTION		1011000006
11/01/10 ROSE LEONARDI MONTHLY INS PREMIUM FOR: TR TRAN#=103050007000 TR CD=580 REG=0 PORT=INC	-165.00	-165 00	**CHANGED** 07/12/11 DBA	1011000007
11/01/10 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR MARY CAMERON FOR: TR TRAN#=103050008000 TR CD=580 REG=0 PORT=INC	-287 19	-287 19	**CHANGED** 07/12/11 DBA	1011000008
11/01/10 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE FOR: TR TRAN#=103050009000 TR CD=580 REG=0 PORT=INC	-750.00	-750 00	**CHANGED** 07/12/11 DBA	1011000009
11/29/10 HOME INSTEAD SENIOR CARE SVCS FOR ROSE CHIKLA 10/16/10 -11/15/10 INVOICE #523-1010-2, #523-1110-1, #529-1110-1 PER MEMO DTD 11/23/10 FOR: TR TRAN#=103330001000 TR CD=580 REG=0 PORT=INC	-785.25	-785.25	**CHANGED** 07/12/11 DBA	1011000037
11/29/10 PSW INC SVCS FOR ROSE CHIKLA 9/30/10 & SANDRA CAMERON 10/11/10 INVOICE DTD 11/1/10 PER MEMO DTD 11/23/10 FOR: TR TRAN#=103330002000 TR CD=580 REG=0 PORT=INC	-208 67	-208 67	**CHANGED** 07/12/11 DBA	1011000038

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 28
RUN 07/12/2011
03 27 08 PM

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
12/01/10	ROSE LEONARDI MONTHLY INS PREMIUM FOR TR TRAN#=103350002000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1012000002
12/01/10	ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR TR TRAN#=103350001000 TR CD=305 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1012000001
12/01/10	EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR TR TRAN#=103350003000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1012000003
12/01/10	SONDRA BERKMAN MONTHLY INSURANCE PREMIUM FOR TR TRAN#=103350004000 TR CD=580 REG=0 PORT=INC	-165 00	-165 00	**CHANGED** 07/12/11 DBA	1012000004
12/09/10	LIFELINE FOR ROSE CHIKLA #20277951, BILLING #15634798 SVCS FOR 11/25/10 - 12/25/10 PER LTR DTD 12/5/10 FOR TR TRAN#=103430002000 TR CD=580 REG=0 PORT=INC	-45 00	-45 00	**CHANGED** 07/12/11 DBA	1012000014
12/09/10	HOME INSTEAD SENIOR CARE INVOICE #523-1110-2 FOR ROSE CHIKLA 11/16/10 - 11/30/10 PER LTR DTD 12/5/10 FOR TR TRAN#=103430003000 TR CD=580 REG=0 PORT=INC	-114 00	-114 00	**CHANGED** 07/12/11 DBA	1012000015
12/09/10	FAMILY & CHILDREN'S AGENCY INVOICE #43307/00071 SERVICES FOR S D KAPLAN DEC 2010 PER LTR DTD 12/5/10 FOR TR TRAN#=103430001000 TR CD=580 REG=0 PORT=INC	-50 00	-50 00	**CHANGED** 07/12/11 DBA	1012000013
12/09/10	HOME INSTEAD SENIOR CARE INVOICE #529-1110-2 FOR SANDRA CAMERON 11/16/10 - 11/30/10 PER LTR DTD 12/5/10 FOR TR TRAN#=103430004000 TR CD=580 REG=0 PORT=INC	-415 50	-415 50	**CHANGED** 07/12/11 DBA	1012000016
12/28/10	HOME INSTEAD SENIOR CARE SVCS FOR ROSE CHIKLA 12/10/10 -12/15/10 INVOICE #523-1210-1 PER MEMO 12/21/10 FOR TR TRAN#=103620001000 TR CD=580 REG=0 PORT=INC	-339 50	-339 50	**CHANGED** 07/12/11 DBA	1012000040
12/28/10	HOME INSTEAD SENIOR CARE INVOICE #529-1210-1 FOR SANDRA CAMERON 12/1/10 - 12/15/10 PER MEMO 12/21/10 FOR TR TRAN#=103620003000 TR CD=580 REG=0 PORT=INC	-299 00	-299 00	**CHANGED** 07/12/11 DBA	1012000042
01/03/11	ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=110030001000 TR CD=305 REG=0 PORT=INC	-179 00	-179 00		1101000008
01/03/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR TR TRAN#=110030003000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1101000010
01/03/11	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED FOR TR TRAN#=110030004000 TR CD=580 REG=0 PORT=INC	-646.08	-646 08	**CHANGED** 07/12/11 DBA	1101000011
01/03/11	ROSE LEONARDI MONTHLY INS PREMIUM FOR TR TRAN#=110030002000 TR CD=580 REG=0 PORT=INC	-179 00	-179.00	**CHANGED** 07/12/11 DBA	1101000009

