

**ADDENDUM  
TO  
AGENDA**

**CITY COUNCIL MEETING**

**MONDAY, NOVEMBER 17, 2014**

7:00 p.m.

City Council Chambers, City Hall - 45 Lyon Terrace  
Bridgeport, Connecticut

**ADDED:**

**MATTERS TO BE ACTED UPON (CONSENT CALENDAR):**

- \*178-13** Public Safety and Transportation Committee Report re: Grant Submission: State of Connecticut Office of Policy and Management (OPM) Transit-Oriented Development (TOD) Planning Grant Program.
  
- \*184-13** Contracts Committee Report re: Agreement with United American Insurance Company for a Group Medicare Supplement Insurance Plan for Medicare-Eligible Retirees of the City and Board of Education Employees for the period of January 1, 2015 through December 31, 2015.

AGENDA

CITY COUNCIL MEETING

MONDAY, NOVEMBER 17, 2014

7:00 P.M.

CITY COUNCIL CHAMBERS, CITY HALL - 45 LYON TERRACE  
BRIDGEPORT, CONNECTICUT

Prayer

Pledge of Allegiance

Roll Call

**MINUTES FOR APPROVAL:**

Approval of City Council Minutes: October 6, 2014

**COMMUNICATIONS TO BE REFERRED TO COMMITTEES:**

- 187-13** Communication from Finance Department re: Proposed Resolution Affirming and Approving Financing in the amount of \$90,370,000.00 for the Design, Rehabilitation, Upgrading and Construction of Various Renovations and Improvements to the East Side and West Side WasteWater Treatment Plants, referred to Budget & Appropriations Committee.
- 188-13** Communication from City Attorney re: Proposed Settlement of Pending Litigation with Mary Pooser, referred to Miscellaneous Matters Committee.

**PETITIONS TO BE REFERRED TO COMMITTEE:**

- 189-13** Petition from Helen K. Pothanszky re: Tax Abatement for Properties Located at 59 and 83 Primrose Avenue, referred to Joint Committee on Budget & Appropriations and Miscellaneous Matters.

THE FOLLOWING NAMED PERSON HAS REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, NOVEMBER 17, 2014 AT 6:30 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.

**NAME**

**SUBJECT**

---

John Marshall Lee  
30 Beacon Street  
Bridgeport, CT 06605

City Council and Financial Matters.

**CITY OF BRIDGEPORT  
CITY COUNCIL  
PUBLIC SPEAKING SESSION  
MONDAY, NOVEMBER 17, 2014  
6:30 PM**

**CALL TO ORDER**

Council President McCarthy called the Public Speaking Session to order at 6:37 p.m.

**ROLL CALL**

City Clerk Hudson called the roll.

The following members were present:

130<sup>th</sup> District: Rick Torres  
131<sup>st</sup> District: Denese Taylor-Moye, Jack O. Banta  
132<sup>nd</sup> District: Patricia Swain, Robert Halstead  
133<sup>rd</sup> District: Thomas McCarthy  
134<sup>th</sup> District:  
135<sup>th</sup> District: Rev. Mary McBride-Lee, Richard Salter  
136<sup>th</sup> District:  
137<sup>th</sup> District: Lydia Martinez, Milta Feliciano  
138<sup>th</sup> District:  
139<sup>th</sup> District: Eneida Martinez

**RECEIVED  
CITY CLERK'S OFFICE  
2014 NOV 24 P 1:38  
ATTEST  
CITY CLERK**

A quorum was present.

**THE FOLLOWING NAMED PERSONS HAVE REQUESTED PERMISSION TO ADDRESS THE CITY COUNCIL ON MONDAY, OCTOBER 20, 2014 AT 6:30 P.M., IN THE CITY COUNCIL CHAMBERS, CITY HALL, 45 LYON TERRACE, BRIDGEPORT, CT.**

<b>NAME</b>	<b>SUBJECT</b>
<b>John Marshall Lee</b> 30 Beacon Street Bridgeport, CT 06605	City Council and Financial Matters

**Council President McCarthy, Council representatives, City Clerk Hudson and my  
Bridgeport neighbors and friends.....**

Today is November 17, 2014 and tonight is the halfway mark of a two year representation marathon. Let's look at where you are, from where I sit:

- I see no sign of action within the Council to secure regular professional expertise and assistance to help you in your legislative duties. You do not lack resources. Page 11 of your Monthly Financial Analysis September, 2014 shows that you budgeted \$93,500 for Other Services and have spent only \$500 through three months. This is an account from which you have spent at most \$5,000 in recent years. However in June 2013 15 Council members allocated almost \$30,000 of taxpayer money without holding a meeting, keeping minutes or expecting any record to show the public what was done. It was done in the face of knowledge that your own Stipend accounts could not be used for Charitable or Political purposes. Fifteen members still had the audacity to misappropriate public money. You have listened to me speak of this at least four times this year. Has anyone bothered to discuss a Council response?
- The City Clerk provides assistance to you by keeping track of “Items Pending before City Council Committees Pursuant to City Council Rules Ch.XIII (11). The most recent notice was presented to you by City Clerk, Fleeta Hudson on November 3, 2014. There are about 10 items pending in the seven committees but they will carry over into the next year. What concerns me is the subject of last year’s report from the City Clerk offered to the Council on October 7, 2013. There were 18 items listed there. They died there if they were not re-introduced in your session. Most of them were not. One of these items is #22-11 introduced on 12/5/2011 Off the Floor regarding a proposed Resolution to Review for Council Member Expense Reimbursement (Stipends). Former Council member Robert Curwen introduced the subject. It was tabled by B&A on 12/28/11, tabled again on 2/28 12, but approved by Committee on 5/22/12. The Council tabled the resolution and returned it to B&A on 6/4/12 and the Committee tabled it again on 9/25/2012. With the close of last year’s Council the matter died. What does that mean practically?
- I believe if you read the current Stipend Ordinance approved many years ago, you will find that it calls for a reimbursement of funds not to exceed \$9,000 to Council representatives for expenses incurred and accounted for in performance of their duties. I suspect you already understand that a different administrative format has replaced the reimbursement with a debit card “quarterly advance” system. The new system has not made public oversight any easier. Nor have the records revealed to date made many taxpayers trust that the Ordinance intent is being followed. Open, accountable and transparent records should be the order of the day unless the Council wants to explain why the system should be private. What person in the City has the responsibility for oversight to assure that rules, such as they may be, are met?
- A halfway point in a journey is a good time to discern whether time is not too late to act on matters, indeed to invite members of the public to your Committee meetings to listen to your discussions, and even, perhaps, be invited to briefly address them. Within sixty days the external audit of City and Education budgets including Grants should be public. The June 2014 FINAL monthly financial report will also become available for only the second time in more than 20 year. Will you hold a meeting to discuss any findings in that document? Keep in mind that I have raised a question from 2013 Revenues on where the Comptroller discovered over \$500,000 of Miscellaneous Cash as well as how the Council appropriated \$30,000 of taxpayer funds from the Other Services account for checks to local charities in a primary and election year?

And then the CAFR itself will be in print. Will you hold a review with the public of this report? Will the public begin to learn as you also must about the debt, pension plan and other post employment benefits obligations of the City? What might the reports show this year? What is the trend? Time will tell.

There were no other members of the public that wished to address the Council at this time.

**ADJOURNMENT**

Council President McCarthy closed the public speaking portion of the meeting at 6:43 p.m.

Respectfully submitted,

S. L. Soltes  
Telesco Secretarial Services

**CITY OF BRIDGEPORT**

**CITY COUNCIL MEETING**

**MONDAY, NOVEMBER 17, 2014  
7:00 PM**

**City Council Chambers, City Hall - 45 Lyon Terrace**

**Bridgeport, Connecticut**

**CALL TO ORDER**

Mayor Finch called the City Council Meeting to order at 7:05 p.m.

**PRAYER**

Council Member Swain led those present in a short prayer.

**PLEDGE OF ALLEGIANCE**

Mayor Finch then requested the new City Clerk staff member to lead those present in reciting the Pledge of Allegiance.

**ROLL CALL**

City Clerk Hudson called the roll.

The following members were present:

130<sup>th</sup> District: Susan Brannelly, Rick Torres  
131<sup>st</sup> District: Jack Banta, Denese Taylor-Moye  
132<sup>nd</sup> District: Patricia Swain, Robert Halstead  
133<sup>rd</sup> District: Thomas McCarthy  
134<sup>th</sup> District:  
135<sup>th</sup> District: Mary McBride-Lee, Richard Salter  
136<sup>th</sup> District: Richard DeJesus, Alfredo Castillo  
137<sup>th</sup> District: Lydia Martinez, Milta Feliciano  
138<sup>th</sup> District: Michael Marella  
139<sup>th</sup> District: Eneida Martinez

A quorum was present.

Mayor Finch stated that Council Member Brannelly had requested a moment of silence in recognition of the passing of Probate Judge John P. Maiocco, Jr., a lifelong Bridgeport resident, former Council President and State Representative, who passed away on November 14, 2014.

Following the conclusion of the moment of silence, Council President McCarthy announced that Council Member Lyons had a family emergency, Council Member Paoletto's son was in a car accident but was okay and Council Member Austin was in the hospital. Mayor Finch then spoke about Mr. Murphy who had a recent heart attack and was also hospitalized.

**MINUTES FOR APPROVAL:**

**Approval of City Council Minutes: October 6, 2014.**

**\*\* COUNCIL MEMBER MARELLA MOVED THE OCTOBER 6, 2014 MINUTES.  
\*\* COUNCIL MEMBER BRANNELLY SECONDED.**

Council Member Swain stated that on the October 6, 2014 Agenda Item 167-13 Resolution presented by Council Member Torres re: Request that the City Establishes a Moratorium on Tax Abatements, Expansions and or Proliferations of any Not-For-Profit Organization, referred to Economic and Community Development and Environment Committee was included in the Resolutions to be referred to Boards, Commissions, etc. and should have been included in with the items to be referred to Committees."

The following correction was noted:

Council Member Swain stated Item# 167-13 was listed properly on the City Council Agenda of October 6, 2014 since the item was a resolution.

**\*\*COUNCIL PRESIDENT MCCARTHY MOVED TO AMEND THE MINUTES OF OCTOBER 6, 2014.**

**\*\* COUNCIL MEMBER SWAIN SECONDED.**

**\*\* THE MOTION TO AMEND THE MINUTES OF OCTOBER 6, 2014 PASSED UNANIMOUSLY.**

**\*\* THE MOTION TO APPROVE THE OCTOBER 6, 2014 MINUTES AS AMENDED PASSED UNANIMOUSLY.**

**COMMUNICATIONS TO BE REFERRED TO COMMITTEES:**

**187-13 Communication from Finance Department re: Proposed Resolution Affirming and Approving Financing in the amount of \$90,370,000.00 for the Design, Rehabilitation, Upgrading and Construction of Various Renovations and Improvements to the East Side and West Side Waste Water Treatment Plants, referred to Budget & Appropriations Committee.**

**188-13 Communication from City Attorney re: Proposed Settlement of Pending Litigation with Mary Pooser, referred to Miscellaneous Matters Committee.**

**\*\* COUNCIL MEMBER MARELLA MOVED THE FOLLOWING ITEMS TO BE REFERRED TO COMMITTEES:**

**\*\* COUNCIL MEMBER MARELLA MOVED THE FOLLOWING ITEMS TO BE REFERRED TO COMMITTEES:**

**187-13 COMMUNICATION FROM FINANCE DEPARTMENT RE: PROPOSED RESOLUTION AFFIRMING AND APPROVING FINANCING IN THE AMOUNT OF \$90,370,000.00 FOR THE DESIGN, REHABILITATION, UPGRADING AND CONSTRUCTION OF VARIOUS RENOVATIONS AND IMPROVEMENTS TO THE EAST SIDE AND WEST SIDE WASTE WATER TREATMENT PLANTS, REFERRED TO BUDGET & APPROPRIATIONS COMMITTEE.**

**188-13 COMMUNICATION FROM CITY ATTORNEY RE: PROPOSED SETTLEMENT OF PENDING LITIGATION WITH MARY POOSER, REFERRED TO MISCELLANEOUS MATTERS COMMITTEE.**

**\*\* COUNCIL MEMBER BRANNELLY SECONDED.**

**\*\* THE MOTION PASSED UNANIMOUSLY.**

**PETITIONS TO BE REFERRED TO COMMITTEE:**

**189-13 Petition from Helen K. Pothanszky re: Tax Abatement for Properties Located at 59 and 83 Primrose Avenue, referred to Joint Committee on Budget & Appropriations and Miscellaneous Matters.**

**\*\* COUNCIL MEMBER BANTA MOVED AGENDA ITEM 189-13 PETITION FROM HELEN K. POTHANSZKY RE: TAX ABATEMENT FOR PROPERTIES LOCATED AT 59 AND 83 PRIMROSE AVENUE, REFERRED TO JOINT COMMITTEE ON BUDGET & APPROPRIATIONS AND MISCELLANEOUS MATTERS TO BE REFERRED TO COMMITTEE.**

**\*\* COUNCIL MEMBER BRANNELLY SECONDED.**

**\*\* THE MOTION PASSED UNANIMOUSLY.**

Mayor Finch stated that there were two items added to the agenda for the Consent Calendar. He then asked if there was any Council Member who would like to remove an item from the Consent Calendar. When there was no response, he asked a second time. Hearing no response, the two items on the Consent Calendar were put forward for consideration.

