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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

**2011**

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

For calendar year 2011 or tax year beginning

07/01, 2011, and ending

06/30, 2012

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)

Room/suite

B Telephone number (see instructions)

(888) 866-3275

P O BOX 1802

City or town, state, and ZIP code

PROVIDENCE, RI 02901-1802

Check all that apply:

☐ Initial return☐ Final return☐ Address change☐ Initial return of a former public charity☐ Amended return☐ Name changeCheck type of organization ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

Fair market value of all assets at end

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

16) \$ 1,045,890.

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 instructions))(a) Revenue and  
expenses per  
books(b) Net investment  
income(c) Adjusted net  
income(d) Disbursements  
for charitable  
purposes  
(cash basis only)

1 Contributions, gifts, grants, etc., received (attach schedule)

2 Check ☒ if the foundation is not required to  
attach Sch. B

3 Interest on savings and temporary cash investments

4 Dividends and interest from securities

5a Gross rents

b Net rental income or (loss)

6a Net gain or (loss) from sale of assets not on line 10

b Gross sales price for all  
assets on line 6a 120,599.

7 Capital gain net income (from Part IV, line 2)

8 Net short-term capital gain

9 Income modifications

10 a 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

13 Compensation of officers, directors, trustees, etc.

14 Other employee salaries and wages

15 Pension plans, employee benefits

16a Legal fees (attach schedule) STMT. 2

b Accounting fees (attach schedule)

c Other professional fees (attach schedule) STMT. 3

17 Interest

18 Taxes (attach schedule) (see instructions) STMT. 4

19 Depreciation (attach schedule) and depletion

20 Occupancy

21 Travel, conferences, and meetings

22 Printing and publications

23 Other expenses (attach schedule) STMT. 5

24 Total operating and administrative expenses.

Add lines 13 through 23

25 Contributions, gifts, grants paid

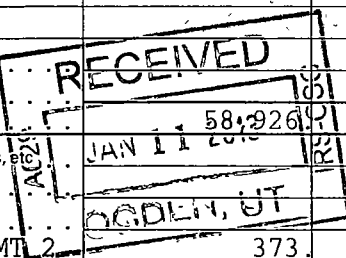
26 Total expenses and disbursements Add lines 24 and 25

27 Subtract line 26 from line 12

a Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)



**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
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .			
	2 Savings and temporary cash investments . . . . .	20,046.	124,953.	124,953.
	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 instructions) . . . . .			
	7 Other notes and loans receivable (attach schedule) ▶			
	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) . . . . .			
	b Investments - corporate stock (attach schedule) . . . . .	892,090.	805,122.	920,937.
	c Investments - corporate bonds (attach schedule) . . . . .			
	11 Investments - land, buildings, and equipment basis ▶			
Less: accumulated depreciation (attach schedule) ▶				
12 Investments - mortgage loans . . . . .				
13 Investments - other (attach schedule) . . . . .				
14 Land, buildings, and equipment basis ▶				
Less: accumulated depreciation (attach schedule) ▶				
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers - see the instructions Also, see page 1, item I) . . . . .	912,136.	930,075.	1,045,890.	
<b>Liabilities</b>	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 <b>Total liabilities</b> (add lines 17 through 22) . . . . .				
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here ▶</b> <input type="checkbox"/>			
	24 Unrestricted . . . . .			
	25 Temporarily restricted . . . . .			
	26 Permanently restricted . . . . .			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶</b> <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds . . . . .	912,136.	930,075.	
	28 Paid-in or capital surplus, or land, bldg, and equipment fund . . . . .			
	29 Retained earnings, accumulated income, endowment, or other funds . . . . .			
30 <b>Total net assets or fund balances</b> (see instructions) . . . . .	912,136.	930,075.		
31 <b>Total liabilities and net assets/fund balances</b> (see instructions) . . . . .	912,136.	930,075.		

**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	912,136.
2 Enter amount from Part I, line 27a . . . . .	2	17,939.
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3 . . . . .	4	930,075.
5 Decreases not included in line 2 (itemize) ▶	5	
6 <b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) - Part II, column (b), line 30 . . . . .	6	930,075.

**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.)
<b>1a PUBLICLY TRADED SECURITIES</b>					
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 112,359.		86,967.	25,392.		
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a			25,392.		
b					
c					
d					
e					
2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }			2	33,632.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6). If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8			3		

**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 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))
2010	46,987.	1,033,853.	0.045448
2009	54,353.	921,855.	0.058960
2008	38,843.	872,018.	0.044544
2007	43,271.	1,088,467.	0.039754
2006	60,408.	1,066,362.	0.056649
2 Total of line 1, column (d)			2 0.245355
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 0.049071
4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5			4 1,020,447.
5 Multiply line 4 by line 3			5 50,074.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 563.
7 Add lines 5 and 6			7 50,637.
8 Enter qualifying distributions from Part XII, line 4 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			8 37,165.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see 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 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	1,126.
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	1,126.
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	1,126.
6 Credits/Payments.			
a 2011 estimated tax payments and 2010 overpayment credited to 2011 . . . . .	6a		900.
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	900.
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	226.
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 2012 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
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? . . . . . 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		X
c 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? . . . . . If "Yes," attach a detailed description of the activities		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? If "Yes," attach a conformed copy of the changes . . . . .		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? . . . . .		X
b 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? . . . . . If "Yes," attach the statement required by General Instruction T		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? . . . . .	X	
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 XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CT		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation . . . . .	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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV . . . . .		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses . . . . .		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 instructions)	11		X
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	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <b>N/A</b>				
14	The books are in care of <b>US TRUST FIDUCIARY TAX SERVICES</b> Telephone no <b>(401) 278-6837</b> Located at <b>P.O. BOX 1802, PROVIDENCE, RI</b> ZIP + 4 <b>02901</b>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>			
16	At any time during calendar year 2011, 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?	16	Yes	No <b>X</b>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country <b>▶</b>				