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 29
RUN 07/12/2011
03 27 08 PM

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
01/03/11	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY KAPLAN-STRATFORD BD OF ED FOR: TR TRAN# = 110030005000 TR CD = 580 REG = 0 PORT = INC	-750 00	-750 00	**CHANGED** 07/12/11 DBA	1101000012
01/03/11	SONDRA BERKMAN MONTHLY INSURANCE PREMIUM FOR: TR TRAN# = 110030006000 TR CD = 580 REG = 0 PORT = INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1101000013
01/05/11	ANITA TOMASCO EXPENSE REIMBURSEMENT PER LTR DTD 12/23/10 FOR: TR TRAN# = 110050001000 TR CD = 580 REG = 0 PORT = INC	-43 20	-43 20	**CHANGED** 07/12/11 DBA	1101000014
01/05/11	CAROLYN DZURKA EXPENSE REIMBURSEMENT PER LTR DTD 12/23/10 FOR: TR TRAN# = 110050002000 TR CD = 580 REG = 0 PORT = INC	-42.00	-42 00	**CHANGED** 07/12/11 DBA	1101000015
01/06/11	ZURICH NORTH AMERICA PAYMENT FOR ACCT #XXXXXXXXXXXX0001 THE WRIGHT COMPANY INSURANCE PRODUCER #02260669 INSURED GREATER BRIDGEPORT RETIRED TEACHERS FOR: TR TRAN# = 110060001000 TR CD = 580 REG = 0 PORT = INC	-997 00	-997 00	**CHANGED** 07/12/11 DBA	1101000016
01/13/11	LIFELINE FOR ROSE CHIKLA #20277951, BILLING #15842739 SVCS FOR 12/25/10 - 1/25/11 PER LTR DTD 1/6/11 FOR: TR TRAN# = 110130001000 TR CD = 580 REG = 0 PORT = INC	-45 00	-45 00	**CHANGED** 07/12/11 DBA	1101000030
01/25/11	FAMILY & CHILDREN'S AGENCY INVOICE #44896, SERVICES FOR S D KAPLAN JAN 2011 PER LTR DTD 1/15/11 FOR: TR TRAN# = 110250001000 TR CD = 580 REG = 0 PORT = INC	-50.00	-50 00	**CHANGED** 07/12/11 DBA	1101000033
02/01/11	MILFORD BOARD OF EDUCATION F/B/O NORA WOLF GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN# = 110320002000 TR CD = 305 REG = 0 PORT = INC	-750 00	-750.00		1102000002
02/01/11	TREASURER CITY OF MILFORD INSURANCE PREMIUM FBO CAROL BARON GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN# = 110320003000 TR CD = 305 REG = 0 PORT = INC	-750 00	-750 00		1102000003
02/01/11	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN# = 110320004000 TR CD = 305 REG = 0 PORT = INC	-750.00	-750 00		1102000004
02/01/11	BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN# = 110320005000 TR CD = 305 REG = 0 PORT = INC	-578.46	-578.46		1102000005
02/01/11	MILFORD BOARD OF EDUCATION INS PREMIUM RE ROSE CHICKLA GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN# = 110320001000 TR CD = 305 REG = 0 PORT = INC	-750.00	-750 00		1102000001
02/01/11	ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN# = 110320006000 TR CD = 305 REG = 0 PORT = INC	-179.00	-179 00		1102000006

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 30
RUN 07/12/2011
03 27 08 PM