**MATTERS TO BE ACTED UPON (CONSENT CALENDAR):**

**\*178-13 Public Safety and Transportation Committee Report re: Grant Submission: State of Connecticut Office of Policy and Management (OPM) Transit-Oriented Development (TOD) Planning Grant Program.**

**\*184-13 Contracts Committee Report re: Agreement with United American Insurance Company for a Group Medicare Supplement Insurance Plan for Medicare-Eligible Retirees of the City and Board of Education Employees for the period of January 1, 2015 through December 31, 2015.**

**\*\* COUNCIL MEMBER BRANNELLY MOVED THE FOLLOWING ITEMS AS THE CONSENT CALENDAR:**

**\*178-13 PUBLIC SAFETY AND TRANSPORTATION COMMITTEE REPORT  
RE: GRANT SUBMISSION: STATE OF CONNECTICUT OFFICE OF POLICY  
AND MANAGEMENT (OPM) TRANSIT-ORIENTED DEVELOPMENT (TOD)  
PLANNING GRANT PROGRAM.**

**\*184-13 CONTRACTS COMMITTEE REPORT RE: AGREEMENT WITH  
UNITED AMERICAN INSURANCE COMPANY FOR A GROUP MEDICARE  
SUPPLEMENT INSURANCE PLAN FOR MEDICARE-ELIGIBLE RETIREES  
OF THE CITY AND BOARD OF EDUCATION EMPLOYEES FOR THE  
PERIOD OF JANUARY 1, 2015 THROUGH DECEMBER 31, 2015.**

**\*\* COUNCIL PRESIDENT MCCARTHY SECONDED.**

**\*\* THE MOTION PASSED UNANIMOUSLY.**

**\*\* COUNCIL MEMBER SWAIN MOVED TO SUSPEND THE RULES TO ADD AN  
ITEM TO BE REFERRED TO THE MISCELLANEOUS MATTERS COMMITTEE.**

**\*\* COUNCIL MEMBER MARELLA SECONDED.**

**\*\* THE MOTION PASSED UNANIMOUSLY.**

**\*\* COUNCIL MEMBER SWAIN MOVED TO REFER A PROPOSED WORKERS  
COMPENSATION STIPULATION W/ CLAIMANT STEVE ISAAC TO THE  
MISCELLANEOUS MATTERS COMMITTEE.**

**\*\* COUNCIL MEMBER MARELLA SECONDED.**

**\*\* THE MOTION PASSED UNANIMOUSLY. (ITEM #190-13)**

Council President McCarthy wished everyone a Happy Thanksgiving. He then announced that November 16th was Council Member DeJesus' birthday. The Council Members wished Council Member DeJesus a Happy Birthday in the traditional way.

#### **ADJOURNMENT**

**\*\* COUNCIL PRESIDENT MCCARTHY MOVED TO ADJOURN.**

**\*\* COUNCIL MEMBER FELICIANO SECONDED.**

**\*\* THE MOTION PASSED UNANIMOUSLY.**

The meeting adjourned at 7:12 p.m.

Respectfully submitted,

S. L. Soltes

Telesco Secretarial Services

City of Bridgeport  
City Council  
Regular Meeting  
November 17, 2014



CITY OF BRIDGEPORT  
**DEPARTMENT OF FINANCE**  
MARGARET E. MORTON GOVERNMENT CENTER  
999 Broad Street  
Bridgeport, Connecticut 06604  
Telephone 203-576-7251 Fax 203-576-7067

ANNE KELLY - LENZ  
Finance Director

BILL FINCH Mayor COMM. #187-13 Ref'd to Budget & Appropriations  
Committee on 11/17/2014.



**MEMORANDUM**

TO: Fleeta Hudson, City Clerk

FROM: Anne Kelly-Lenz, Finance Director *AKL*

DATE: November 3, 2014

SUBJECT: **RESOLUTION AFFIRMING AND APPROVING FINANCING IN THE AMOUNT OF \$90,370,000.00 FOR THE DESIGN, REHABILITATION, UPGRADING AND CONSTRUCTION OF VARIOUS RENOVATIONS AND IMPROVEMENTS TO THE EAST SIDE AND WEST SIDE WASTEWATER TREATMENT PLANTS**

Enclosed are copies of the above-captioned resolution. Please place this item on the Agenda for the next regularly scheduled City Council meeting to be referred to the Budget & Appropriations Committee.

AKL/mr

Enclosure:

RECEIVED  
CITY CLERK'S OFFICE  
2014 NOV - 5 A 10:43  
ATTEST  
CITY CLERK

**CITY COUNCIL**  
**CITY OF BRIDGEPORT**

**RESOLUTION AFFIRMING AND APPROVING FINANCING IN THE AMOUNT OF  
\$90,370,000.00 FOR THE DESIGN, REHABILITATION, UPGRADING AND  
CONSTRUCTION OF VARIOUS RENOVATIONS AND IMPROVEMENTS TO THE  
EAST SIDE AND WEST SIDE WASTEWATER TREATMENT PLANTS**

**WHEREAS**, the City of Bridgeport (the “City”) has been obligated since 1983 to make repairs and renovations to the East Side and West Side Wastewater Treatment Plants (collectively, the “Treatment Plants”) pursuant to a Consent Order entered into between the City and the State of Connecticut and orders issued by the State of Connecticut’s Department of Environmental Protection and has retained independent consultants to evaluate the problems at the facilities and to recommend solutions to the deficiencies which have been found to exist at these facilities; and

**WHEREAS**, based on a facilities plan and engineering report dated March 31, 1987 entitled “East Side and West Side Wastewater Treatment Plant Facilities Plan” (the “Facilities Report”) the costs of designing, rehabilitating, upgrading and constructing improvements at the Treatment Plants (the “Treatment Plants Improvements”) were anticipated to be approximately \$90,370,000; and

**WHEREAS**, on August 23, 1988, the WPCA passed a resolution (i) approving the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, (ii) approving the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, and (iii) recommending to the City Council of the City of Bridgeport (the “City Council”) the approval of the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the “1988 WPCA Resolution”); and

**WHEREAS**, on October 3, 1988, the City Council passed a resolution approving the financing of the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, in an amount not to exceed \$90,370,000 through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the “1988 City Council Resolution”); and

**WHEREAS**, on July 19, 2005, the WPCA passed a resolution (i) approving the design and construction of various additional improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements (the “Projects”), for a total improvement cost not to exceed \$105,000,000, (ii) approving the financing of such Projects through a combination of

federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes in an amount not to exceed not to exceed \$105,000,000, and (iii) recommending to the City Council of the City of Bridgeport (the "City Council") the approval of the financing of such Projects through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "2005 WPCA Resolution," and collectively with the 1988 WPCA Resolution, the "WPCA Resolutions"); and

**WHEREAS**, on September 6, 2005, the City Council passed a resolution approving (i) project loans and grants under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, or under any applicable Federal Program, in an amount not to exceed One Hundred Five Million Dollars (\$105,000,000), such amount representing the estimated total cost of the Projects, (ii) the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations, or other obligations meeting the conditions prescribed in, sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000), and (iii) the execution of project funding agreements with the State of Connecticut and other governmental entities as may be required (the "2005 City Council Resolution," and collectively with the 1988 City Council Resolution, the "City Council Resolutions"); and

**WHEREAS**, through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "Clean Water Fund Statutes"), including Clean Water Fund obligations of the City in the amount of \$79,371,201, the WPCA has effected the design and construction of various improvements at the Treatment Plants, including, without, limitation, the Treatment Plants Improvements; and

**WHEREAS**, in the aftermath of Hurricane Irene and Superstorm Sandy, the WPCA recognizes the need to develop mitigation measures to protect critical infrastructure at both Treatment Plants to protect such Treatment Plants from the effects of sea level rise; and

**WHEREAS**, additional rehabilitations, upgrades and construction have been and are now required at the Treatment Plants in order that the Treatment Plants continue to comply with the State issued orders and all applicable federal, state and local law requirements.

**NOW, THEREFORE, BE IT RESOLVED,**

(a) That the City Council, having reviewed the recommendations of the WPCA as evidenced by the Resolution adopted by the WPCA on October 21, 2014, a copy of which is annexed hereto as Exhibit A and made a part hereof, hereby amends the list of improvements to the Treatment Plants included in the 2005 City Council Resolution, including, without limitation, the Treatment Plants Improvements, to include the design, rehabilitation, upgrading and construction of the following improvements to the Treatment Plants (the "Projects"):

West Side Plant Rehabilitation: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, various valves, stand-by power generator, and laboratory.

East Side Plant Rehabilitation: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, and various valves.

Chlorination Facilities: Replacement of deteriorated chlorination equipment at both the East Side and West Side Plants.

Clarifier Modifications: Baffles added to secondary clarifiers at Treatment Plants to enhance performance.

Interim Nitrogen Assessment: Baseline testing to determine nitrogen levels in discharge effluent.

Nitrogen Facility Plan: Preparation of Nitrogen Facility Report to review and recommend various technologies and determine most effective technologies for nitrogen removal.

Nitrogen Pilot Plant: Construction of Pilot Plant at West Side Treatment Plant to determine effectiveness of Modified Ludzack-Ettinger (MLE) process to remove nitrogen.

Nitrogen Removal Improvements: Design and improvement costs related to nitrogen removal at Treatment Plants, including conversion of biological process at Treatment Plants to the Plug Flow (MLE) process by creating an anoxic zone within each Aeration System completed with internal re-aeration pumps and mixers. Also greatly improved Dissolved Oxygen controls in the remaining aerobic zones, through the use of a computerized control system and provided a supplemental alkalinity system for each Treatment Plant. Work required by Nitrogen Discharge Limitation Permit.

Dechlorination Equipment: Installation of metering pumps, storage tanks, mixers and piping in new heated and ventilated building to remove chlorine from effluent after disinfection. Work required by the National Pollutant Discharge Elimination System (NPDES) permit for each Treatment Plant.

Sludge Facility Report: Preparation of Sludge Facility Report to review sludge handling process at Treatment Plants and recommend alternatives to construction of sludge incinerator, including equipment replacement, modifications and overhaul of sludge handling equipment.

Protection of Critical Infrastructure: Design and construction of projects to protect critical infrastructure at each Treatment Plant from damaging effect of major storms and resulting sea level rise.

(b) That in connection with the Projects, the City Council hereby authorizes and approves the execution and delivery of project funding agreements (the "Agreements") between the City, the WPCA and the State of Connecticut (the "State") substantially in such form as may be required by the State. The Mayor of the City and any of the Chairman, Vice Chairman or General Manager of the WPCA shall sign such Agreements by their manual or facsimile signatures.

(c) That, in connection with the Projects and to evidence loan or loans under the Clean Water Fund, the City Council hereby authorizes and approves the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations or other obligations meeting the conditions prescribed in Sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes (collectively, the "Obligations") in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000). The Obligations shall be issued pursuant and subject to the Clean Water Fund Statutes. To meet any portion of the costs of the Projects determined to be eligible for funding under said Clean Water Fund program, the City may issue its project loan obligations to the State and may issue interim funding obligations in anticipation of such project loan obligations in such denominations as may be appropriate. Any such interim funding obligations may be renewed from time to time by the issuance of other notes, provided the final maturity of such notes do not exceed the maximum period permitted under Section 22a-479 of the General Statutes. The Obligations shall be secured as to both principal and interest by a pledge of revenues to be derived from sewerage system use and/or connection charges or benefit assessments or both. The Obligations shall also be secured by the full faith and credit of the City. The Mayor of the City and any of the Chairman, Vice Chairman or General Manager of the WPCA shall sign such Obligations by their manual or facsimile signatures. The Obligations shall bear the seal of the City or a facsimile of the seal.

(d) That, in addition to the Obligations described above, the WPCA, acting by its Chairman, Vice Chairman, General Manager or any of them, is authorized to apply for and accept federal and state grants to help defray the costs of the Projects. Any grant proceeds may be used to pay costs of the Projects or principal and interest on the Obligations authorized hereunder.

(e) That, in connection with the Projects, the WPCA is authorized to (i) design, rehabilitate, upgrade and construct the Projects, (ii) approve and incur the costs associated with

the design and construction of the Projects, including but not limited to all applicable design and construction costs, equipment, furnishings, materials, land acquisition, architects' fees, engineering fees, legal fees, net temporary interest and other financing costs, and other costs and expenses related to the Projects, and (iii) contract with engineers, contractors and others for the Projects.

(f) That the Mayor and the WPCA, acting by its Chairman, Vice Chairman, General Manager or any of them, and any other proper officers of the City are authorized to execute all such other documents and perform all other acts which are necessary or appropriate to enter into the Agreements, to construct and complete the Projects and to issue and sell the Obligations, including, but not limited to, determining the terms and other details of the Obligations.

(g) That any and all actions taken by the Mayor, the WPCA or any other officers of the City or the WPCA in connection with the Projects are hereby ratified and confirmed.