**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 type="checkbox"/> Yes <input checked="" 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 instructions)? <input type="checkbox"/>	1b	
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 2011? <input type="checkbox"/>	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 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years <b>▶</b>		
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 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 <b>▶</b>		
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 2011 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 2011)	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 2011?	4b	X

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**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 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 instructions)? ☐ Yes ☒ NoOrganizations 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? ☐ 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? ☐ 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 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 6		-0-	-0-	-0-

**2** Compensation of five highest-paid employees (other than those included on line 1 - see 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
NONE		NONE	NONE	NONE

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

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**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 instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		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 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 instructions	
3 NONE	
Total. Add lines 1 through 3 . . . . .	

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**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	983,853.
<b>b</b>	Average of monthly cash balances	<b>1b</b>	52,134.
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	NONE
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,035,987.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	NONE
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,035,987.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	15,540.
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	1,020,447.
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5	<b>6</b>	51,022.

**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)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>	51,022.
<b>2a</b>	Tax on investment income for 2011 from Part VI, line 5	<b>2a</b>	1,126.
<b>b</b>	Income tax for 2011. (This does not include the tax from Part VI.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,126.
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	49,896.
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	NONE
<b>5</b>	Add lines 3 and 4	<b>5</b>	49,896.
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	NONE
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>	49,896.

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b>	37,165.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	NONE
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	NONE
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	NONE
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	37,165.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	<b>5</b>	N/A
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	<b>6</b>	37,165.

**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 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				49,896.
2 Undistributed income, if any, as of the end of 2011			NONE	
a Enter amount for 2010 only				
b Total for prior years 20____, 20____, 20____		NONE		
3 Excess distributions carryover, if any, to 2011:				
a From 2006	7,183.			
b From 2007	NONE			
c From 2008	NONE			
d From 2009	8,741.			
e From 2010	NONE			
f Total of lines 3a through e	15,924.			
4 Qualifying distributions for 2011 from Part XII, line 4: ▶ \$ 37,165.				
a Applied to 2010, but not more than line 2a			NONE	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2011 distributable amount				37,165.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	12,731.			12,731.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	3,193.			
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 instructions		NONE		
e Undistributed income for 2010 Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	NONE			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	3,193.			
10 Analysis of line 9.				
a Excess from 2007	NONE			
b Excess from 2008	NONE			
c Excess from 2009	3,193.			
d Excess from 2010	NONE			
e Excess from 2011	NONE			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

NOT APPLICABLE

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling . . . . .

**b** Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .

Tax year	Prior 3 years				(e) Total
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test - enter					
<b>(1)</b> Value of all assets . . . . .					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i) . . . . .					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed . . . . .					
<b>c</b> "Support" alternative test - enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) . . . . .					
<b>(3)</b> Largest amount of support from an exempt organization . . . . .					
<b>(4)</b> Gross investment income . . . . .					

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number of the person to whom applications should be addressed

SEE STATEMENT 8

**b** The form in which applications should be submitted and information and materials they should include:

SEE ATTACHED STATEMENT FOR LINE 2

**c** Any submission deadlines:

SEE ATTACHED STATEMENT FOR LINE 2

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

SEE ATTACHED STATEMENT FOR LINE 2

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

<div>Recipient</div> <div>Name and address (home or business)</div>	<div>If recipient is an individual, show any relationship to any foundation manager or substantial contributor</div>	<div>Foundation status of recipient</div>	<div>Purpose of grant or contribution</div>	<div>Amount</div>
<b>a</b> <i>Paid during the year</i>  SEE STATEMENT 9				
<b>Total</b> .....			<div>▶ 3a</div>	34,507.
<b>b</b> <i>Approved for future payment</i>				
<b>Total</b> .....			<div>▶ 3b</div>	



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

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
-----	-----	-----
COLUMBIA ACORN INT'L SELECT FUND CLASS Z	333.	333.
COLUMBIA SHORT TERM BOND FUND CLASS Z SH	2,021.	2,021.
COLUMBIA INTERNATIONAL VALUE FUND CLASS	1,728.	1,728.
COLUMBIA MARSICO INTERNATIONAL OPPORTUNI	95.	95.
COLUMBIA MID CAP VALUE FUND CLASS Z SHAR	322.	322.
COLUMBIA STRATEGIC INCOME FUND CLASS Z S	3,000.	3,000.
COLUMBIA DIVIDEND INCOME FUND CLASS Z SH	2,907.	2,907.
COLUMBIA CONTRARIAN CORE FUND CLASS Z SH	1,318.	1,318.
FIDELITY INSTITUTIONAL MONEY MARKET #59	64.	64.
ISHARES BARCLAYS TIPS BD FUND	1,286.	1,286.
ISHARES MSCI EMERGING MKTS INDEX FUND	998.	998.
PIMCO TOTAL RETURN FUND INSTL	3,587.	3,587.
PIMCO COMMODITY REALRETURN STRATEGY FUND	7,635.	7,635.
	-----	-----
TOTAL	25,294.	25,294.
	=====	=====

FORM 990PF, PART I - LEGAL FEES  
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL FEES - INCOME (ALLOCABLE	373.			373.
TOTALS	373.	NONE	NONE	373.
	=====	=====	=====	=====



FORM 990PF, PART I - OTHER PROFESSIONAL FEES

=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	CHARITABLE PURPOSES -----
OTHER ALLOCABLE EXPENSES - 2%	3,597.	2,158.	1,439.
TOTALS	3,597.	2,158.	1,439.
	=====	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
FEDERAL TAX PAYMENT - PRIOR YE	315.	
FEDERAL ESTIMATES - PRINCIPAL	900.	
FOREIGN TAXES ON QUALIFIED FOR	342.	342.
FOREIGN TAXES ON NONQUALIFIED	107.	107.
	-----	-----
TOTALS	1,664.	449.
	=====	=====

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

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	CHARITABLE PURPOSES -----
----------------------	--	---------------------------------

OTHER NON-ALLOCABLE EXPENSE -

846.