TAX CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
02/01/11 ROSE LEONARDI MONTHLY INS PREMIUM FOR TR TRAN#=110320007000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1102000007
02/01/11 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR MARY CAMERON FOR TR TRAN#=110320008000 TR CD=580 REG=0 PORT=INC	-279 99	-279 99	**CHANGED** 07/12/11 DBA	1102000008
02/01/11 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE FOR TR TRAN#=110320009000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00	**CHANGED** 07/12/11 DBA	1102000009
02/01/11 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR ROSALIE HATCHER FOR TR TRAN#=110320010000 TR CD=305 REG=0 PORT=INC	-267 40	-267 40		1102000010
02/01/11 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN FOR TR TRAN#=110320011000 TR CD=580 REG=0 PORT=INC	-279 99	-279 99	**CHANGED** 07/12/11 DBA	1102000011
02/01/11 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR TR TRAN#=110320012000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1102000012
02/01/11 SONDR A BERKMAN MONTHLY INSURANCE PREMIUM FOR TR TRAN#=110320013000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1102000013
02/09/11 LIFELINE FOR ROSE CHIKLA #20277951, BILLING #16052218 SVCS FOR 1/25/11 - 2/25/11 PER LTR DTD 2/4/11 FOR: TR TRAN#=110400002000 TR CD=580 REG=0 PORT=INC	-45.00	-45 00	**CHANGED** 07/12/11 DBA	1102000021
02/09/11 FAMILY & CHILDREN'S AGENCY INVOICE #46496 SERVICES FOR S D KAPLAN FEB 2011 PER LTR DTD 2/4/11 FOR TR TRAN#=110400001000 TR CD=580 REG=0 PORT=INC	-50 00	-50 00	**CHANGED** 07/12/11 DBA	1102000020
02/23/11 HOME INSTEAD SENIOR CARE SERVICES FOR ROSALINE SCHOONMAKER INVOICE #913-0211-1, 2/1 - 2/15/11 PER LTR DTD 2/18/11 FOR: TR TRAN#=110540001000 TR CD=580 REG=0 PORT=INC	-440.00	-440 00	**CHANGED** 07/12/11 DBA	1102000039
03/01/11 ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=110600001000 TR CD=305 REG=0 PORT=INC	-179.00	-179 00		1103000001
03/01/11 ROSE LEONARDI MONTHLY INS PREMIUM FOR: TR TRAN#=110600002000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1103000002
03/01/11 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR: TR TRAN#=110600003000 TR CD=580 REG=0 PORT=INC	-179.00	-179.00	**CHANGED** 07/12/11 DBA	1103000003
03/01/11 SONDR A BERKMAN MONTHLY INSURANCE PREMIUM FOR: TR TRAN#=110600004000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1103000004
03/07/11 SPRING MEADOWS TRUMBULL WRIST PENDANT REMOTE FOR ROSE PELLEGRINO APT #255 03/11 - 08/11 PER LTR DTD 3/4/11 FOR TR TRAN#=110660001000 TR CD=580 REG=0 PORT=INC	-168.00	-168 00	**CHANGED** 07/12/11 DBA	1103000010
03/07/11 HOME INSTEAD SENIOR CARE SVCS FOR ROSALINE SCHOONMAKER INVOICE #913-0211-2A, 2/16/11-2/28/11 PER LTR DTD 3/4/11	-352.00	-352 00	**CHANGED** 07/12/11 DBA	1103000011

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 31
RUN 07/12/2011
03:27 08 PM