**Exhibit A**

**WPCA Resolution Approved on October 21, 2014**

**RESOLUTION FOR ADOPTION BY THE WATER POLLUTION CONTROL  
AUTHORITY OF THE CITY OF BRIDGEPORT**

**October 21, 2014**

**WHEREAS**, the City of Bridgeport (the “City”) has been obligated since 1983 to make repairs and renovations to the East Side and West Side Wastewater Treatment Plants (collectively, the “Treatment Plants”) pursuant to a Consent Order entered into between the City and the State of Connecticut and orders issued by the State of Connecticut’s Department of Environmental Protection, and has retained independent consultants to evaluate the problems at the facilities and to recommend solutions to the deficiencies which have been found to exist at these facilities; and

**WHEREAS**, based on a facilities plan and engineering report dated March 31, 1987 entitled “East Side and West Side Wastewater Treatment Plant Facilities Plan” (the “Facilities Report”) the costs of designing, rehabilitating, upgrading and constructing improvements at the Treatment Plants (the “Treatment Plants Improvements”) were anticipated to be approximately \$90,370,000; and

**WHEREAS**, on August 23, 1988, the WPCA passed a resolution (i) approving the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, (ii) approving the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, and (iii) recommending to the City Council of the City of Bridgeport (the “City Council”) the approval of the financing of such improvements through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the “1988 WPCA Resolution”); and

**WHEREAS**, on October 3, 1988, the City Council passed a resolution approving the financing of the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements, in an amount not to exceed \$90,370,000 through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes; and

**WHEREAS**, on July 19, 2005, the WPCA passed a resolution (i) approving the design and construction of various additional improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements (the “Projects”), for a total improvement cost not to exceed \$105,000,000, (ii) approving the financing of such Projects through a combination of

federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes in an amount not to exceed \$105,000,000, and (iii) recommending to the City Council of the City of Bridgeport (the "City Council") the approval of the financing of such Projects through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes (the "2005 WPCA Resolution") and collectively with the 1988 WPCA Resolution, the "WPCA Resolutions"); and

ATTEST  
CITY CLERK  
CITY OF BRIDGEPORT  
RECEIVED  
CITY CLERK'S OFFICE  
SEP 11 2014 5:41 PM

**WHEREAS**, on September 6, 2005, the City Council passed a resolution approving (i) project loans and grants under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, or under any applicable Federal Program, in an amount not to exceed One Hundred Five Million Dollars (\$105,000,000), such amount representing the estimated total cost of the Projects, (ii) the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations, or other obligations meeting the conditions prescribed in, sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000), and (iii) the execution of project funding agreements with the State of Connecticut and other governmental entities as may be required; and

**WHEREAS**, through a combination of federal and state grants and loans under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, including Clean Water Fund loan obligations of the City in the amount of \$79,371,201, the WPCA has effected the design and construction of various improvements at the Treatment Plants, including, without limitation, the Treatment Plants Improvements; and

**WHEREAS**, in the aftermath of Hurricane Irene and Superstorm Sandy, the WPCA recognizes the need to develop mitigation measures to protect critical infrastructure at both Treatment Plants to protect such Treatment Plants from the effects of sea level rise; and

**WHEREAS**, additional rehabilitations, upgrades and construction have been and are now required at the Treatment Plants in order that the Treatment Plants continue to comply with the State issued orders and all applicable federal, state and local law requirements.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the list of improvements to the Treatment Plants included in the 2005 WPCA Resolution, including, without limitation, the Treatment Plants Improvements, is hereby amended and restated to include the design, rehabilitation, upgrading and construction of the following improvements at the Treatment Plants (the "Projects"):

West Side Plant Rehabilitation: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, various valves, stand-by power generator, and laboratory.

East Side Plant Rehabilitation: Improvements to the inlet control chamber, bar screen, grit chamber, primary clarifiers, blowers, pumps (raw sewage, primary sludge, return sludge, and wasting), aeration headers, final clarifiers, and various valves.

Chlorination Facilities: Replacement of deteriorated chlorination equipment at both the East Side and West Side Plants.

Clarifier Modifications: Baffles added to secondary clarifiers at Treatment Plants to enhance performance.

Interim Nitrogen Assessment: Baseline testing to determine nitrogen levels in discharge effluent.

Nitrogen Facility Plan: Preparation of Nitrogen Facility Report to review and recommend various technologies and determine most effective technologies for nitrogen removal.

Nitrogen Pilot Plant: Construction of Pilot Plant at West Side Treatment Plant to determine effectiveness of the Modified Ludzack-Ettinger (MLE) process to remove nitrogen.

Nitrogen Removal Improvements: Design and improvement costs related to nitrogen removal at Treatment Plants, including conversion of biological process at Treatment Plants to the Plug Flow MLE process by creating an anoxic zone within each Aeration System completed with internal re-aeration pumps and mixers. Also greatly improved Dissolved Oxygen controls in the remaining aerobic zones, through the use of a computerized control system and provided a supplemental alkalinity system for each Treatment Plant. Work required by Nitrogen Discharge Limitation Permit.

Dechlorination Equipment: Installation of metering pumps, storage tanks, mixers and piping in new heated and ventilated building to remove chlorine from effluent after disinfection. Work required by the National Pollutant Discharge Elimination System (NPDES) permit for each Treatment Plant.

Sludge Facility Report: Preparation of Sludge Facility Report to review sludge handling process at Treatment Plants and recommend alternatives to construction of sludge incinerator, including equipment replacement, modifications and overhaul of sludge handling equipment.

Protection of Critical Infrastructure: Design and construction of projects to protect critical infrastructure at each Treatment Plant from damaging effect of major storms and resulting sea level rise.

**RESOLVED**, that the WPCA hereby approves the Projects; and be it further

**RESOLVED**, that, in connection with the Projects, the WPCA is authorized to (i) design, rehabilitate, upgrade and construct the Projects, (ii) approve and incur the costs associated with the design and construction of the Projects, including but not limited to all applicable design and construction costs, equipment, furnishings, materials, land acquisition, architects' fees, engineering fees, legal fees, net temporary interest and other financing costs, and other costs and expenses related to the Project in an amount not to exceed \$105,000,000, and (iii) contract with engineers, contractors and others for the Projects; and be it further

**RESOLVED**, that, in connection with the Projects, the WPCA recommends to the City Council that the City Council authorize the City to do any and all things necessary and/or appropriate (i) to obtain project loans and grants under the Clean Water Fund pursuant to the provisions of Sections 22a-475 to 22a-483 of the Connecticut General Statutes, or under any applicable Federal Program, in an amount not to exceed One Hundred Five Million Dollars (\$105,000,000), such amount representing the estimated total cost of the Projects, (ii) to approve the sale, issuance, rollover and/or reissuance by the City from time to time of project loan obligations, interim funding obligations, or other obligations meeting the conditions prescribed in, sections 22a-475 to 22a-483, inclusive, of the Connecticut General Statutes in an amount not to exceed Ninety Million Three Hundred Seventy Thousand Dollars (\$90,370,000), and (iii) to authorize the negotiation and execution of project funding agreements with the State of Connecticut and other governmental entities as may be required; and be it further

**RESOLVED**, that, in connection with the Projects, the Chairman, Vice Chairman or General Manager of the WPCA, or any of them, be and is hereby authorized as applicable, (i) to execute and file applications on behalf of the City with the Commissioner of the Department of Environmental Protection of the State of Connecticut for project loans and grants, (ii) to apply for and accept project grants under any other applicable federal or state program, and (iii) to execute on behalf of the WPCA all the applications, agreements, instruments and documents, accept payments, make disbursements and do all other things that may be necessary or appropriate in order to obtain project loans and grants and to ensure that such improvements be completed; and be it further

**RESOLVED**, that any and all actions taken by the by the WPCA in connection with the Projects are hereby ratified and confirmed.

**CITY OF BRIDGEPORT  
OFFICE OF THE CITY ATTORNEY**

999 Broad Street  
Bridgeport, CT 06604-4328

**CITY ATTORNEY**  
Mark T. Anastasi

**DEPUTY CITY ATTORNEY**  
Arthur C. Laske, III

**ASSOCIATE CITY ATTORNEYS**  
Gregory M. Conte  
Betsy A. Edwards  
Richard G. Kascak, Jr.  
Russell D. Liskov  
John R. Mitola  
Ronald J. Pacacha  
Lisa R. Trachtenburg

**ASSISTANT CITY ATTORNEYS**  
Salvatore C. DePiano  
Edmund F. Schmidt  
Eroll V. Skyers

Telephone (203) 576-7647  
Facsimile (203) 576-8252



**Comm. #188-13 Referred to Miscellaneous Matters Committee**

**On 11/17/2014**

November 5, 2014



The Honorable City Council  
of the City of Bridgeport  
45 Lyon Terrace  
Bridgeport, CT 06604

**Re: Proposed Settlement of Pending Litigation in the Matter of Mary Pooser v. City of Bridgeport**

Dear Councilpersons:

The Office of the City Attorney respectfully recommends the following pending lawsuit be settled as set forth below. It is our professional opinion that resolving this matter for the consideration agreed to between the parties is in the best interests of the City of Bridgeport.

<u>Plaintiff</u>	<u>Nature of Claim</u>	<u>Plaintiff's Attorney</u>	<u>Consideration</u>
Mary Pooser	Slip & Fall	Beverly Carswell, Esq.	\$25,000

Kindly place this matter on the agenda for the City Council meeting on November 17, 2014 for referral to the Miscellaneous Matters Committee only. Thank you for your assistance in this matter.

Very truly yours,

Mark T. Anastasi  
City Attorney

Cc: Bill Finch, Mayor  
Fleeta C. Hudson, City Clerk

PETITION #189-13 Referred to Joint Committee on Miscellaneous Matters  
 & Budget on  
 CITY OF BRIDGEPORT, CONNECTICUT 11/17/2014

EXECUTIVE DEPARTMENT  
 CITY HALL - LYON TERRACE  
 TELEPHONE 876-7061

THOMAS A. MULLIGAN, JR.  
 City Clerk

CANDACE A. FALMEI  
 Assistant City Clerk



RECEIVED  
 CITY CLERK'S OFFICE  
 2014 NOV - 3 P 2:11  
 ATTEST  
 CITY CLERK

APPLICANT(S) TAX ABATEMENT CHECK LIST

PLEASE CHECK (✓) OFF IN THE APPROPRIATE SPACE PROVIDED BELOW THAT YOU HAVE SUBMITTED ALL REQUIRED DOCUMENTS. PLEASE RETURN WITH DOCUMENTS.

*Helena K. Pothanovsky*  
 APPLICANT(S) SIGNATURE

10/27/2014  
 DATE

1)  \_\_\_\_\_

APPLICATION

2)  \_\_\_\_\_

FINANCIAL STATEMENT

3)  2010  
2011  
2012

INCOME TAX RETURNS (3 YEARS PRIOR TO DATE OF TAX ABATEMENTS - ORDINANCE #330-82)

4)  \_\_\_\_\_

AFFIDAVIT

5)  \_\_\_\_\_

QUESTIONNAIRE - TAX ABATEMENT

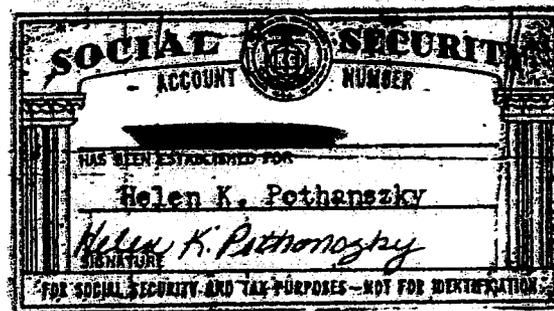
6)  \_\_\_\_\_

OTHER, LIST BELOW ↓

Please be aware that I am almost 78 years old, a widow, barely mobil, and have very little income; namely, social security and a small rental. My savings are gone and im mortgaged to the hilt. We (my husband) owned an S Corp. and when 9/11 happened, we lost it all. We were involved in Aviation. We sold the company at a substantial loss (See tax returns). When my husband died, I managed

to pay most of it off (the debts) and am carrying most of the losses so that I can use it when I sell the houses, which at this point (with the market as it is) is pretty hopeless.

I hope you'll be able to help me; otherwise, I don't know what to do.



CITY OF BRIDGEPORT  
 CITY CLERK'S OFFICE, RM. 204  
 45 Lyon Terrace  
 Bpt., CT 06604

REQUEST FOR ABATEMENT OF TAXES AND INTEREST

- Please check (✓) below the section of State Statutes that you are applying under
- Sec. 8-215 Tax Abatement for Housing for Low or Moderate income persons
  - Sec. 12-124 Abatement to Poor and Unable to Pay.
  - Sec. 12-124A Municipal Option to Abate Taxes on Resident Exceeding Eight Percent of Occupants Income.
  - Sec. 12-125 Abatement of Taxes of Corporations.
  - Sec. 12-126 Abatement or Refund of Tax Tangible Personal Property Assessed in more than one Municipality.
  - Sec. 12-127 Abatement or Refund on Proof of Exempt Status.
  - Sec. 12-127A Abatement of Taxes on Structures of Historical or Architectural Merit.

RECEIVED  
 CITY CLERK'S OFFICE  
 NOV 13 2 13 PM '14

To the "Tax Abatement Committee" of Bridgeport, State of Connecticut.

I, Helen K. Pothanszky of 59 Primrose Avenue (Address) Principal Residence

in the town of Bridgeport, Connecticut, hereby apply for abatement of taxes and/or interest on property that I own located at 59 Primrose Avenue (residence) and 83 Primrose Avenue (rented to low income people) (Date Acquired) 1964 (acquired 1991)

(TO APPLICANT: The Tax information required below may be obtained by visiting the Tax Collector's Office in Room 121 or phone 576-7266 or 576-7267.)