846.

TOTALS

846.

846.

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

---

OFFICER NAME:

PASQUALINA YACOVACCI

ADDRESS:

5366 PARK AVE

BRIDGEPORT, CT 06604

TITLE:

PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

GLORIA FRANCESCONI

ADDRESS:

16 PLYMOUTH AVENUE

TRUMBULL, CT 06611

TITLE:

SECOND VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JO-ANN OLSEN

ADDRESS:

1127 BROOKLAWN AVE

FAIRFIELD, CT 06825

TITLE:

TREASURER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

HELEN SCINTO

ADDRESS:

101 MILL RIVER RD

STRATFORD, CT 06614

TITLE:

RECORDING SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

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

=====

OFFICER NAME:

CAROLYN DZURKA

ADDRESS:

61 ARCADIA AVE

BRIDGEPORT, CT 06604

TITLE:

CORRESPONDING SECRETARY

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

ROSALYN SCHOONMAKER

ADDRESS:

95 CURT SMITH ROAD

SOUTHBURY, CT 06488

TITLE:

FIRST VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

=====

RECIPIENT NAME:

PASQUALINA YACOVACCI

ADDRESS:

5366 PARK AVE

BRIDGEPORT, CT 06604

FORM, INFORMATION AND MATERIALS:

SEE ATTACHED

SUBMISSION DEADLINES:

SEE ATTACHED

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED

ATTACHMENT TO  
CERTIFICATE OF AMENDMENT OF  
GREATER BRIDGEPORT RETIRED TEACHERS BUILDING FUND, INC.

(C) The qualifications and rights of the members shall be as follows: Members shall be retired teachers who reside in and/or have taught in the greater Bridgeport area (which area includes, for purposes of this Corporation, Bridgeport, Easton, Fairfield, Milford, Monroe, Stratford, Trumbull, and Shelton) and who receive pensions from the Connecticut State Teachers Retirement Board. Any member in good standing of the Greater Bridgeport Retired Teachers Association shall automatically be a member of this Corporation without application. Members shall have the right to vote upon all matters to come before the membership of the Corporation and shall have all other necessary rights of membership.

FIFTH: The duration of the Corporation shall be perpetual.

SIXTH: The Corporation shall have all power necessary and convenient to carry out its activities and purposes.

SEVENTH: The Corporation is organized exclusively for charitable purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended (or the corresponding provision of any future United States Internal Revenue law).

EIGHTH: No part of the net earnings of the Corporation shall inure to the benefit of or be distributed to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Articles Second and Seventh of this Certificate of Incorporation. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this Certificate of Incorporation, the Corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954, as amended (or the corresponding provision of any future United States Internal Revenue law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, as amended (or the corresponding provision of any future United States Internal Revenue law).

NINTH: Upon the dissolution of the Corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the Corporation, dispose of all of the assets of the Corporation exclusively for the purposes of the Corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, as

amended (or the corresponding provision of any future United States Internal Revenue law), as the Board of Directors shall determine. Any of such assets not so disposed of shall be disposed of by the Superior Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.



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 NEEDY RETIRED TEACHERS

FOUNDATION STATUS OF RECIPIENT:

N/A

AMOUNT OF GRANT PAID ..... 34,507.

TOTAL GRANTS PAID:

34,507.

=====

ACCT 1775  
PREP 211

BANK OF AMERICA, N A  
TAX TRANSACTION DETAIL

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TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
07/01/11	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#111820001000 TR CD=305 REG=0 PORT=INC	-750 00	-750 00	**CHANGED**	1107000001 09/18/12 DBA
07/01/11	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#111820003000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1107000003
07/01/11	BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE TR TRAN#111820004000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00		1107000004
07/01/11	BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#111820002000 TR CD=305 REG=0 PORT=INC	-626 07	-626 07	**CHANGED**	1107000002 09/18/12 DBA
07/01/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#111820006000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1107000006
07/01/11	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED TR TRAN#111820007000 TR CD=580 REG=0 PORT=INC	-704 70	-704 70		1107000007
07/01/11	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#111820008000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00		1107000008
07/01/11	BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN TR TRAN#111820005000 TR CD=580 REG=0 PORT=INC	-307 98	-307 98		1107000005
07/19/11	HOME INSTEAD SENIOR CARE INVOICE #1125-0611-2, 6/16/11 - 6/30/11 SERVICES FOR JANE LEVINSKY PER LTR DTD 6/20/11 (REC'D 7/15/11) GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#112000001000 TR CD=580 REG=0 PORT=INC	-484 00	-484 00		1107000028
07/19/11	LIFELINE FOR ROSE CHIKLA #20277951, BILLING #17098426 SVCS FOR 6/25/11 - 7/25/11 PER LTR DTD 6/20/11 (REC'D 7/15/11) GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#112000002000 TR CD=580 REG=0 PORT=INC	-45 00	-45 00		1107000029
07/19/11	HOME INSTEAD SENIOR CARE FOR LOIS HOYT INVOICE #874-0611-2 SVCS FOR 6/16/11 - 6/30/11 PER LTR DTD 7/10/11 GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#112000003000 TR CD=580 REG=0 PORT=INC	-143 00	-143 00		1107000030
07/28/11	HOME INSTEAD SENIOR CARE INVOICE #874-0711-1, 7/1/11 - 7/15/11 SERVICES FOR LOIS HOYT PER LTR DTD 7/21/11 TR TRAN#112090001000 TR CD=580 REG=0 PORT=INC	-379 50	-379 50		1107000034
07/28/11	HOME INSTEAD SENIOR CARE INVOICE #1125-0711-1, 7/1/11 - 7/15/11 SERVICES FOR JANE LEVINSKY PER LTR DTD 7/21/11 TR TRAN#112090002000 TR CD=580 REG=0 PORT=INC	-500 50	-500 50		1107000035
08/01/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#112130002000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1108000002
08/01/11	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#112130003000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00		1108000003
08/01/11	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#112130001000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1108000001