TAX CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
FOR TR TRAN#-110660002000 TR CD=580 REG=0 PORT=INC				
03/10/11 FAMILY & CHILDREN'S AGENCY INVOICE #48074, SERVICES FOR S D KAPLAN MAR 2011 PER LTR DTD 3/5/11 FOR: TR TRAN#-110690001000 TR CD=580 REG=0 PORT=INC	-50 00	-50 00	**CHANGED** 07/12/11 DBA	1103000016
03/10/11 LIFELINE FOR ROSE CHIKLA #20277951, BILLING #16261176 SVCS FOR 2/26/11 - 3/25/11 PER LTR DTD 3/5/11 FOR: TR TRAN#-110690002000 TR CD=580 REG=0 PORT=INC	-45 00	-45 00	**CHANGED** 07/12/11 DBA	1103000017
03/29/11 HOME INSTEAD SENIOR CARE SERVICES FOR ROSALINE SCHOONMAKER INVOICE #913-0311-1A, 3/1 - 3/15/11 PER LTR DTD 3/19/11 FOR: TR TRAN#-110880001000 TR CD=580 REG=0 PORT=INC	-220 00	-220 00	**CHANGED** 07/12/11 DBA	1103000038
04/01/11 ROSE LEONARDI MONTHLY INS PREMIUM FOR: TR TRAN#-110910002000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1104000002
04/01/11 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR: TR TRAN#-110910003000 TR CD=580 REG=0 PORT=INC	-179 00	-179.00	**CHANGED** 07/12/11 DBA	1104000003
04/01/11 ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#-110910001000 TR CD=305 REG=0 PORT=INC	-179.00	-179 00		1104000001
04/01/11 BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED FOR: TR TRAN#-110910004000 TR CD=580 REG=0 PORT=INC	-646 08	-646.08	**CHANGED** 07/12/11 DBA	1104000004
04/01/11 BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY KAPLAN-STRATFORD BD OF ED FOR: TR TRAN#-110910005000 TR CD=580 REG=0 PORT=INC	-750.00	-750.00	**CHANGED** 07/12/11 DBA	1104000005
04/01/11 SONDR A BERKMAN MONTHLY INSURANCE PREMIUM FOR: TR TRAN#-110910006000 TR CD=580 REG=0 PORT=INC	-179.00	-179.00	**CHANGED** 07/12/11 DBA	1104000006
04/08/11 HOME INSTEAD SENIOR CARE SERVICES FOR ROSALINE SCHOONMAKER INVOICE #913-0311-2A, 3/16 - 3/31/11 PER LTR DTD 4/4/11 GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#-110980001000 TR CD=580 REG=0 PORT=INC	-566.50	-566 50	**CHANGED** 07/12/11 DBA	1104000012
04/08/11 LIFELINE FOR ROSE CHIKLA #20277951, BILLING #16469570 SVCS FOR 3/25/11 - 4/25/11 PER LTR DTD 4/4/11 GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#-110980002000 TR CD=580 REG=0 PORT=INC	-45.00	-45.00	**CHANGED** 07/12/11 DBA	1104000013
04/13/11 FAMILY & CHILDREN'S AGENCY INVOICE #49638 SERVICES FOR S D KAPLAN APR 2011 PER LTR DTD 4/8/11 FOR: TR TRAN#-111030001000 TR CD=580 REG=0 PORT=INC	-50.00	-50.00	**CHANGED** 07/12/11 DBA	1104000029
04/13/11 JO ANN OLSEN MEMBER EXPENSE REIMBURSEMENT PER LTR DTD 4/8/11 FOR: TR TRAN#-111030002000 TR CD=580 REG=0 PORT=INC	-92.41	-92.41	**CHANGED** 07/12/11 DBA	1104000030

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 32
RUN 07/12/2011
03-27 08 PM