Assessment Date	Payable on	Property Tax	Interest	Lien Fees	Costs	Total
Oct 1, 2013	Jan 1, 2015	\$ 3657.30 (1/2)	0	0	0	0
Assessment \$ 173,340 59 Primrose Av. Bpt. List 2013 1 0023954						
Oct 1, 2013	Jan 1, 2015	\$ 3336.60 (1/2)	0	0	0	0
Assessment 158,140 83 Primrose Av Bpt - List 2013 1 00224; (2367-12)						
* See attached						

GRAND TOTAL 6993.90

Tax Collector's Office - Validating Sign.

Helen K. Pothanszky 10/24/14  
 (Signature of Taxpayer) Date  
(203) 296-1170  
 -Business/Home Phone

\* Taxes that were due July 1, 2014 were paid in full, but, I just don't have money to pay those that will be due in Jan 2015 and thereafter. - I'm almost (cont.) 78 & have minimal income

10/24/2014

Memo to:

City Clerk - Rm 204  
City of Bpt  
45 Lyon Terrace  
Bpt Ct 06604

Re: Tax Abatement  
RECEIVED  
CITY CLERK'S OFFICE  
OCT 24 NOV - 3 P 2:13

I've filled out the attached papers as best I could - I hope it's all okay.

Keep in mind that I'm almost 78 years old, a widow, barely mobil, with failing "everything". I'm mailing the enclosed because I find it difficult to get around too much.

I have enclosed copies of stuff such as taxes, loans etc. in the hopes these will make it easier for you.

I never thought I'd have to ask for help with taxes, but I've come to the point where I just don't have the money to pay them. I've been paying some taxes since the 1960's -- a very long time.

I ask for your consideration & thank you for your time.

Helen K. Pothanszky  
(203) 296-1170



TAX ABATEMENT COMMITTEE'S RECOMMENDATION TO THE CLAIMS COMMITTEE

To the Claims Committee; it is recommended that an abatement of property taxes and/or interest in the amount of \_\_\_\_\_ be made to the above-named taxpayer in accordance with the provisions of Section(s): \_\_\_\_\_

Dated at \_\_\_\_\_, Conn., the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
City

ACTION TAKEN BY CLAIMS COMMITTEE

At a regular meeting of the Claims Committee held on the \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_ it was voted to abate or not abate Property Taxes and/or Interest amounting to \$ \_\_\_\_\_ to \_\_\_\_\_ Taxpayer

Claims Committee of the Common Council

By \_\_\_\_\_  
Chairman

AMHERST  
CITY CLERK

RECEIVED  
CITY CLERK'S OFFICE  
JANUARY 3 3 PM '21

CITY OF BRIDGEPORT  
CITY CLERK'S OFFICE, RM. 204  
45 Lyon Terrace  
Bpt., Conn. 06604

QUESTIONNAIRE - TAX ABATEMENT

RECEIVED  
CITY CLERK'S OFFICE  
DATE 12/1/2014  
BY B D

1. Name of Applicant Helen K. Pothanszky
2. Principal Resident of Applicant 59 Primrose Avenue  
Bridgeport, Ct 06606-2133
3. Address of Property to be Abated 59 Primrose Avenue and  
83 Primrose Avenue
4. Do you own this property? yes If Yes, when did you acquire this property? # 59 = 1964 (Feb) # 83 = 1991 (Jan)
- 4a. Type of Property: Both Single Family Multi Family  
Apt. Building Commercial Use  
Mixed Use. (Please check one)
5. Acquisition Type: Quit Claim Deed (83) Administrator's Deed  
(59) Warranty Deed  
also both Mortgaged. Attach copy of Deed and state Volume and Page City land records. See #59 Primrose - mtge recorded Vol 1281, Pg 200 2/14/64  
\* attached #83 Primrose - mtge recorded Vol 2874, Pg 054 1/31/91  
as much as possible
6. Total Abatement Request \$ possible (Tax and/or Interest).  
(For amount: Refer to Application - "Request for Abatement of Taxes and Interest.")
7. Have you attempted to work out a payment schedule with the Tax Collector or designated representative for either your current or back tax abatement request?  
at this time taxes are paid up to date - (see attached letter from city clerk's office) If answer is yes, name the individual you talked to and what was the result of that discussion. If the answer is no, your request will not be considered until you do so. (If you bought properties and accepted tax obligations in Deed documents, you must work out a payment schedule with the Tax Collector.)  
Please note I've owned and paid taxes on 59 Primrose since the early 1960's (over 50 years) and on 83 Primrose since 1991 (over 20 years)

I do not have copies of warranty deeds, but, I've enclosed proof of ownership by (cont.) enclosing certificates & etc of what I do have. Remember please #59 was purchased

8. If you had received any tax abatement in prior years, list the amounts and location of such property.

No

RECEIVED  
CITY CLERK'S OFFICE  
2014 NOV - 3 P. 2: 13  
ATTEST  
CITY CLERK

9. Is your tax account in foreclosure by the City of Bridgeport?

10. Is the subject property in foreclosure by an entity or individual (i.e. bank mortgage company)? No

(a) Name of foreclosing party N/A

(b) Date of foreclosure action N/A

11. Is there any other action in civil court affecting your ownership of the property?

No

(a) If answer is yes, please state nature of action and parties involved?

N/A

Any additional information can be attached or itemized below:

I am almost 78 years old, a widow, barely mobil, with very little income. All my savings are gone, and both houses are mortgaged. I never thought I'd be unable to pay my taxes but I just am unable to do so. And, with the current market,

Helen K. Poshonszky  
Signature of Applicant

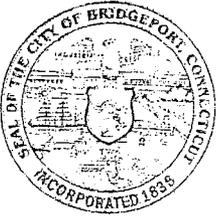
October 24, 2014  
Date

[Signature]  
Notarized by

10/24/14  
Date

Mark T. Stern  
Commissioner of The Superior Court

I cannot even sell the house at 83 Primrose for more than I owe on it. If I sell 59 Primrose, I have no where to live. I really need help!



City of Bridgeport, Connecticut  
OFFICE OF THE CITY CLERK  
LEGISLATIVE DEPARTMENT

45 Lyon Terrace • Bridgeport, Connecticut 06604 • Telephone (203) 576-7081 • Fax (203) 332-5608

FLEETA C. HUDSON  
City Clerk

FRANCES WILSON  
Assistant City Clerk

April 4, 2012

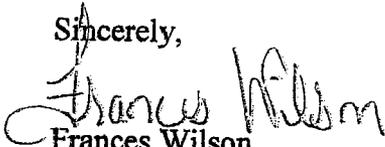
Helen K. Pothanszky  
59 Primrose Avenue  
Bridgeport, Connecticut 06606

Dear Ms. Pothanszky:

We received your request for Tax Abatement on April 2, 2012 but the package is incomplete. I am enclosing the instructions for applying for Tax Abatement for your review.

Upon submission of all required documents, your request will be referred to the City Council for Consideration.

Sincerely,

  
Frances Wilson  
Assistant City Clerk

COPY

**LAST DAY TO PAY WITHOUT PENALTY - FRIDAY AUGUST 1, 2014**

4:00 PM, MONDAY - FRIDAY  
 on: July 28th through August 1st, 8am-4pm  
 n. Payments may also be made at  
 ranches during the month of July only.  
 ou will receive a receipt.  
 e go to <http://www.bridgeportct.gov>  
 ing online.

ITY \*\*\*  
 in person bring this entire bill with you.

ell as other collection costs, in

irect.gov for updated interest charges  
 accepted.

neral State Statutes and Local Ordinances.

ANIMALS PLEASE SCHWAZ  
 OF Connecticut for various State

he fiscal year 2015 budget for The City of Bridgeport estimates that \$190,547,260 will be received from the City of Bridgeport property tax would be 70.7475 mills. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

ist # 2013 1 0022471 51-7216-2211 4828

HELEN K POTHANSZKY  
 59 PRIMROSE AVE  
 BRIDGEPORT, CT 06606-2733

July 5 2014  
 Division of Tax Collector  
 Three Thousand Three Hundred Thirty-Six Dollars A  
 and 60.100

PEOPLE'S UNITED BANK 73 2367 12  
 PEOPLES.COM

for 83 Primrose Av 7928 17 Helen K. Pothanszky  
~~HELEN K POTHANSZKY~~

**REAL ESTATE TAX BILL 2014**

**RETURN THIS COPY  
 WITH PAYMENT**

Make checks payable to:  
**TAX COLLECTOR  
 CITY OF BRIDGEPORT  
 325 CONGRESS STREET  
 BRIDGEPORT, CT 06604**

83 PRIMROSE AV  
 73 2367 12  
 7928 17



ON GRAND LIST		TOTAL TAX DUE	PAYMENT DUE	PAYMENT DUE
LIST NUMBER 2013 1 0022471	DIST 015	0	July 1, 2014	January 1, 2015
MILL RATE 42.1980	GROSS ASSESSMENT 158,140	EXEMPTION 0	NET ASSESSMENT 158,140	\$3,336.60
				\$6,673.20
				DELINQUENT AFTER FEB 2, 2015
				DELINQUENT AFTER AUG 1, 2014
				PAID

2367-12

POTHANSZKY HELEN  
 59 PRIMROSE AVE  
 BRIDGEPORT CT 06606-2733

83 Primrose

83-89  
Primrose

I hereby certify that this is a true copy of the original document received for recording in the Office of the Town Clerk of the City of Bridgeport on 1/4/06 at 12:33

QUITCLAIM DEED

PANONIA, INC., a Connecticut corporation having its principal place of business at 59 Primrose Avenue, Bridgeport, Connecticut for NO CONSIDERATION paid grant to ANDREW F. POTHANSZKY and HELEN POTHANSZKY as joint tenants with rights of survivorship, whose mailing address is 59 Primrose Avenue, Bridgeport, CT 06606, with QUITCLAIM COVENANTS

ATTEST: *[Signature]*  
TOWN CLERK

All that certain piece or parcel of land, situated in the City of Bridgeport, County of Fairfield and State of Connecticut, more particularly bounded and described on Schedule "A" attached hereto and made a part hereof.

In all references herein to any parties, persons, entities or corporations, the use of any particular gender or the plural or singular number is intended to include the appropriate gender or number as the text of the within instrument may require.

In Witness Whereof, the Grantors have hereunto set their hands and seals this 4<sup>th</sup> day of January, 2006.

Signed, Sealed and Delivered in the presence of or attested by

PANONIA, INC.,

*[Signature]*  
THOMAS J. ROSATI

By *[Signature]*  
ANDREW F. POTHANSZKY  
Its President, Duly Authorized

*[Signature]*  
MARY GIL

STATE OF CONNECTICUT )  
: ss. Stratford )  
COUNTY OF FAIRFIELD )

January 4, 2006

On this the 4<sup>TH</sup> day of January, 2006, before me, the undersigned officer, personally appeared ANDREW F. POTHANSZKY, President, the signer and sealer of the foregoing instrument, and acknowledged the same to be his free act and deed on behalf of PANONIA, INC.

In witness whereof I have hereunto set my hand.

*[Signature]*  
THOMAS J. ROSATI  
Commissioner of the Superior Court

CONVEYANCE TAX RECEIVED  
3 CITY 0 STATE  
BRIDGEPORT TOWN CLERK'S OFFICE

83 Primrose

## SCHEDULE "A"

All that certain real property situated in the City of Bridgeport, County of Fairfield, and State of Connecticut, being shown and designated as Lots 30 and 31 as shown on map of William T. Mullins dated December 30, 1916, prepared by Frank B. Jaynes, which map is on file in the Bridgeport Town Clerk's Office in Map Volume 8 at Page 9.

Said premises also being shown as Lot 5 on a certain map entitled "Resubdivision of Lots for Sarah Nakashian Bridgeport, Conn.," dated December 2, 1964, prepared by Joseph T. Kasper & Sons, which map is on file in the Bridgeport Town Clerk's Office in Map Book 30 at Page 47.

Said premises being known as 83 and 87 Primrose Avenue, and being a portion of the premises conveyed to Sarah Nakashian by deed dated April 17, 1941 and recorded in Volume 761 at Page 386 of the Bridgeport Land Records.

BRIDGEPORT, CONN.  
LAND RECORDS  
REC'D FOR RECORD FILING  
ON 11/4/05 AT 12:23 PM  
ATTEST: [Signature]  
RECTOR DIAZ, TOWN CLERK

06822 0300

# Know All Men By These Presents:

THAT I, MARK B. ALEXANDER, of Fiskdale, Massachusetts, do hereby release and discharge a certain mortgage from PANONIA, INC., to the ESTATE OF SARAH NAKASHIAN dated January 31, 1991 and recorded in the Land Records of the City of Bridgeport, County of Fairfield, and State of Connecticut, in Volume 2874 at Page 054, which mortgage was assigned to MARK B. ALEXANDER by Assignment of Mortgage dated August 20, 1991 and recorded in the Land Records of the City of Bridgeport, County of Fairfield, and State of Connecticut, in Volume 2935 at Page 102.

In Witness Whereof, I have hereunto set hand and seal this 26 day of January, 2006.

Signed, Sealed and Delivered in presence of

Vanette M. Richard

Vanette M. Richard (Print)

Shirley A. Belanger

Shirley A. Belanger (Print)

Mark B. Alexander  
Mark B. Alexander

State of Massachusetts)

County of Worcester )

ss. Fiskdale :

January 26, 2006

Personally appeared, MARK B. ALEXANDER, the signer and sealer of the foregoing instrument, who acknowledged the same to be his free act and deed, before me.