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
08/10/11	HOME INSTEAD SENIOR CARE INVOICE #874-01772-2, SERVICES FOR LOIS HOYT 7/16/11 - 7/31/11 PER LTR DTD 8/5/11 TR TRAN#=112220001000 TR CD=580 REG=0 PORT=INC	-92 63	-92 63		1108000009
09/01/11	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#=112440001000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1109000001
09/01/11	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#=112440003000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00		1109000003
09/01/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#=112440002000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1109000002
09/08/11	HOME INSTEAD SENIOR CARE INVOICE #1149-08112-2, 8/16/11 - 8/31/11 SERVICES FOR ROSE JABLONSKI PER LTR DTD 9/3/11 TR TRAN#=112510001000 TR CD=580 REG=0 PORT=INC	-242 00	-242 00		1109000008
09/19/11	PASQUALINA YACOVACCI EXPENSE REIMBURSEMENT - SUPPLES FOR GBRT MEETING PER LTR DTD 9/12/11 TR TRAN#=112620002000 TR CD=580 REG=0 PORT=INC	-11 47	-11 47		1109000028
09/19/11	CONNECT AMERICA INVOICE #880637 MEDICAL ALRM MONITORING DENISE O'CONNOR 9/1/11 - 11/30/11 PER LTR DTD 9/12/11 TR TRAN#=112620001000 TR CD=580 REG=0 PORT=INC	-89 85	-89 85		1109000027
09/26/11	HOME INSTEAD SENIOR CARE INVOICE #1157-0911-1, 9/1/11 - 9/15/11 SERVICES FOR SALLY MELZER PER LTR DTD 9/21/11 TR TRAN#=112690002000 TR CD=580 REG=0 PORT=INC	-176 00	-176 00		1109000031
09/26/11	HOME INSTEAD SENIOR CARE INVOICE #1149-0911-1, 9/1/11 - 9/15/11 SERVICES FOR ROSE JABLONSKI PER LTR DTD 9/21/11 TR TRAN#=112690001000 TR CD=580 REG=0 PORT=INC	-115 50	-115 50		1109000030
09/26/11	HOME INSTEAD SENIOR CARE INVOICE #668-0911-1, 9/1/11 - 9/15/11 SERVICES FOR GENEVIEVE WALSH PER LTR DTD 9/22/11 TR TRAN#=112690004000 TR CD=580 REG=0 PORT=INC	-262 50	-262 50		1109000033
09/26/11	BURROUGHS COMMUNITY CENTER STORAGE & MEETING SPACE 9/1/11 - 9/10/12 PER LTR DTD 9/21/11 TR TRAN#=112690003000 TR CD=580 REG=0 PORT=INC	-475 00	-475 00		1109000032
09/30/11	PAULINE FOX REIMBURSEMENT OF HEALTH INSURANCE PAYMENT TR TRAN#=112730001000 TR CD=580 REG=0 PORT=INC	-250 00	-250 00		1109000036
10/03/11	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=112760001000 TR CD=305 REG=0 PORT=INC	-750 00	-750 00	**CHANGED** 09/18/12 DBA	1110000001
10/03/11	BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#=112760002000 TR CD=305 REG=0 PORT=INC	-626 07	-626 07	**CHANGED** 09/18/12 DBA	1110000002
10/03/11	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#=112760003000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1110000003
10/03/11	BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE TR TRAN#=112760004000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00		1110000004
10/03/11	BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN TR TRAN#=112760005000 TR CD=580 REG=0 PORT=INC	-307 98	-307 98		1110000005