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149	BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
05/02/11	ROSE LEONARDI MONTHLY INS PREMIUM FOR TR TRAN#=111220008000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1105000008
05/02/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR TR TRAN#=111220009000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00	**CHANGED** 07/12/11 DBA	1105000009
05/02/11	SONDRA BERKMAN MONTHLY INSURANCE PREMIUM FOR TR TRAN#=111220010000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1105000010
05/02/11	HOME INSTEAD SENIOR CARE SERVICES FOR ROSALINE SCHOONMAKER INVOICE #913-0411-1A, 4/1/11 - 4/15/11 PER LTR DTD 4/25/11 FOR TR TRAN#=111220001000 TR CD=580 REG=0 PORT=INC	-434.50	-434 50	**CHANGED** 07/12/11 DBA	1105000001
05/02/11	TREASURER CITY OF MILFORD INSURANCE PREMIUM FBO CAROL BARON GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=111220005000 TR CD=305 REG=0 PORT=INC	-750.00	-750 00		1105000005
05/02/11	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=111220006000 TR CD=305 REG=0 PORT=INC	-750 00	-750 00		1105000006
05/02/11	ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=111220007000 TR CD=305 REG=0 PORT=INC	-179.00	-179 00		1105000007
05/02/11	FSW INC CONSULTING SVCS ROSALINE SCHOONMAKER MARCH 7, 2011. PER LTR DTD 4/25/11 FOR: TR TRAN#=111220002000 TR CD=580 REG=0 PORT=INC	-112.75	-112 75	**CHANGED** 07/12/11 DBA	1105000002
05/02/11	MILFORD BOARD OF EDUCATION INS PREMIUM RE ROSE CHIKLA GREATER BPT RETIRED TEACHERS FOR- 23-7258527 TR TRAN#=111220003000 TR CD=305 REG=0 PORT=INC	-750.00	-750 00		1105000003
05/02/11	MILFORD BOARD OF EDUCATION F/B/O NORA WOLF GREATER BPT RETIRED TEACHERS FOR: 23-7258527 TR TRAN#=111220004000 TR CD=305 REG=0 PORT=INC	-750.00	-750.00		1105000004
05/09/11	LIFELINE FOR ROSE CHIKLA #20277951, BILLING #16678857 SVCS FOR 4/25/11 - 5/25/11 PER LTR DTD 5/4/11 FOR TR TRAN#=111290001000 TR CD=580 REG=0 PORT=INC	-45.00	-45.00	**CHANGED** 07/12/11 DBA	1105000018
05/09/11	GEORGIA PERRY INSURANCE PREMIUM FOR MAY 2011 FOR TR TRAN#=111290002000 TR CD=580 REG=0 PORT=INC	-125.00	-125.00	**CHANGED** 07/12/11 DBA	1105000019
05/09/11	DENISE O'CONNOR REIMBURSEMENT INSURANCE PREMIUM APR - JUN 2011 FOR TR TRAN#=111290003000 TR CD=580 REG=0 PORT=INC	-47.43	-47 43	**CHANGED** 07/12/11 DBA	1105000020
05/12/11	HOME INSTEAD SENIOR CARE SERVICES FOR ROSE CHIKLA INVOICE #523-0411-2 4/16/11-4/30/11 PER LTR DTD 5/7/11 FOR TR TRAN#=111320003000 TR CD=580 REG=0 PORT=INC	-45 00	-45 00	**CHANGED** 07/12/11 DBA	1105000036

TAX CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
05/12/11 GLORIA FRANCESCONI MEMBER EXPENSE REIMBURSEMENT PER LTR DTD 5/7/11 FOR: TR TRAN#=111320004000 TR CD=580 REG=0 PORT=INC	-58 46	-58 46	**CHANGED** 07/12/11 DBA	1105000037
05/13/11 SONDR A BERKMAN REPLACEMENT OF CHECK #15934564 & 15979721 INSURANCE PREMIUM FOR OCT & NOV 2010 FOR: TR TRAN#=111330001000 TR CD=580 REG=0 PORT=INC	-330 00	-330 00	**CHANGED** 07/12/11 DBA	1105000038
05/20/11 FAMILY & CHILDREN'S AGENCY INVOICE #51210 SERVICES FOR S D KAPLAN MAY 2011 PER LTR DTD 5/16/11 FOR: TR TRAN#=111400001000 TR CD=580 REG=0 PORT=INC	-50 00	-50 00	**CHANGED** 07/12/11 DBA	1105000042
05/20/11 DENISE O'CONNOR REIMBURSEMENT FOR APRIL & MAY 2011 RE LIFELINE MACHINE PER LTR DTD 5/16/11 FOR: TR TRAN#=111400003000 TR CD=580 REG=0 PORT=INC	-59 90	-59.90	**CHANGED** 07/12/11 DBA	1105000044
05/20/11 FSW INC CONSULTING SVCS 4/14/11-DENISE O'CONNOR PER LTR DTD 5/16/11 FOR: TR TRAN#=111400002000 TR CD=580 REG=0 PORT=INC	-94 97	-94 97	**CHANGED** 07/12/11 DBA	1105000043
06/01/11 BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=111520001000 TR CD=305 REG=0 PORT=INC	-387.64	-387 64		1106000001
06/01/11 ROSE C PELLEGRINO PAYMENT PER CUSTOMER REQUEST MONTHLY INSURANCE PREMIUM GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=111520002000 TR CD=305 REG=0 PORT=INC	-179.00	-179 00		1106000002
06/01/11 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR MARY CAMERON FOR TR TRAN#=111520004000 TR CD=580 REG=0 PORT=INC	-187 86	-187 86	**CHANGED** 07/12/11 DBA	1106000004
06/01/11 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE FOR: TR TRAN#=111520005000 TR CD=580 REG=0 PORT=INC	-500 00	-500.00	**CHANGED** 07/12/11 DBA	1106000005
06/01/11 ROSE LEONARDI MONTHLY INS PREMIUM FOR: TR TRAN#=111520003000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1106000003
06/01/11 BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN FOR TR TRAN#=111520007000 TR CD=580 REG=0 PORT=INC	-187.86	-187 86	**CHANGED** 07/12/11 DBA	1106000007
06/01/11 EILEEN ZIMA MONTHLY INSURANCE PREMIUM FOR TR TRAN#=111520008000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1106000008
06/01/11 SONDR A BERKMAN MONTHLY INSURANCE PREMIUM FOR TR TRAN#=111520009000 TR CD=580 REG=0 PORT=INC	-179.00	-179 00	**CHANGED** 07/12/11 DBA	1106000009
06/01/11 BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR ROSALIE HATCHER FOR TR TRAN#=111520006000 TR CD=305 REG=0 PORT=INC	-187.86	-187.86		1106000006
06/07/11 LIFELINE FOR ROSE CHIKLA #20277951, BILLING #16889163 SVCS FOR 5/25/11 - 6/25/11 PER LTR DTD 6/1/11 FOR: TR TRAN#=111580003000 TR CD=580 REG=0 PORT=INC	-45.00	-45.00	**CHANGED** 07/12/11 DBA	1106000019