(SEAL)

Paul L. Laine  
Notary Public:  
My Commission Expires:

BRIDGEPORT, CONN.  
LAND RECORDS  
REC'D FOR RECORD FILING  
JAN 26/06 10:09 AM  
UNESP

Notary Public  
Paul L. Laine  
Commission Expires on June 14, 2007

83 Primrose

Release of ...

From

Mark B. Alexander  
Estate of Sarah  
Nakaluan

to

Panovia, Inc.

413-

Please return to:-

Andrew F. Potlanszky  
President & Owner  
Panovia, Inc  
509 Primrose Avenue  
Bridgeport Ct  
203.686-2733



Mr. Andrew F. Potlanszky  
59 Primrose Ave.  
Bridgeport, CT 06606-2733

RECORDS  
FILED

06 FEB -6 PM 12:09

RECTOR DIAZ  
TRAIN CLERK

# To all People to Whom these Presents shall Come, Greeting:

Know Ye, That I, MARK B. ALEXANDER,

Executor of the will of SARAH NAKASHIAN,  
late of Bridgeport, deceased, by virtue of  
an Order of the Court of Probate for the District of Bridgeport,  
Connecticut, dated January 9, 1991,

and in consideration of the sum of ONE HUNDRED TWENTY FIVE THOUSAND (\$125,000.00)  
Dollars and 00/100ths cents, received to my full satisfaction of  
PANONIA, INC., a Connecticut corporation having its principal place  
of business at 59 Primrose Avenue, Bridgeport, Connecticut, 06606,

do grant, bargain, sell and confirm unto  
the said grantee all the right, title, interest, claim and demand  
which the said Sarah Nakashian had at the time  
of her decease, or which I, as such Executor,  
have or ought to have, in and to a certain piece or parcel of land, with the buildings thereon,  
situated in the Town of Bridgeport, County of Fairfield,  
and State of Connecticut, and bounded and described as follows:

All that certain real property situated in the City of Bridgeport,  
County of Fairfield, and State of Connecticut, being shown and  
designated as Lots 30 and 31 as shown on map of William T. Mullins  
dated December 30, 1916, prepared by Frank B. Jaynes, which map is  
on file in the Bridgeport Town Clerk's Office in Map Volume 8 at  
Page 9.

Said premises also being shown as Lot 5 on a certain map entitled  
"Resubdivision of Lots for Sarah Nakashian Bridgeport, Conn.," dated  
December 2, 1964, prepared by Joseph T. Kasper & Sons, which map is  
on file in the Bridgeport Town Clerk's Office in Map Book 30 at Page  
47.

Said premises being known as 83 and 87 Primrose Avenue, and being  
a portion of the premises conveyed to Sarah Nakashian by deed dated  
April 17, 1941 and recorded in Volume 761 at Page 386 of the Bridge-  
port Land Records.

Subject to:

1. Taxes on the Grand List of October 1, 1990, not yet due and pay-  
able.
2. Zoning, planning, and building regulations and any other restric-  
tive laws or regulations of the said City of Bridgeport.

83 Primrose

0001 PRIMROSE

To Have and to Hold the above granted and bargained premises with the appurtenances thereof, unto the said grantee, its heirs and assigns to it and their own proper use and benefit forever. And I, the said executor, do hereby covenant with the said grantee, its heirs and assigns, that I have full power and authority, as executor aforesaid, to grant and convey the above described premises in manner and form aforesaid and for my self and my heirs, executors and administrators do further covenant to warrant and defend the same to the said grantee, its heirs and assigns, against the claims of any person or persons whomsoever, claiming by, from or under me, as executor aforesaid.

In Witness Whereof. I, as such executor, have hereunto set my hand and seal this 31th day of January A. D. 1991.

Signed, Sealed and Delivered in presence of:

\_\_\_\_\_  
Joanne E. Cockerill

\_\_\_\_\_  
Mark B. Alexander, Executor



\_\_\_\_\_  
Robert S. Tellalian



State of Connecticut,  
County of Fairfield

} SS. Bridgeport

January 31, A. D. 1991

Personally appeared MARK B. ALEXANDER,

the signer and sealer of the foregoing instrument, who acknowledged that he executed the same in the capacity and for the purpose therein stated, and that the same is his free act and deed before me,

\_\_\_\_\_  
Robert S. Tellalian

~~Notary Public~~

Commissioner of the Superior Court

FAST DAY TO DAY WITHOUT PENALTY - FRIDAY AUGUST 1, 2014

LIST 2013 1 0023954

51-7216-2211

4827

HELEN K POTHANSZKY  
59 PRIMROSE AVE  
BRIDGEPORT, CT 06606-2733

*July 5 2014*

4:00 PM, MONDAY - FRIDAY  
from: July 28th through August 1st, 8am-4pm  
m. Payments may also be made at  
branches during the month of July only.  
You will receive a receipt.  
Please go to <http://www.bridgeportct.gov>  
for more information.

Pay to the Order of Tax Collector - Bridgeport \$3657.<sup>30</sup>  
*Three thousand six hundred fifty seven Dollars and 30/100*

CITY \*\*\*  
In person bring this entire bill with you.

PEOPLE'S UNITED BANK 73 2367 9A  
PEOPLES.COM  
for 59 Primrose 8378 136

*Helen K. Pothanszky*

*mailed 7/28*

as well as other collection costs, in

visit [www.bridgeportct.gov](http://www.bridgeportct.gov) for updated interest charges accepted.

General State Statutes and Local Ordinances.

The fiscal year 2015 budget for The City of Bridgeport estimates that \$190,347,280 will be received from The State of Connecticut for various State financed programs. Without this assistance your 2013 Grand List property tax would be 70.7475 mills.

REAL ESTATE TAX BILL 2014

RETURN THIS COPY WITH PAYMENT



Make checks payable to:  
TAX COLLECTOR  
CITY OF BRIDGEPORT  
325 CONGRESS STREET  
BRIDGEPORT, CT 06604

015

59 PRIMROSE AV  
73 2367 9 A  
8378 136

LIST NUMBER	DIST	BANK	ON GRAND LIST		TOTAL TAX DUE	PAYMENT DUE	PAYMENT DUE
2013 1 0023954			OCTOBER 1, 2013		\$7,314.60	July 1, 2014	January 1, 2015
MILL RATE	GROSS ASSESSMENT	EXEMPTION	NET ASSESSMENT			\$3,657.30	\$3,657.30
42.1980	173,340	0	173,340			DELIQUENT AFTER AUG 1, 2014	DELIQUENT AFTER FEB 2, 2015

2367-09A

*PAID*

POTHANSZKY HELEN K  
59 PRIMROSE AVE  
BRIDGEPORT CT 06606-2733



59 Primrose

To all People to whom these Presents shall come, Greeting;

KNOW YE, THAT I, HELEN M. KENNEDY, of the City of Bridgeport, County of Fairfield and State of Connecticut

hereinafter called the Grantor, for a valuable consideration, received of FIRST FEDERAL SAVINGS AND LOAN ASSOCIATION OF NEW HAVEN, a corporation organized under the laws of the United States, and chartered pursuant to the provisions of Section 5 of the Home Owners' Loan Act of 1933, located in the Town of New Haven, in the County of New Haven and State of Connecticut; hereinafter called the Grantee, do give, grant, bargain, sell and confirm unto said Grantee, and unto its successors and assigns forever, all that certain piece of land, with the buildings and all other improvements now or hereafter placed thereon and all appurtenances thereof, situated in the City of Bridgeport in the County of Fairfield and State of Connecticut,

comprising Lot No. 27 and the southerly 22 feet of Lot No. 28 on Map of William T. Mullins, known as Glendale Park, made by Frank B. Jaynes, dated December 30, 1916, and on file in the Bridgeport Town Clerk's Office, and bounded and described as follows:-

- NORTHERLY: By the northerly 18 feet of Lot No. 28, on said map, 100 feet;
- EASTERLY: By Doveri Avenue, now known as Primrose Avenue, 62 feet;
- SOUTHERLY: By Glendale Avenue, 100 feet; and
- WESTERLY: By a portion of Lot No. 54, on said map, 62 feet.
- Known as #59 Primrose Avenue.

See over

59 Primrose

Together with all existing and future favorable easements, appurtenances, buildings, improvements, portable or sectional buildings (or parts thereof), furnaces, oil and gas burners, water heaters,

To all whom it may Concern:

Be it known that I, HELEN K. POTHANSZKY, of the City of

Bridgeport, County of Fairfield and State of Connecticut, owning property recorded in the land records of the City of Bridgeport

State of Connecticut, in the name of HELEN M. KENNEDY

which has been changed to HELEN K. POTHANSZKY by marriage on August 6, 1966, to ANDREW POTHANSZKY

and this certificate is duly acknowledged and given for record in compliance with Section 7093 the General Statutes of Connecticut Rev. 1949: 1958 Dated this 26th day of August, 19 66

WITNESSES:

Helen K. Pothanszky (L.S.)

References:—

Property affected by this certificate recorded in

Vol. 1381 Page 200

Bridgeport Land Records.

Gerard S. Spiegel
Lorenzo H. D. Wildman

State of Connecticut
County of Fairfield

SS Bridgeport - August 26, A. D. 19 66

Personally Appeared HELEN K. POTHANSZKY

Signer and Sealer of the foregoing Instrument, and acknowledged the same to be her free act and deed before me.

59 Primrose

Gerard S. Spiegel
Commissioner of the Superior Court
for Fairfield County

Received for Record Oct. 21, 1966 at 11:33 A.M. Attest: Asst. Town Clerk

OPEN-END MORTGAGE

Mortgage Deed

Helen M. Kennedy

To
First Federal Savings & Loan Ass'n
of New Haven

#59 Primrose Avenue
Bridgeport 6 Conn.

Received for Record
Feb. 14, 19 69
at 1:30 p. M.

And Recorded in
Volume 1381 Page 200
Bridgman & Nucera, Esqs.,
5767 Main Street
Bridgman & Nucera, Esqs.,

101

**FINANCIAL STATEMENT**

(Current Status - as of Date Filing for Abatement)

City Bridgport Date 10/24/2014  
 Name Helen K. Pothansky Social Security Number ~~000000000000~~  
 Address 59 Primrose Avenue Phone (203) 296-1170  
 Business or occupation retired Age 77 1/2 Dependents 0  
 (April 13 1937)

ASSETS	
Life Ins Cashed in (A)	\$ 10,000.00
Cash on hand and in banks (A)	\$ 2000.00 ±
U. S. Government securities (B)	none
Other stocks and bonds (B)	none
Accounts and notes receivable (C):	
Due from relatives and friends	none
Due from others - good	none
Due from others - doubtful	none
Real estate (D) (Est)	490,000.00
Automobiles .. 1993 Jeep	1,000.00
Cash value of life insurance (E)	cashed in
Other assets - itemize (Est)	
8 rooms furniture	25,000.00
Jewelry (Est)	5,000.00
<b>Total assets</b>	<b>\$ 533,000.00</b>

LIABILITIES AND NET WORTH	
Notes due to banks (A)	\$ 16,516.33
Notes due to relatives and friends (F)	none
Notes due to others (F)	none
Accounts and bills due (F)	2,535.60
Unpaid income taxes	none
Other unpaid taxes and interest	none
Real estate mortgages payable (D)	403,797.29
Contract accounts payable (F)	none
Brokers margin accounts	none
Other debts - itemize	
<b>Total liabilities</b>	<b>\$ 428,849.22</b>
<b>Net worth</b>	<b>110,150.78</b>
<b>Total liabilities and net worth</b>	<b>\$ 533,000.00</b>

CONTINGENT LIABILITIES	
As endorser, comaker, or guarantor	None
On leases or contracts	None
Legal claims	None
Federal income taxes	None
Other - list	0

ANNUAL INCOME	
Salary, Social Security	\$ 18,301.20 *
Commissions and bonuses	none
Dividends	none
Rental and lease income (net of operating expenses) - 1000/mo	12,000.00
Other - list	none
<b>Total Annual</b>	<b>\$ 30,301.20</b>

(A) CASH IN BANKS AND NOTES DUE TO BANKS

\* monthly income } Rent 1,000.00 }  
 } Soc Sec 1535.60 } 2535.60 month

NAME OF BANK	QTY DEPOSIT	DUE BANKS	COLLATERAL (IF ANY)
Bank of America - life Ins cashed in and dep	\$ 10,000.00		
CitiBank	=	7759.11	59 Primrose
Peoples United	=	8757.22	83 Primrose

(over) 16,516.33 TTL

\* Soc Sec = 19978.80 @ Part B Medicare (125880) & @ Part D, Presc. (41880) = 18301.20

(B) U.S. GOVERNMENT SECURITIES AND OTHER STOCKS AND BONDS

NO. OF SHARES OR FACE VALUE (BONDS)	DESCRIPTION	COST	MARKET VALUE
	None.		