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TAX TRANSACTION DETAIL

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TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
10/03/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#112760006000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1110000006
10/03/11	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED TR TRAN#112760007000 TR CD=580 REG=0 PORT=INC	-704 70	-704 70		1110000007
10/03/11	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#112760008000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00		1110000008
10/12/11	HOME INSTEAD SENIOR CARE INVOICE #1157-0911-2, 9/16/11 - 9/30/11 SERVICES FOR SALLY MELZER PER LTR DTD 10/5/11 TR TRAN#112850002000 TR CD=580 REG=0 PORT=INC	-302 50	-302 50		1110000017
10/12/11	HOME INSTEAD SENIOR CARE INVOICE #668-0911-2, 9/16/11 - 9/30/11 SERVICES FOR GENEVIEVE WALSH PER LTR DTD 10/5/11 TR TRAN#112850001000 TR CD=580 REG=0 PORT=INC	-294 00	-294 00		1110000016
10/27/11	HOME INSTEAD SENIOR CARE INVOICE #668-1011-1, 10/1/11 - 10/15/11 SERVICES FOR GENEVIEVE WALSH PER LTR DTD 10/22/11 TR TRAN#113000001000 TR CD=580 REG=0 PORT=INC	-336 00	-336 00		1110000036
10/27/11	HOME INSTEAD SENIOR CARE INVOICE #1157-1011-1, 10/1/11 - 10/15/11 SERVICES FOR SALLY MELZER PER LTR DTD 10/22/11 TR TRAN#113000002000 TR CD=580 REG=0 PORT=INC	-214 50	-214 50		1110000037
11/01/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#113050002000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1111000002
11/01/11	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#113050001000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1111000001
11/01/11	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#113050003000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00		1111000003
11/10/11	HOME INSTEAD SENIOR CARE INVOICE #668-1011-2, 10/16/11 - 10/31/11 SERVICES FOR GENEVIEVE WALSH PER LTR DTD 11/6/11 TR TRAN#113140001000 TR CD=580 REG=0 PORT=INC	-241 50	-241 50		1111000011
11/10/11	HOME INSTEAD SENIOR CARE INVOICE #1181-1011-2A, 10/16/11-10/31/11 SERVICES FOR CATHERINE ZORSY PER LTR DTD 11/6/11 TR TRAN#113140002000 TR CD=580 REG=0 PORT=INC	-264 00	-264 00		1111000012
11/25/11	HOME INSTEAD SENIOR CARE INVOICE #668-1111-1, 11/1/11 - 11/15/11 SERVICES FOR GENEVIEVE WALSH ER LTR DTD 11/22/11 TR TRAN#113290001000 TR CD=580 REG=0 PORT=INC	-84 00	-84 00		1111000032
11/25/11	HOME INSTEAD SENIOR CARE INVOICE #1181-1111-1A, 11/1/11-11/15/11 SERVICES FOR CATHERINE ZORZY PER LTR DTD 11/22/11 TR TRAN#113290002000 TR CD=580 REG=0 PORT=INC	-484 00	-484 00		1111000033
11/25/11	HOME INSTEAD SENIOR CARE INVOICE #1193-1111-1, 11/1/11 - 11/15/11 SERVICES FOR MARY GLEASON PER LTR DTD 11/22/11 TR TRAN#113290003000 TR CD=580 REG=0 PORT=INC	-44 00	-44 00		1111000034
12/01/11	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#113350001000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1112000001
12/01/11	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#113350002000 TR CD=580 REG=0 PORT=INC	-179 00	-179 00		1112000002
12/01/11	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#113350003000 TR CD=580 REG=0 PORT=INC	-125 00	-125 00		1112000003

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
12/01/11	TRUMBULL PUBLIC SCHOOLS HEALTH INSURANCE FOR PAULINE FOX DECEMBER 2011 TR TRAN#113350004000 TR CD=580 REG=0 PORT=INC	-250 00	-250 00		1112000004
12/05/11	HOME INSTEAD SENIOR CARE INVOICE #1191-1111-1, 11/1/11 - 11/15/11 SERVICES FOR HELEN LISKOV PER LTR DTD 11/29/11 TR TRAN#113390001000 TR CD=580 REG=0 PORT=INC	-264 00	-264 00		1112000011
12/12/11	HOME INSTEAD SENIOR CARE INVOICE #717-1111-2, 11/16/11-11/30/11 SERVICES FOR JANET O'CONNELL PER LTR DTD 12/8/11 TR TRAN#113460006000 TR CD=580 REG=0 PORT=INC	-299 00	-299 00		1112000029
12/12/11	CONNECT AMERICA INVOICE #1049514, 12/1/11 - 02/29/11 MEDICAL ALARM MONITORING FOR DENISE O'CONNOR, PER LTR DTD 12/8/11 TR TRAN#113460007000 TR CD=580 REG=0 PORT=INC	-89 85	-89 85		1112000030
12/12/11	HOME INSTEAD SENIOR CARE INVOICE #1181-1111-2A, 11/16/11-11/30/11 SERVICES FOR CATHERINE ZORSY PER LTR DTD 12/8/11 TR TRAN#113460003000 TR CD=580 REG=0 PORT=INC	-132 00	-132 00		1112000026
12/12/11	HOME INSTEAD SENIOR CARE INVOICE #1193-1111-2, 11/16/11-11/30/11 SERVICES FOR MARY GLEASON PER LTR DTD 12/8/11 TR TRAN#113460004000 TR CD=580 REG=0 PORT=INC	-374 00	-374 00		1112000027
12/12/11	HOME INSTEAD SENIOR CARE INVOICE #1191-1111-2, 11/16/11-11/30/11 SERVICES FOR HELEN LISKOV PER LTR DTD 12/8/11 TR TRAN#113460005000 TR CD=580 REG=0 PORT=INC	-484 00	-484 00		1112000028
12/27/11	HOME INSTEAD SENIOR CARE INVOICE #12011-1211-1, 12/01/11-12/15/11 SERVICES FOR KAREN DOMINIK PER LETTER DTD 12/21/2011 GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#113610001000 TR CD=580 REG=0 PORT=INC	-58 50	-58 50		1112000049
12/27/11	HOME INSTEAD SENIOR CARE INVOICE #1191-1211-1, 12/01/11-12/15/11 SERVICES FOR HELEN LISKOV PER LETTER DTD 12/21/2011 GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#113610002000 TR CD=580 REG=0 PORT=INC	-220 00	-220 00		1112000050
12/27/11	HOME INSTEAD SENIOR CARE INVOICE #1193-1211-1, 12/01/11-12/15/11 SERVICES FOR MARY GLEASON PER LETTER DTD 12/21/2011 GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#113610003000 TR CD=580 REG=0 PORT=INC	-418 00	-418 00		1112000051
12/28/11	BEACON RETIREE BENEFITS GROUP INSURANCE PAYMENT FOR DENISE O'CONNOR JANUARY - DECEMBER 2012 PER LTR DTD 12/17/11 TR TRAN#113620001000 TR CD=580 REG=0 PORT=INC	-117 72	-117 72		1112000052
12/28/11	ZURICH NORTH AMERICA PAYMENT FOR ACCT #XXXXXXXXXXXXXXXX0001 THE WRIGHT COMPANY INSURANCE PRODUCER #02260669 INSURED GREATER BRIDGEPORT RETIRED TEACHERS TR TRAN#113620002000 TR CD=580 REG=0 PORT=INC	-1017 00	-1017 00		1112000053
12/29/11	HOME INSTEAD SENIOR CARE INVOICE #717-1111-1, 11/1/11 - 11/15/11 SERVICES FOR JANET O'CONNELL PER LTR DTD 12/26/11 TR TRAN#113630001000 TR CD=580 REG=0 PORT=INC	-138 00	-138 00		1112000054
01/03/12	TRUMBULL PUBLIC SCHOOLS INSURANCE PREMIUM FOR PAULINE FOX TR TRAN#120030009000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00		1201000024