BANK OF AMERICA, N A
TAX TRANSACTION DETAILPAGE 34
RUN 07/12/2011
03 27 08 PM

TAX CODE/DATE TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
149 BENEFICIARY DISTRIBUTIONS (CONTINUED) DISTRIBUTIONS NOT MATCHED TO BENEFICIARY (CONTINUED)				
06/07/11 HOME INSTEAD SENIOR CARE INVOICE #862-0511-1 SVCS FOR DENISE O'CONNOR 5/1/11 - 5/15/11 PER LTR DTD 6/1/11 FOR TR TRAN#111580004000 TR CD=580 REG=0 PORT=INC	-195 00	-195 00	**CHANGED**	1106000020 07/12/11 DBA
06/07/11 HOME INSTEAD SENIOR CARE INVOICE #523-0511-1 SVCS FOR ROSE CHIKLA 5/1/11 - 5/15/11 PER LTR DTD 6/1/11 FOR TR TRAN#111580005000 TR CD=580 REG=0 PORT=INC	-384 00	-384 00	**CHANGED**	1106000021 07/12/11 DBA
06/10/11 GEORGIA PERRY MONTHLY INSURANCE PREMIUM TO REPLACE CK #16303281 DTD 6/1/11 FOR TR TRAN#111610001000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00	**CHANGED**	1106000027 07/12/11 DBA
06/10/11 CONNECT AMERICA INVOICE #764671 MEDICAL ALARM MONITORING FOR DENISE O'CONNOR 6/1/11 - 8/31/11 PER MEMO DTD 6/6/11 FOR TR TRAN#111610003000 TR CD=580 REG=0 PORT=INC	-89 85	-89 85	**CHANGED**	1106000029 07/12/11 DBA
06/10/11 HOME INSTEAD SENIOR CARE SERVICES FOR DENISE O'CONNOR INVOICE #862-05112-2 5/16/11 - 5/31/11 PER LTR DTD 6/6/11 FOR TR TRAN#111610002000 TR CD=580 REG=0 PORT=INC	-287.63	-287.63	**CHANGED**	1106000028 07/12/11 DBA
06/28/11 HOME INSTEAD SENIOR CARE INVOICE #1125-0611-1, 6/1/11 - 6/15/11 SERVICES FOR JANE LEVINSKY PER LTR DTD 6/20/11 FOR TR TRAN#111790002000 TR CD=580 REG=0 PORT=INC	-88.00	-88.00	**CHANGED**	1106000051 07/12/11 DBA
06/28/11 HOME INSTEAD SENIOR CARE INVOICE #862-0611-1, 6/1/11 - 6/15/11 SERVICES FOR DENISE O'CONNOR PER LTR DTD 6/20/11 FOR TR TRAN#111790001000 TR CD=580 REG=0 PORT=INC	-165 75	-165.75	**CHANGED**	1106000050 07/12/11 DBA
06/28/11 HOME INSTEAD SENIOR CARE INVOICE #523-0511-2, 5/16/11 - 5/20/11 SERVICES FOR ROSE CHIKLA PER LTR DTD 6/20/11 FOR TR TRAN#111790003000 TR CD=580 REG=0 PORT=INC	-159 00	-159 00	**CHANGED**	1106000052 07/12/11 DBA
06/28/11 DENISE O'CONNOR REFUND PAYMENT TO BEACON RETIREE BENEFITS JUL - DEC PER LTR DTD 6/21/11 FOR TR TRAN#111790004000 TR CD=580 REG=0 PORT=INC	-94 86	-94.86	**CHANGED**	1106000053 07/12/11 DBA
06/30/11 ANITA TOMASCO MEMBER REIMBURSEMENT PER LTR DTD 6/27/11 FOR TR TRAN#111810001000 TR CD=580 REG=0 PORT=INC	-78.49	-78 49	**CHANGED**	1106000055 07/12/11 DBA
06/30/11 ANITA TOMASCO SECRETARIAL SERVICES RE HEALTH INSURANCE PER LTR DTD 6/27/11 FOR TR TRAN#111810002000 TR CD=580 REG=0 PORT=INC	-600.00	-600 00	**CHANGED**	1106000056 07/12/11 DBA
06/30/11 HELEN SCINTO MEMBER REIMBURSEMENT PER LTR DTD 6/27/11 FOR TR TRAN#111810003000 TR CD=580 REG=0 PORT=INC	-11.83	-11 83	**CHANGED**	1106000057 07/12/11 DBA
06/30/11 JO ANN OLSEN MEMBER REIMBURSEMENT PER LTR DTD 6/27/11 FOR TR TRAN#111810004000 TR CD=580 REG=0 PORT=INC	-70.84	-70 84	**CHANGED**	1106000058 07/12/11 DBA
	45,088	45,088		