(C) ACCOUNTS AND NOTES RECEIVABLE

BORROWER	WHEN DUE	BALANCE DUE	ORIGINAL AMOUNT	SECURITY (IF ANY)
		\$	\$	
	None			

(D) REAL ESTATE

DESCRIPTION	DATE ACQUIRED	TITLE IN WHOSE NAME	COST	PRESENT VALUE	EST. MORTGAGE	
					AMOUNT	HOW PAYABLE
59 Primrose Ave	1964	Helen K. Patkowsky	\$210,000	\$270,000	\$185,913	Reverse mtge (when sold or death)
83 Primrose Ave	1991	Helen K. Patkowsky	38,000	220,000	217,885	Interest monthly (when sold or death)
Total owed					\$403,797	

(E) LIFE INSURANCE

AMOUNT	NAME OF COMPANY	BENEFICIARY	CASH VALUE	LOANS
\$10,000.00	Cashed in - deposited to Bank of America	Reported in A		

(F) NOTES, CONTRACTS, ACCOUNTS, AND BILLS DUE

(continued below)

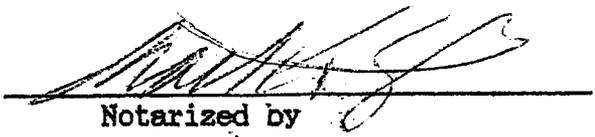
OWED TO	DATE	BALANCE DUE	WHEN DUE	PURPOSE OR COLLATERAL (IF ANY)
Anthem Ins	monthly	\$217.00	custom	ded - Gap in Medicare Ins
Peoples United Bank	monthly	293.42	the 2nd	loan - 83 Primrose
Bank of America	monthly	802.02	custom	mtg 1st - 83 Primrose
U.T. Company	monthly	200.00	the 25th	EST monthly due
50 Conn gas	monthly	200.00	the 25th	EST monthly due
Cable (50 Conn Cble)	monthly	150.00	the 25th	TV

For the purpose of attaining an abatement, I (we) furnish the foregoing as a true and accurate statement of my financial condition. Authorization is hereby given to the City of Bridgeport to verify in any manner it deems appropriate any and all items indicated on this application.

10/24/2014  
DATE

Helen K. Patkowsky  
Applicant(s) Signature

ster Company - monthly 50<sup>00</sup>  
 wd & gas monthly 400<sup>00</sup>  
 15-carer houses monthly 200<sup>00</sup>  
 15cell (whatever) 23<sup>16</sup>

Notarized by  


Mark T. Stern

monthly income is \$2535.60 - (see pg 1)



**Statement of Line of Credit Payments**

This is a statement of your account reflecting the net principal limit after a recent line of credit payment.

000005  
HELEN K POTHANSZKY  
59 PRIMROSE AVE  
BRIDGEPORT CITY, CT 06606

Pay Plan Type:	Line of Credit	Original Credit Line:	\$0.00
Funded Date:	08/24/2011	Current Gross Credit Line:	\$0.00
Loan #:	251106025	Unsch. Credit Line Disb. Bal. (-):	\$0.00
Borrower:	HELEN K POTHANSZKY	Net Credit Line Set Aside (=):	\$0.00
Property:	59 PRIMROSE AVENUE BRIDGEPORT, CT 06606	* Modified Term or Modified Tenure only	

**Interest Rates**

Interest Rate Type: Monthly (1-Mth LIBOR)

Month	Index	Margin	Int. Rate (Index+Margin)
October	0.155%	2.250%	2.405%

Your Reverse Mortgage loan has a variable-rate feature, the monthly and daily period rates may vary as a result.

**Principal Limit Information**

Original Principal Limit:	\$165,889.00
Loan Balance Prior to Payment:	\$161,953.47
Current Principal Limit:	\$184,730.00
Loan Balance After Payment(-):	\$182,188.87
Servicing Fee Set Aside(-):	\$0.00
Repair Set Aside(-):	\$0.00
First Year Set Aside(-):	\$0.00
Credit Line Set Aside(-):	\$0.00

Transaction Date	Effective Date	Transaction Description	Principal Amount
10/20/2014	10/20/2014	Disb - Unscheduled from LOC	\$2,000.00
<b>Grand Total:</b>			<b>\$2,000.00</b>



POTHANSZKY  
Member Since 1992 Account number ending in: 9654  
Billing Period: 09/20/14-10/21/14

How to reach us  
www.citicards.com  
1-888-766-CITICARDS  
BOX 6062 SIOUX FALLS, SD 57107

(59 Primrose)

Minimum payment due: \$184.73  
New balance: \$7,759.11  
Payment due date: 11/17/14

**Account Summary**

Previous balance	\$8,752.26
Payments	\$5,000.00
Credits	\$0.00
Purchases	\$0.00
Cash advances	\$0.00
Fees	\$0.00
Interest	\$0.00
<b>New balance</b>	<b>\$7,759.11</b>
<b>Credit Limit</b>	<b>\$184,730.00</b>

**Late Payment Warning:** If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37 and your APRs may be increased up to the variable Penalty APR of 29.99%.

**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your loan.

Current Statement Balance	=	Current Fees and Finance Charges	+	Previous Fees and Finance Charges	+	Principal Balance
\$217,885.01		\$802.02		\$0.00		\$217,082.99

Mrs. Helen K Pothanszky  
59 Primrose Ave  
Bridgeport CT 06606-2733

83 Primrose

Payment Coupon Home Equity Line Of Credit Account Number 00419400197553

Due Date	11-13-14
Current Payment Due	\$802.02
Amount Past Due as of 10-19-14	\$0.00
Fees	\$0.00
Total Payment Due	\$802.02

- Check box if address has changed; indicate changes on reverse side.  
- Please make check payable to Chase.  
- Write your account number on your check; include coupon with payment.

Amount Enclosed \$

5000090000000020000000419400197553008020200802024

*Int only*

CHASE  
P.O. BOX 78035  
PHOENIX, AZ 85062-8035

⑆500009022⑆ 419400197553⑈

**Peoples United Bank**

Statement Date: 10/17/2014  
Customer Service Phone: 800-525-1006  
www.peoples.com

Helen K. Pothanszky  
59 Primrose Ave.  
Bridgeport, CT 06606

83 Primrose

Account/Note Number	02000372398-00001
Category	
Officer	NORTH MADISON AVENUE
Branch Number	247
Payment Due Date	11/02/2014
<b>Amount Due</b>	<b>\$293.42</b>
After 11/17/14 a late charge of \$29.00 will be assessed.	

Explanation of Amount Due	
Principal	\$227.42
Interest	\$66.00
Escrow (Taxes and/or Insurance)	\$0.00
<b>Regular Monthly Payment</b>	<b>\$293.42</b>
Total Fees and Charges	\$0.00
Overdue Payment	\$0.00
<b>Total Amount Due</b>	<b>\$293.42</b>

The principal and interest estimated breakdown assumes the payment is made on the due date. The actual application of the payment will be determined based on the date that it is applied.

Past Payments Breakdown		
	Paid Last Stmt Cycle	Paid Year to Date
Principal	\$243.43	\$2,104.00
Interest	\$49.99	\$536.78
Escrow (Taxes and/or Insurance)	\$0.00	\$0.00
Fees	\$0.00	\$0.00
Partial Payment (Unapplied)* (see separate page for more information)	\$0.00	\$0.00
<b>Total</b>	<b>\$293.42</b>	<b>\$2,640.78</b>

Account Information	
Outstanding Principal	\$8,757.22
Interest Rate	7.240000%
Prepayment Penalty	No

Property Address 83 PRIMROSE AVE  
BRIDGEPORT CT 06606-2733

*[Handwritten signature]*

Memo - Just a short explanation as to the large credit being carried on the '40's.

In the mid '70's, we formed an S<sup>1</sup> corp. that operated out of Sikorsky airport in Bpt. We (my husband & I) built 2 hangars & ran an Aviation business. Our went pretty well until 9/11 when it all came crashing down, with restrictions, new laws, fear of paying etc etc. We sold the business in 2005 at a substantial loss.

We did not declare bankruptcy though we should have. My husband died in 2009 & with loans, life ins. & savings, I managed to pretty much pay everyone off but with great detriment to me all my savings are gone. I'm mortgaged to the hilt with very little income, and so far, I'm still hanging in there. -

If it comes to the day where I sell the properties at 59 & 83 Primrose, maybe I won't have to pay taxes to the Fed's due to the large credit-minus being carried and etc etc.

For the year Jan. 1-Dec. 31, 2011, or other tax year beginning \_\_\_\_\_, 2011, ending \_\_\_\_\_, 20

Your first name and initial **HELEN K.** Last name **POTHANSZKY** See separate instructions.  
 If a joint return, spouse's first name and initial \_\_\_\_\_ Last name \_\_\_\_\_ Your social security number **029-2002700**  
 Spouse's social security number \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **59 PRIMROSE AVENUE** Apt. no. \_\_\_\_\_  
 City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. **BRIDGEPORT, CT 066062733**

Foreign country name \_\_\_\_\_ Foreign province/county \_\_\_\_\_ Foreign postal code \_\_\_\_\_  
 Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.  You  Spouse

**Filing Status** 1  Single  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here.  Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here.  Qualifying widow(er) with dependent child

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a  
 b  Spouse

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) If child under age 17 qualifying for child tax credit

If more than four dependents, see instructions and check here

d Total number of exemptions claimed **1**

Income	7	8a	9a	10	11	12	13	14	15a	15b	16a	16b	17	18	19	20a	20b	21	22
7 Wages, salaries, tips, etc. Attach Form(s) W-2																			
8a Taxable interest. Attach Schedule B if required																			
b Tax-exempt interest. Do not include on line 8a																			
9a Ordinary dividends. Attach Schedule B if required																			
b Qualified dividends																			
10 Taxable refunds, credits, or offsets of state and local income taxes																			
11 Alimony received																			
12 Business income or (loss). Attach Schedule C or C-EZ																			
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>																			
14 Other gains or (losses). Attach Form 4797 <input type="checkbox"/>																			
15a IRA distributions																			
16a Pensions and annuities																			
b Taxable amount																			
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E																			
18 Farm income or (loss). Attach Schedule F																			
19 Unemployment compensation																			
20a Social security benefits																			
20b Taxable amount																			
21 Other income. List type and amount <b>NOL CARRYOVER TO 2011 -257,794.</b>																			
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income																			

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Adjusted Gross Income	23	24	25	26	27	28	29	30	31a	32	33	34	35	36	37
23 Educator expenses															
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ															
25 Health savings account deduction. Attach Form 8889															
26 Moving expenses. Attach Form 3903															
27 Deductible part of self-employment tax. Attach Schedule SE															
28 Self-employed SEP, SIMPLE, and qualified plans															
29 Self-employed health insurance deduction															
30 Penalty on early withdrawal of savings															
31a Alimony paid b Recipient's SSN															
32 IRA deduction															
33 Student loan interest deduction															
34 Tuition and fees. Attach Form 8917															
35 Domestic production activities deduction. Attach Form 8903															
36 Add lines 23 through 35															
37 Subtract line 36 from line 22. This is your adjusted gross income															

HA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

**IRS e-file Signature Authorization**

**2011**

▶ Do not send to the IRS. This is not a tax return.  
 ▶ Keep this form for your records. See instructions.

Declaration Control Number (DCN) ▶ **00 - 061677 - 00405 - 2**

Taxpayer's name <b>HELEN K. POTHANSZKY</b>	Social security number <b>000000000</b>
Spouse's name	Spouse's social security number

**Part I Tax Return Information - Tax Year Ending December 31, 2011 (Whole Dollars Only)**

1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	-276,497.
2 Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2	
3 Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3	
4 Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4	
5 Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5	0.

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

- I authorize **ORANGE & MARTORELLI, LLP CPA'S** to enter or generate my PIN **28737**  
 ERO firm name  
 as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ \_\_\_\_\_ Date ▶ **03/22/2012**

**Spouse's PIN: check one box only**

- I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_  
 ERO firm name  
 as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros
- I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Practitioner PIN Method Returns Only - continue below**

**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **06167798765**  
 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
 Do Not Submit This Form to the IRS Unless Requested To Do So**

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

▶ Attach to Form 1040. ▶ See Instructions for Schedule A (Form 1040).

OMB No. 1545-0074

**2011**  
Attachment  
Sequence No. 07

Your social security number

**HELEN K. POTHANSZKY**

~~000000000~~

Medical and Dental Expenses		Caution. Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions) <b>SEE STATEMENT 3</b>	1	1,524.
2	Enter amount from Form 1040, line 38 <b>2 -276,497.</b>	2	
3	Multiply line 2 by 7.5% (.075)	3	0.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	1,524.
Taxes You Paid		5 State and local (check only one box):	
a	<input type="checkbox"/> Income taxes, or	5	
b	<input type="checkbox"/> General sales taxes	6	9,664.
6	Real estate taxes (see instructions)	7	63.
7	Personal property taxes	8	
8	Other taxes. List type and amount ▶	9	9,727.
9	Add lines 5 through 8		
Interest You Paid		10 Home mortgage interest and points reported to you on Form 1098	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions) <b>STMT 4</b>	13	9,736.
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
15	Add lines 10 through 14	15	9,736.
Gifts to Charity		16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions	
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	16	1,150. <b>STMT 2</b>
18	Carryover from prior year	17	200.
19	Add lines 16 through 18	18	1,220.
20		19	0.
Casualty and Theft Losses		20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)	
21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21	
22	Tax preparation fees	22	
23	Other expenses - investment, safe deposit box, etc. List type and amount ▶	23	
24	Add lines 21 through 23	24	
25	Enter amount from Form 1040, line 38 <b>25</b>	25	
26	Multiply line 25 by 2% (.02)	26	
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	
Other Miscellaneous Deductions		28 Other - from list in instructions. List type and amount ▶	
29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40	28	
30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>	29	20,987.

**Tax and Credits**

38 Amount from line 37 (adjusted gross income) 38 -276,497.

39a Check  You were born before January 2, 1947,  Blind. Total boxes checked  39a 1  
 if:  Spouse was born before January 2, 1947,  Blind. checked  39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here  39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 20,987.