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
01/03/12	BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE TR TRAN#120030004000 TR CD=580 REG=0 PORT=INC	-750 00	-750 00		1201000019
01/03/12	BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#120030002000 TR CD=305 REG=0 PORT=INC	-626 07	-626 07	**CHANGED** 09/18/12 DBA	1201000017
01/03/12	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#120030003000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1201000018
01/03/12	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#120030001000 TR CD=305 REG=0 PORT=INC	-750 00	-750 00	**CHANGED** 09/18/12 DBA	1201000016
01/03/12	BEACON RETIREE BENEFITS GROUP PAYMENT FOR DOROTHY HANSON-STRATFORD BD OF ED TR TRAN#120030007000 TR CD=580 REG=0 PORT=INC	-704 70	-704 70		1201000022
01/03/12	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#120030008000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1201000023
01/03/12	BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN TR TRAN#120030005000 TR CD=580 REG=0 PORT=INC	-307 98	-307 98		1201000020
01/03/12	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#120030006000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1201000021
01/17/12	HOME INSTEAD SENIOR CARE INVOICE #1193-1211-2, 12/16/11-12/31/11 SERVICES FOR MARY GLEASON PER LTR DTD 1/9/2012 TR TRAN#120170002000 TR CD=580 REG=0 PORT=INC	-528 00	-528 00		1201000038
01/17/12	HOME INSTEAD SENIOR CARE INVOICE #1201-1211-2, 12/16/11-12/31/11 SERVICES FOR KAREN DOMINIK PER LTR DTD 1/9/2012 TR TRAN#120170001000 TR CD=580 REG=0 PORT=INC	-151 31	-151 31		1201000037
01/17/12	ANITA TOMASCO MEMBER EXPENSE REIMBURSEMENT PER LTR DTD 1/9/2012 TR TRAN#120170003000 TR CD=580 REG=0 PORT=INC	-240 45	-240 45		1201000039
02/01/12	HOME INSTEAD SENIOR CARE INVOICE #1201-0112-1, 1/1/15 - 1/12/12 SERVICES FOR KAREN DOMINIK PER LTR DTD 1/18/12 TR TRAN#120320001000 TR CD=580 REG=0 PORT=INC	-156 00	-156 00		1202000001
02/01/12	HOME INSTEAD SENIOR CARE INVOICE #1193-0112-1, 1/1/12 - 1/15/12 SERVICES FOR MARY GLEASON PER LTR DTD 1/18/12 TR TRAN#120320002000 TR CD=580 REG=0 PORT=INC	-379 50	-379 50		1202000002
02/01/12	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#120320004000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1202000004
02/01/12	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#120320005000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1202000005
02/01/12	HOME INSTEAD SENIOR CARE INVOICE #1213-0112-1, 1/1/12 - 1/15/12 SERVICES FOR PASQUALINA YACOVACCI PER LTR DTD 1/18/12 TR TRAN#120320003000 TR CD=580 REG=0 PORT=INC	-195 00	-195 00		1202000003
02/01/12	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#120320006000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1202000006
02/06/12	HOME INSTEAD SENIOR CARE INVOICE #1201-0112-2, 1/16/12 - 1/31/12 SERVICES FOR KAREN DOMINIK PER LTR DTD 2/3/12 TR TRAN#120370001000 TR CD=580 REG=0 PORT=INC	-39 00	-39 00		1202000011