SCHEDULE D
(Form 1041)

 Department of the Treasury
 Internal Revenue Service

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2010

Name of estate or trust

Employer identification number

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

Note: Form 5227 filers need to complete **only** Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b
1b
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824
2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts
3

4,422.

4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2009 Capital Loss
4

()

Carryover Worksheet

5 **Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13,
5

4,422.

column (3) on the back

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					
LONG-TERM CAPITAL GAIN DIVIDENDS		STMT 1			5,366.

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b
6b

370.

7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824
7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts
8

1,236.

9 Capital gain distributions
9
10 Gain from Form 4797, Part I
10
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2009 Capital Loss
11

()

Carryover Worksheet

12 **Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a,
12

6,972.

column (3) on the back

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2010

**Part III Summary of Parts I and II****Caution: Read the instructions before completing this part.**

	(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13		4,422.
14 Net long-term gain or (loss):			
a Total for year	14a		6,972.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c 28% rate gain	14c		
15 Total net gain or (loss). Combine lines 13 and 14a	15		11,394.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	16	()
a The loss on line 15, column (3) or b \$3,000		

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . .	17		
18 Enter the smaller of line 14a or 15 in column (2) but not less than zero	18		
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19		
20 Add lines 18 and 19	20		
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21		
22 Subtract line 21 from line 20. If zero or less, enter -0-	22		
23 Subtract line 22 from line 17. If zero or less, enter -0-	23		
24 Enter the smaller of the amount on line 17 or \$2,300	24		
25 Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25		
26 Subtract line 25 from line 24	26		
27 Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	27		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)	28		
29 Subtract line 28 from line 27	29		
30 Multiply line 29 by 15% (.15)		30	
31 Figure the tax on the amount on line 23. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)		31	
32 Add lines 30 and 31		32	
33 Figure the tax on the amount on line 17. Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)		33	
34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)		34	

Schedule D (Form 1041) 2010

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

23-7258527

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b	370.00
---	--------

Schedule D-1 (Form 1041) 2010

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

23-7258527

FEDERAL CAPITAL GAIN DIVIDENDS

=====

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

COLUMBIA ACORN FUND CLASS Z SHARES	2,118.00
COLUMBIA SELECT LARGE CAP GROWTH FUND CLASS Z	1,848.00
PIMCO TOTAL RETURN FUND INSTL	1,399.00

TOTAL 15% RATE CAPITAL GAIN DIVIDENDS

5,366.00

TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS

5,366.00

=====

GAINS AND LOSSES FROM PASS-THRU ENTITIES
=====NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

4,422.00

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)

4,422.00
=====NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS

1,236.00

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)

1,236.00
=====