41 Subtract line 40 from line 38 41 -297,484.

42 Exemptions. Multiply \$3,700 by the number on line 6d 42 3,700.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.

44 Tax. Check if any from: a  Form(s) 8814 b  Form 4972 c  962 election 44 0.

45 Alternative minimum tax. Attach Form 6251 45

46 Add lines 44 and 45 46 0.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 23 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit (see instructions) 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a  3800 b  8801 c  53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0.

**Other Taxes**

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a  4137 b  8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Other taxes. Enter code(s) from instructions 60

61 Add lines 55 through 60. This is your total tax 61 0.

**Payments**

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2011 estimated tax payments and amount applied from 2010 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Form 8812 65

66 American opportunity credit from Form 8863, line 14 66

67 First-time homebuyer credit from Form 5405, line 10 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a  2439 b  8839 c  8801 d  8885 71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72

**Refund**

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73 0.

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  74a

Routing number  c Type:  Checking  Savings d Account number

75 Amount of line 73 you want applied to your 2012 estimated tax 75 0.

**Amount You Owe**

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76 0.

77 Estimated tax penalty (see instructions) 77

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name **WILLIAM L. MAINELLA, CPA** Phone no. **(203) 882-7173** Personal identification number (PIN) **98765**

**Sign Here**

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature  Date  Your occupation **RETIRED** Daytime phone number

Spouse's signature. If a joint return, both must sign.  Date  Spouse's occupation  If the IRS sent you an Identity Protection PIN, enter it here

Print/Type preparer's name **WILLIAM L. MAINELLA** Preparer's signature  Date  Check  if self-employed PTIN **P00735277**

**Use Only** Firm's name **ORANGE & MARTORELLI, LLP CPA'S** Firm's EIN **06 1362236**  
**50 CHERRY STREET** Phone no **203-882-7171**  
**MILFORD, CT 06460**

# Schedule A - Charitable Contributions Worksheet

NAME

**HELEN K. POTHANSZKY**

~~0000000000~~

AGI -276,497.  
50% of AGI 0.

Year	Contributions	100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
<b>2006</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Lost C/O ... CRP C/O ...							
<b>2007</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ... CRP C/O ...							
<b>2008</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ... CRP C/O ...							
<b>2009</b>	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ... CRP C/O ...							
<b>2010</b>	Contributions		1,220.					
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ... CRP C/O ...		1,220.					1,220.
<b>2011</b>	Contributions		1,350.					
	Less: Allowed ...	0.	0.	0.	0.	0.		
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ... CRP C/O ...		1,350.					1,350.
Charitable contributions to Schedule A, Line 19								<b>2,570.</b>

Schedule A

Charitable Contributions Limitation

NAME HELEN K. POTHANSZKY

61131019

50% Contributions

- 1. 50% of AGI ..... 0.
- 2. Contributions qualifying for 50% limit ..... 1,350.
- 3. Allowable 50% contributions ..... 0.

30% Contributions

- 4. Remaining 50% limit (Line 1 - Line 3) ..... 0.
- 5. Less capital gain property - special 30% limits .....
- 6. Balance of 50% of AGI ..... 0.
- 7. 30% of AGI .....
- 8. Contributions qualifying for 30% limit .....
- 9. Allowable 30% contributions (lesser of Line 6, 7 or 8) ..... 0.

30% Special Contributions

- 10. 30% of AGI .....
- 11. Contributions qualifying for 30% special limit .....
- 12. Remaining 50% limit (line 1 less lines 3 and 9) ..... 0.
- 13. Allowable 30% special contribution (lesser of Line 10, 11 or 12) ..... 0.

20% Contributions

- 14. 20% of AGI .....
- 15. 30% of AGI .....
- 16. Allowed 30% regular contributions .....
- 17. Line 15 less line 16 ..... 0.
- 18. Allowed 30% special contributions .....
- 19. Line 15 less line 18 ..... 0.
- 20. Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13) ..... 0.
- 21. Contributions subject to the 20% limitation .....
- 22. Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21) ..... 0.

50% and 100% Conservation Real Property Contributions

- 23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22) .....
- 24. Conservation real property contribution subject to 50% limit .....
- 25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24) ..... 0.
- 26. Remaining 100% of AGI .....
- 27. Conservation real property contribution subject to 100% limit .....
- 28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27) ..... 0.

- 29. Total 2011 contributions allowed on Schedule A .....
- 30. Total prior year carryovers allowed on Schedule A .....
- 31. Total charitable contributions to Schedule A, Line 19 .....

**SCHEDULE B**  
(Form 1040A or 1040)

**Interest and Ordinary Dividends**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ Attach to Form 1040A or 1040.

▶ See instructions.

OMB No. 1545-0074

**2011**

Attachment  
Sequence No. 08

Your social security number

**HELEN K. POTHANSZKY**

~~000000000~~

**Part I  
Interest**

1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶

JOHN HANCOCK LIFE  
CHASE (MORTGAGE)

Amount

160.  
13.

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

2 Add the amounts on line 1 ..... 2 173.  
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 ..... 3  
4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ..... 4 173.

Note. If line 4 is over \$1,500, you must complete Part III.

Amount

**Part II  
Ordinary  
Dividends**

5 List name of payer ▶

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ..... 6

Note. If line 6 is over \$1,500, you must complete Part III.

**Part III  
Foreign  
Accounts  
and  
Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2011, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions .....  
If "Yes," are you required to file Form TD F 90-22.1 to report that financial interest or signature authority? See Form TD F 90-22.1 and its instructions for filing requirements and exceptions to those requirements .....
- b If you are required to file Form TD F 90-22.1, enter the name of the foreign country where the financial account is located .....
- 8 During 2011, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions .....

	Yes	No
7a		X
b		
8		X



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

**2011**

Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ See separate instructions.

Name(s) shown on return

Your social security number

**HELEN K. POTHANSZKY**

~~000-00-0000~~

**A** Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)

**B** If "Yes," did you or will you file all required Forms 1099?

Yes  No  
 Yes  No

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

**Caution.** For each rental property listed on line 1, check the box in the last column only if you owned that property as a member of a qualified joint venture (QJV) reporting income not subject to self-employment tax.

1	Physical address of each property—street, city, state, ZIP	Type—from list below	2	For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions.	Fair Rental Days			Personal Use Days			QJV
					A	B	C	A	B	C	
A	EMBASSY TOWER, BRIDGEPORT, CT 06006	1			A	365					
B	83 PRIMROSE AVE, BRIDGEPORT, CT	1			B	365					
C					C						

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

**Income:**

	Properties		
	A	B	C
3a Merchant card and third party payments. For 2011, enter -0-	0.	0.	
b Payments not reported to you on line 3a	11,000.		
4 Total not including amounts on line 3a that are not income (see instructions)	11,000.		

**Expenses:**

5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	1,483.		
13 Other interest	13		9,443.	
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	4,162.	6,269.	
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ <b>STMT 5</b>	19	8,519.		
20 Total expenses. Add lines 5 through 19	20	14,164.	15,712.	
21 Subtract line 20 from line 4. If result is a (loss), see instructions to find out if you must file Form 6198	21	-3,164.	-15,712.	
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	3,164.	15,712.	

23a Total of all amounts reported on line 3a for all rental properties	23a			
b Total of all amounts reported on line 3a for all royalty properties	23b			
c Total of all amounts reported on line 4 for all rental properties	23c	11,000.		
d Total of all amounts reported on line 4 for all royalty properties	23d			
e Total of all amounts reported on line 12 for all properties	23e	1,483.		
f Total of all amounts reported on line 18 for all properties	23f			
g Total of all amounts reported on line 20 for all properties	23g	29,876.		
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		18,876.	
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			-18,876.

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

**HELEN K. POTHANSZKY**

~~000000000~~

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses?  Yes  No  
If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A					
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a	Totals			
b	Totals			
30	Add columns (g) and (i) of line 29a			30
31	Add columns (f), (h), and (j) of line 29b			31 ( )
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a	Totals		
b	Totals		
35	Add columns (d) and (f) of line 34a		35
36	Add columns (c) and (e) of line 34b		36 ( )
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below		37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-18,876.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code U; and Schedule K-1 (Form 1041), line 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	STATEMENT 6 -18,876.

2011 DEPRECIATION AND AMORTIZATION REPORT  
 2625 PARK AVE. - EMBASSY TOWER, BRIDGE

SCHEDULE E - 1

Asset No.	Description	Date	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis *	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
		Acquired										
	NEW WINDOWS	050103200DE5		.00	17	2,231.			2,231.	2,231.		0.
	TOTAL SCH E DEPRECIATION					2,231.			2,231.	2,231.		0.

128102  
 35-01-11

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

# Form 6251 - AMT Charitable Contributions Worksheet

AGI -276,497.  
50% of AGI -138,249.

**HELEN K. POTHANSZKY**

Year	Contributions	100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
<b>2006</b>	Contributions							
	Less: Allowed .....							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Lost c/o .....							
	CRP c/o .....							
<b>2007</b>	Contributions							
	Less: Allowed .....							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover .....							
	CRP c/o .....							
<b>2008</b>	Contributions							
	Less: Allowed .....							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover .....							
	CRP c/o .....							
<b>2009</b>	Contributions							
	Less: Allowed .....							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover .....							
	CRP c/o .....							
<b>2010</b>	Contributions		1,220.					
	Less: Allowed .....							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover .....		1,220.					1,220.
	CRP c/o .....							
<b>2011</b>	Contributions		1,350.					
	Less: Allowed .....							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP and MWD							
	Carryover .....		1,350.					1,350.
	CRP c/o .....							
AMT charitable contributions .....								2,570.
Less: Charitable contributions allowed under regular tax calculation .....								
Charitable contributions adjustment to Form 6251, line 27 .....								

Installment Sale Income

Form 6252

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Use a separate form for each sale or other disposition of property on the installment method.

OMB No. 1545-0228

2011

Attachment Sequence No: 79

Name(s) shown on return

Identifying number

HELEN K. POTHANSZKY

0000000000

- 1 Description of property 524 HOWARD AVE. BRIDGEPORT, CT.
2a Date acquired 01/01/65
b Date sold 05/24/89
3 Was the property sold to a related party after May 14, 1980?
4 Was the property you sold to a related party a marketable security?

Part I Gross Profit and Contract Price. Complete this part for the year of sale only.

Table with 18 rows for Part I: Selling price, mortgages, cost, depreciation, commissions, income recapture, gross profit, and contract price.

Part II Installment Sale Income. Complete this part for the year of sale and any year you receive a payment or have certain debts you must treat as a payment on installment obligations.

Table with 6 rows for Part II: Gross profit percentage, payments received, installment sale income, and recapture rules.

Part III Related Party Installment Sale Income. Do not complete if you received the final payment this tax year.

27 Name, address, and taxpayer identifying number of related party

28 Did the related party resell or dispose of the property ("second disposition") during this tax year?

29 If the answer to question 28 is "Yes," complete lines 30 through 37 below unless one of the following conditions is met. Check the box that applies.

- a The second disposition was more than 2 years after the first disposition
b The first disposition was a sale or exchange of stock to the issuing corporation.
c The second disposition was an involuntary conversion
d The second disposition occurred after the death of the original seller or buyer.
e It can be established to the satisfaction of the IRS that tax avoidance was not a principal purpose

Table with 7 rows for Part III: Selling price, contract price, total payments, and related party income.



Noncash Charitable Contributions

(Rev. December 2000)
Department of the Treasury
Internal Revenue Service

Attach to your tax return if you claimed a total deduction
of over \$500 for all contributed property.
See separate instructions.

Attachment
Sequence No. 155

Name(s) shown on your income tax return

Identifying number

HELEN K. POTHANSZKY

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of \$5,000 or Less and Certain Publicly Traded Securities - List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also, list certain publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property - If you need more space, attach a statement.

Table with 2 columns: (a) Name and address of the donee organization, (b) Description of donated property. Row A: SALVATION ARMY, 30 ELM STREET, BRIDGEPORT, CT 06606, CLOTHING & HOUSEHOLD.

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (d), (e), and (f).

Table with 6 columns: (c) Date of the contribution, (d) Date acquired by donor, (e) How acquired by donor, (f) Donor's cost or adjusted basis, (g) Fair market value, (h) Method used to determine the fair market value. Row A: 08/12/11, VAR., PURCHASE, 500., 200., THRIFT SHOP VALUE.

Part II Partial Interests and Restricted Use Property - Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2 a Enter the letter from Part I that identifies the property for which you gave less than an entire interest

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year, (2) For any prior tax years

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):

Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept

e Name of any person, other than the donee organization, having actual possession of the property

3 a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?

b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?

c Is there a restriction limiting the donated property for a particular use?

Table with 2 columns: Yes, No. Rows for questions 3a, 3b, and 3c.