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02/06/12	HOME INSTEAD SENIOR CARE INVOICE #1213-0112-2, 1/16/12 - 1/31/12 SERVICES FOR PASQUALINA YACOVACCI PER LTR DTD 2/3/12 TR TRAN#120370003000 TR CD=580 REG=0 PORT=INC	-214 50	-214 50		1202000013
02/06/12	HOME INSTEAD SENIOR CARE INVOICE #1193-0112-2, 1/16/12 - 1/31/12 SERVICES FOR MARY GLEASON PER LTR DTD 2/3/12 TR TRAN#120370002000 TR CD=580 REG=0 PORT=INC	-401 50	-401 50		1202000012
02/23/12	HOME INSTEAD SENIOR CARE INVOICE #1201-0212-1, 2/1/12 - 2/15/12 SERVICES FOR KAREN DOMINIK PER LTR DTD 2/19/12 TR TRAN#120540002000 TR CD=580 REG=0 PORT=INC	-48 75	-48 75		1202000032
02/23/12	HOME INSTEAD SENIOR CARE INVOICE #1193-0212-1, 2/1/12 - 2/15/12 SERVICES FOR MARY GLEASON PER LTR DTD 2/19/12 TR TRAN#120540003000 TR CD=580 REG=0 PORT=INC	-418 00	-418 00		1202000033
02/23/12	REFUND FROM BEACON RETIREE BENEFITS FOR DOROTHY HANSEN, DEC'D TR TRAN#120540001000 TR CD=199 REG=0 PORT=INC	469 80	469 80	**CHANGED** 09/18/12 DBA	1202000031
02/23/12	HOME INSTEAD SENIOR CARE INVOICE #1213-0212-1, 2/1/12 - 2/15/12 SERVICES FOR PASQUALINA YACOVACCI PER LTR DTD 2/19/12 TR TRAN#120540004000 TR CD=580 REG=0 PORT=INC	-126 75	-126 75		1202000034
03/01/12	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#120610001000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1203000001
03/01/12	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#120610002000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1203000002
03/01/12	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#120610003000 TR CD=580 REG=0 PORT=INC	-180 00	-180 00		1203000003
03/12/12	HOME INSTEAD SENIOR CARE INVOICE #1201-0212-2, 2/16/12 - 2/29/12 SERVICES FOR KAREN DOMINIK PER LTR DTD 3/6/12 TR TRAN#120720001000 TR CD=580 REG=0 PORT=INC	-141 38	-141 38		1203000008
03/12/12	HOME INSTEAD SENIOR CARE INVOICE #1193-0112-2, 2/16/12 - 2/29/12 SERVICES FOR MARY GLEASON PER LTR DTD 3/6/12 TR TRAN#120720002000 TR CD=580 REG=0 PORT=INC	-357 50	-357 50		1203000009
03/12/12	CONNECT AMERICA INVOICE #1184065 MED ALARM MONITORING FOR DENISE O'CONNOR 3/1/12 - 3/31/12 PER LTR DTD 3/6/12 TR TRAN#120720003000 TR CD=580 REG=0 PORT=INC	-89 85	-89 85		1203000010
03/23/12	HOME INSTEAD SENIOR CARE INVOICE #1193-0312-1, 3/1/12 - 3/15/12 SERVICES FOR MARY GLEASON PER LTR DTD 3/20/12 TR TRAN#120830002000 TR CD=580 REG=0 PORT=INC	-269 50	-269 50		1203000027
03/23/12	HOME INSTEAD SENIOR CARE INVOICE #1201-0312-1, 3/1/12 - 3/15/12 SERVICES FOR KAREN DOMINIK PER LTR DTD 3/20/12 TR TRAN#120830001000 TR CD=580 REG=0 PORT=INC	-229 13	-229 13		1203000026
04/02/12	TREASURER CITY OF MILFORD INSURANCE PREMIUM RE ROBERTA CHIKLA GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#120930001000 TR CD=305 REG= PORT=INC	-750 00	-750 00	**CHANGED** 09/18/12 DBA	1204000001
04/02/12	BRIDGEPORT BOARD OF EDUCATION QTRLY INSURANCE PREMIUM FOR ELIZABETH CASHMAN GREATER BPT RETIRED TEACHERS FOR 23-7258527 TR TRAN#120930002000 TR CD=305 REG= PORT=INC	-614 19	-614 19	**CHANGED** 09/18/12 DBA	1204000002

TAX CODE/DATE	TRANSACTIONS	TAXABLE	INCOME	PRINCIPAL	EDIT NUMBER
04/02/12	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#120930003000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1204000003
04/02/12	BRIDGEPORT BOARD OF EDUCATION INSURANCE PREMIUM FOR LOUIS DEMONTE TR TRAN#120930004000 TR CD=580 REG= PORT=INC	-750 00	-750 00		1204000004
04/02/12	BRIDGEPORT BOARD OF EDUCATION PAYMENT FOR SALUD ROLDAN TR TRAN#120930005000 TR CD=580 REG= PORT=INC	-300.84	-300 84		1204000005
04/02/12	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#120930006000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1204000006
04/02/12	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#120930007000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1204000007
04/02/12	TRUMBULL PUBLIC SCHOOLS INSURANCE PREMIUM FOR PAULINE FOX TR TRAN#120930008000 TR CD=580 REG= PORT=INC	-750.00	-750 00		1204000008
04/02/12	BRIDGEPORT BOARD OF EDUCATION QUARTERLY INSURANCE PREMIUM FOR RUBEN LOPEZ TR TRAN#120930009000 TR CD=580 REG= PORT=INC	-240 09	-240 09		1204000009
04/11/12	HOME INSTEAD SENIOR CARE INVOICE #1201-0312-2, 3/16/12 - 3/31/12 SERVICES FOR KAREN DOMINIK PER LTR DTD 4/5/12 TR TRAN#121020001000 TR CD=580 REG= PORT=INC	-185 25	-185 25		1204000017
04/27/12	GLORIA FRANCESCONI MEMBER REIMBURSEMENT PER LTR DTD 4/22/12 TR TRAN#121180001000 TR CD=580 REG= PORT=INC	-75 92	-75 92		1204000033
05/01/12	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#121220001000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1205000001
05/01/12	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#121220002000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1205000002
05/01/12	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#121220003000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1205000003
06/01/12	EILEEN ZIMA MONTHLY INSURANCE PREMIUM TR TRAN#121530002000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1206000002
06/01/12	GEORGIA PERRY MONTHLY INSURANCE PREMIUM TR TRAN#121530003000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1206000003
06/01/12	ROSE LEONARDI MONTHLY INS PREMIUM TR TRAN#121530001000 TR CD=580 REG= PORT=INC	-180 00	-180 00		1206000001
06/12/12	JO ANN OLSEN MEMBER REIMBURSEMENT PER LTR DTD 6/6/12 TR TRAN#121640002000 TR CD=580 REG= PORT=INC	-67 69	-67 69		1206000012
06/12/12	HOME INSTEAD SENIOR CARE INVOICE #1267-0512-2, 5/16/12 - 5/31/12 SERVICES FOR JEAN MILES PER LTR DTD 6/6/12 TR TRAN#121640001000 TR CD=580 REG= PORT=INC	-440 00	-440 00		1206000011
06/12/12	CONNECT AMERICA INVOICE #1341042 MED ALARM MONITORING FOR DENISE O'CONNOR 6/1/12 - 8/31/12 PER LTR DTD 6/6/12 TR TRAN#121640003000 TR CD=580 REG= PORT=INC	-89 85	-89 85		1206000013
06/21/12	HOME INSTEAD SENIOR CARE INVOICE #1267-0612-1, 6/1/12 - 6/15/12 SERVICES FOR JEAN MILES PER LTR DTD 6/18/12 TR TRAN#121730001000 TR CD=580 REG= PORT=INC	-440 00	-440 00		1206000029



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900				
06/21/12 ANITA TOMASCO	-589.05	-589 05		1206000030
MEMBER REIMBURSEMENT				
PER LTR DTD 6/18/12				
TR TRAN#=121730002000 TR CD=580 REG= PORT=INC				
TOTAL CODE 900 - TAXABILITY TO BE DETERMINED	-34506 97	-34506 97	0 00	

**SCHEDULE D**  
**(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

OMB No 1545-0092

**2011**

▶ **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).**

Name of estate or trust

GREATER BRIDGEPORT RETIRED TEACHERS FUND INC.

Employer identification number

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)
<b>1a</b>					
<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b					<b>1b</b>
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					<b>2</b>
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					<b>3</b>
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2010 Capital Loss Carryover Worksheet					<b>4</b> ( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back					<b>5</b>

**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)
<b>6a</b> LONG-TERM CAPITAL GAIN DIVIDENDS					8,240.
<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b					<b>6b</b> 25,392.
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					<b>7</b>
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					<b>8</b>
<b>9</b> Capital gain distributions					<b>9</b>
<b>10</b> Gain from Form 4797, Part I					<b>10</b>
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2010 Capital Loss Carryover Worksheet					<b>11</b> ( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back					<b>12</b> 33,632.

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

Schedule D (Form 1041) 2011

**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
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		33,632.
b	Unrecaptured section 1250 gain (see line 18 of the wrkst.) . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		33,632.

**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**

<b>16</b>	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:	<b>16</b>	( )
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** in 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 **Schedule D Tax Worksheet** in 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 **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . .	<b>17</b>		
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b>	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) . .	<b>19</b>		
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>		
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . ▶	<b>21</b>		
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>		
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>		
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,300 . . . . .	<b>24</b>		
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>		
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>		
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30, go to line 31 <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22	<b>27</b>		
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>		
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>		
<b>30</b>	Multiply line 29 by 15% ( 15) . . . . .	<b>30</b>		
<b>31</b>	Figure the tax on the amount on line 23. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>		
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>		
<b>33</b>	Figure the tax on the amount on line 17. Use the 2011 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>		
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>		

Schedule D (Form 1041) 2011

Employer identification number

- 23-72585-27-

[illegible]

<b>6b Total</b> Combine the amounts in column (f) Enter here and on Schedule D, line 6b . . . . .	25,392.00
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Schedule D-1 (Form 1041) 2011

## GREATER BRIDGEPORT RETIRED TEACHERS

Bank of America



23-7258527

Balance Sheet

06/30/2012

Cusip	Asset	Units	Basis	Market Value
722005667	PIMCO COMMODITY REALRETURN	5054.761	40,040.33	32,451.57
693390700	PIMCO TOTAL RETURN FUND	8270.038	93,037.93	93,451.43
464287234	ISHARES MSCI EMERGING MKTS INDEX	1185.000	47,052.60	46,374.98
464287176	ISHARES	350.000	34,871.76	41,895.00
19765Y688	COLUMBIA SELECT LARGE CAP	7485.627	72,417.42	95,516.60
19765P810	COLUMBIA SMALL CAP CORE FUND	3007.447	40,199.13	46,555.28
19765P406	COLUMBIA CONTRARIAN CORE FUND	6857.362	80,642.58	103,477.59
19765N245	COLUMBIA DIVIDEND INCOME FUND	7842.744	90,956.65	113,562.93
19765L694	COLUMBIA STRATEGIC INCOME FUND	9207.219	53,900.57	56,348.18
19765J830	COLUMBIA MID CAP VALUE FUND	2535.094	27,911.38	34,350.52
19765H636	COLUMBIA MARSICO INTERNATIONAL	2786.057	27,609.82	29,420.76
19765H586	COLUMBIA INTERNATIONAL VALUE	2889.377	37,215.17	35,192.61
19765H362	COLUMBIA SHORT TERM BOND FUND	11620.736	110,000.00	115,393.91
197199763	COLUMBIA ACORN INTL SELECT	808.702	14,144.20	21,737.91
197199409	COLUMBIA ACORN FUND	1856.368	35,122.49	55,208.38
	Cash/Cash Equivalent	124952.540	124,952.54	124,952.54
		Totals	930,074.57	1,045,890.20

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

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete **only Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete **only Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Type or  
print**File by the  
due date for  
filing your  
return. See  
instructions

Name of exempt organization or other filer, see instructions

GREATER BRIDGEPORT RETIRED TEACHERS  
FUND INC.

Enter filer's identifying number, see instructions

Employer identification number (EIN) or

☒ **X**

23-7258527

Number, street, and room or suite no. If a P O box, see instructions

P O BOX 1802

Social security number (SSN)

City, town or post office, state, and ZIP code. For a foreign address, see instructions

PROVIDENCE, RI 02901-1802

Enter the Return code for the return that this application is for (file a separate application for each return)  0  4

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **US TRUST FIDUCIARY TAX SERVICES**

Telephone No ► (401) 278-6837

FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning 07/01, 20 11, and ending 06/30, 20 12

- 2 If the tax year entered in line 1 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	1,126.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	900.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. <u>Pd BY EFTPS ON 11/10/12</u>	3c \$	226.

**Caution** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)