# Schedule A - Net Operating Loss (NOL)

2011

Name

Social Security Number

**HELEN K. POTHANSZKY**

~~000000000~~

1	Enter the amount from your 2011 Form 1040, line 41, or Form 1040NR, line 38. Estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount			1	-297,484.
2	Nonbusiness capital losses before limitation. Enter as a positive number	2			
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)	3			
4	If line 2 is more than line 3, enter the difference; otherwise, enter -0-	4	0.		
5	If line 3 is more than line 2, enter the difference; otherwise, enter -0-	5	0.		
6	Nonbusiness deductions (see instructions)	6	20,987.		
7	Nonbusiness income other than capital gains (see instructions) <b>STATEMENT 7</b>	7	173.		
8	Add lines 5 and 7	8	173.		
9	If line 6 is more than line 8, enter the difference; otherwise, enter -0-	9			20,814.
10	If line 9 is more than line 6, enter the difference; otherwise, enter -0-. But do not enter more than line 5	10	0.		
11	Business capital losses before limitation. Enter as a positive number	11			
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12	13			
14	Subtract line 13 from line 11. If zero or less, enter -0-	14	0.		
15	Add lines 4 and 14	15			
16	Enter the loss, if any, from line 16 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 15, column (3), of Schedule D (Form 1041).) Enter as a positive number. If you do not have a loss on that line (and do not have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15	16			
17	Section 1202 exclusion. Enter as a positive number	17			
18	Subtract line 17 from line 16. If zero or less, enter -0-	18			
19	Enter the loss, if any, from line 21 of Schedule D (Form 1040). (Estates and trusts, enter the loss, if any, from line 16 of Schedule D (Form 1041).) Enter as a positive number	19			
20	If line 18 is more than line 19, enter the difference; otherwise, enter -0-	20			
21	If line 19 is more than line 18, enter the difference; otherwise, enter -0-	21			
22	Subtract line 20 from line 15. If zero or less, enter -0-	22			
23	Domestic production activities deduction from Form 1040, line 35 (or included on Form 1041, line 15a)	23			
24	NOL deduction for losses from other years. Enter as a positive number	24			257,794.
25	NOL. Combine lines 1, 9, 17, and 21 through 24. If the result is less than zero, this is your current year NOL. If the result is zero or more, you do not have an NOL	25			-18,876.

# Alternative Tax Net Operating Loss Worksheet

2011

Name(s) as shown on return

HELEN K. POTHANSZKY

Social Security Number

~~013 29 2702000~~

1. Loss for the current year			301,184.
2. Personal exemptions		3,700.	
3. Net operating loss deduction		257,794.	
4. Excess of nonbusiness deductions over nonbusiness income:			
(A) AMT nonbusiness itemized deductions and adjustments	11,260.		
(B) AMT nonbusiness income	173.		
(C) Net nonbusiness capital gains (without regard to any section 1202 exclusion)			
(D) Total nonbusiness income	173.		
(E) Difference (line 4(A) less 4(D)) not less than zero		11,087.	
5. Adjusted deduction for business capital loss			
(A) Business capital loss			
(B) Line 4(D) minus 4(A), not less than zero. Do not enter more than line 4(C)	0.		
(C) Business capital gains (without regard to any section 1202 exclusion)			
(D) Total (line 5(B) plus 5(C))			
(E) Difference (line 5(A) less 5(D)) not less than zero			
6. Excess of nonbusiness capital loss over nonbusiness capital gain			
7. Adjusted section 1202 exclusion			
8. Total adjustment and preference items (Form 6251)		9,727.	
9. Domestic production activities deduction			
10. Total (line 2 + 3 + 4(E) + 5(E) + 6 + 7 + 8 + 9)			282,308.
11. Current year alternative tax net operating loss - (line 1 less line 10)			18,876.

NO.

Detail NOL Carryover/Carryback Worksheet

2c 11

Name(s)

HELEN K. FOTHANSZKY

Social Security Number

~~XXXXXXXXXX~~

Year Carried Forward	Amount Available for Carryover/Carryback	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in	Amount Used in
2011	16,875.												
2010	257,794.												
<b>Totals</b>	<b>276,670.</b>												
Total amount available for carryover		276,670.											
Less total amounts used		0.											
Less total amounts expired		0.											
Remaining carryover		<u>276,670.</u>											



Name(s): **HELEN K. POTHAN-SZKY**

Social Security Number  


Year Carried From	Amount Available for Carryover	Amount Used in												
2011	18,876.													
2010	257,794.													
<b>Totals</b>	<b>276,670.</b>													
Total amount available for carryover		276,670.												
Less total amounts used		0.												
Less total amounts expired		0.												
Remaining carryover		276,670.												

HELEN K. POTHANSZKY

~~0000000000~~

SCHEDULE A	CASH CONTRIBUTIONS	STATEMENT	2
------------	--------------------	-----------	---

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
VARIOUS	1,150.	
<b>TOTALS</b>	<b>1,150.</b>	
TOTAL TO SCHEDULE A, LINE 16		1,150.

SCHEDULE A	MEDICAL AND DENTAL EXPENSES	STATEMENT	3
------------	-----------------------------	-----------	---

DESCRIPTION	AMOUNT
MEDICARE PREMIUMS WITHHELD	1,158.
DESCRIPTION DRUG COVERAGE INSURANCE WITHHELD	366.
<b>TOTAL TO SCHEDULE A, LINE 1</b>	<b>1,524.</b>

SCHEDULE A	QUALIFIED MORTGAGE INSURANCE PREMIUMS	STATEMENT	4
. ENTER THE TOTAL PREMIUMS YOU PAID IN 2011 FOR QUALIFIED MORTGAGE INSURANCE FOR A CONTRACT ISSUED AFTER DECEMBER 31, 2006		9,736.	
. ENTER THE AMOUNT FROM FORM 1040, LINE 38		-276,497.	
. ENTER \$100,000 (\$50,000 IF MARRIED FILING SEPARATELY)		100,000.	
. IS THE AMOUNT ON LINE 2 MORE THAN THE AMOUNT ON LINE 3?			
[X] NO. YOUR DEDUCTION IS NOT LIMITED. ENTER THE AMOUNT FROM LINE 1 ABOVE ON SCHEDULE A, LINE 13. DO NOT COMPLETE THE REST OF THIS WORKSHEET.			
[ ] YES. SUBTRACT LINE 3 FROM LINE 2. IF THE RESULT IS NOT A MULTIPLE OF \$1,000 (\$500 IF MARRIED FILING SEPARATELY), INCREASE IT TO THE NEXT MULTIPLE OF \$1,000 (\$500 IF MARRIED FILING SEPARATELY). FOR EXAMPLE, INCREASE \$425 TO \$1,000, INCREASE \$2,025 TO \$3,000; OR IF MARRIED FILING SEPARATELY, INCREASE \$423 TO \$500, INCREASE \$2,025 TO \$2,500, ETC.			
. DIVIDE LINE 4 BY \$10,000 (\$5,000 IF MARRIED FILING SEP.). ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0 OR MORE, ENTER 1.0			
. MULTIPLY LINE 1 BY LINE 5			
. QUALIFIED MORTGAGE INSURANCE PREMIUMS DEDUCTION. SUBTRACT LINE 6 FROM LINE 1. ENTER THE RESULT HERE AND ON SCHEDULE A, LINE 13			

SCHEDULE E	OTHER EXPENSES	STATEMENT	5
625 PARK AVE. - EMBASSY TOWER, BRIDGEPORT, CT 06006			
DESCRIPTION		AMOUNT	
COMMON CHARGES		7,540.	
ASSESSMENT (COOLING TOWER)		979.	
TOTAL TO SCHEDULE E, PAGE 1, LINE 19		8,519.	



1101110193

Form CT-1040 - 2011, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2011 and ending:

Y S IN FJFC IN FJC IN FJFC IN FJC IN HH IN QW

[Handwritten signature]

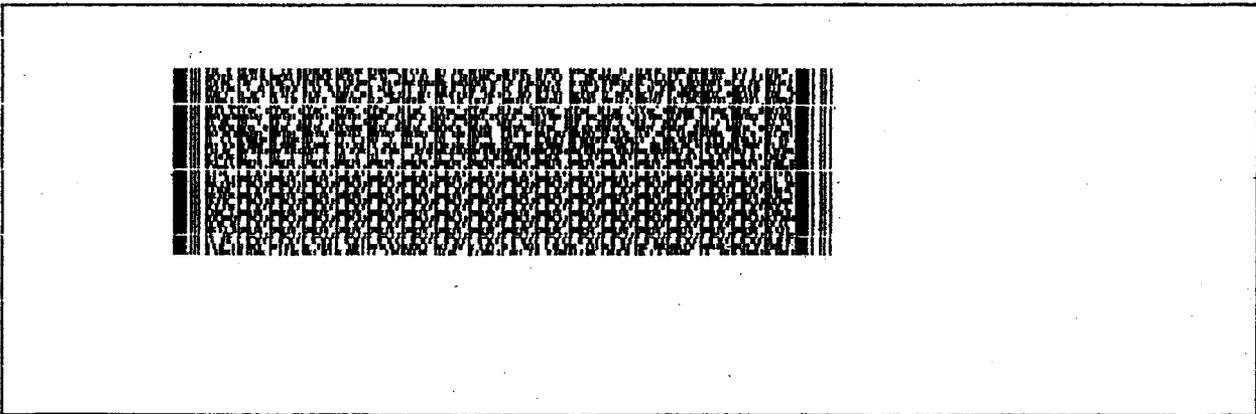
HELEN K POTIANSZKY N Dec.
N Dec.

59 PRIMROSE AVENUE Y No forms N CT-2210
N CT-8379 N CT-1040CRC

BRIDGEPORT CT 06606 - 2733

Table with 16 rows of tax calculations and amounts. Row 1: Federal adjusted gross income... -276497. Row 11: Credit for property taxes... 300. Row 16: Total tax... 0.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.



~~02028004~~

17. Amount from Line 16

17. € 0

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID# Col. B - CT Wages, Tips, etc. Col. C - CT Income Tax Withheld

18a.	-	€	0	0
18b.	-	€	0	0
18c.	-	€	0	0
18d.	-	€	0	0
18e.	-	€	0	0
18f.	-	€	0	0
18g.	-	€	0	0

18h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18h. 0

- 18. Total Connecticut income tax withheld: Amounts in Column C. 18. 0
- 19. All 2011 estimated tax payments and any overpayments applied from a prior year 19. 0
- 20. Payments made with Form CT-1040 EXT 20. 0
- 20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a. 0
- 21. Total payments: Add Lines 18, 19, 20, and 20a. 21. 0
- 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22. 0
- 23. Amount of Line 22 you want applied to your 2012 estimated tax 23. 0
- 24. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24. 0
- 25. Refund: Lines 23 and 24 subtracted from Line 22. 25. 0  
If you have not elected to direct deposit, the refund may be issued by debit card or check.
- 25a. Acct. type Ck. Sv. 25b. Rout. # 25c. Acct. #
- 25d. Refund going to a bank account outside the U.S. 25d. N
- 26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26. 0
- 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27. 0
- 28. If late: Interest entered. 28. 0  
Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).
- 29. Interest on underpayment of estimated tax (from Form CT-2210) 29. 0
- 30. Total amount due: Add Lines 26 through 29. 30. 0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature		Date	Daytime telephone number
Spouse's signature (if joint return)		Date	Daytime telephone number
Paid preparer's signature	Date	Telephone number	Preparer's SSN or PTIN
Firm's name, address, and ZIP code			FEIN
• ORANGE & MARTORELLI, LLP CPA'S MILFORD, CT 06460			061362236

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
• WILLIAM L MAINELLA,	• (203) 882-717	• 98765

Sign Here  
Keep a copy for your records.

~~01020007~~

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Reserved for future use.	33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	0
35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	35.	0
36. Loss on sale of Connecticut state and local government bonds	36.	0
37. Domestic production activities (from federal Form 1040, Line 35)	37.	0
38. Other - specify *	38.	0
39. <b>Total additions:</b> Add Lines 31 through 38.	39.	0
40. Interest on U.S. government obligations	40.	0
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	0
42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42.	0
43. Refunds of state and local income taxes	43.	0
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	0
45. 50% of military retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions Acct. #:	48.	0
49. Other - specify *	49.	0
50. <b>Total subtractions:</b> Add Lines 40 through 49.	50.	0

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income	51.	0	
		<b>Col. A</b>	<b>Col. B</b>
52. Qualifying jurisdiction's name and two-letter code	52.		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. <b>Total credit:</b> Add Line 58, all columns.	59.		0

~~000000000~~

**Schedule 3 - Property Tax Credit**

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	BRIDGEPOR	BRIDGEPOR	
Description of Property	REAL ESTA	AUTOMOBIL	
Date(s) Paid	07012011	07012011	
Amount Paid	60. 9664	61. 63	62. 0
63. Total property tax paid: Add Lines 60, 61, and 62.		63.	9727
64. Maximum property tax credit allowed		64. *	300
65. Lesser of Line 63 or Line 64.		65. *	300
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.		66. *	0.00
67. Line 65 multiplied by Line 66		67. *	0
68. Line 67 subtracted from Line 65.		68.	300

**Schedule 4 - Individual Use Tax**

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69d. Use tax at 6% (from Connecticut Individual Use Tax Worksheet, Section D, Column 7)	69d.	0
69. Individual use tax: Add Lines 69a, 69b, 69c, and 69d.	69. *	0

**Schedule 5 - Contributions to Designated Charities**

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNG	70e.	0
70f. MERE	70f.	0
70. Total Contributions: Add Lines 70a through 70f.	70. *	0

# Form CT-1040

## Checklist for filing your Connecticut income tax return:

1. Do not send this sheet with your return. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18g, Column A, all withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send **all** completed pages of CT-1040 and Schedule CT-EITC. Send **all** four pages of your completed return, both pages of your completed CT EITC schedule, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2011 Form CT-1040" on your check.
12. To mail your return, use the following addresses:  
For all tax returns with payment:  
Department of Revenue Services  
PO Box 2935  
Hartford CT 06104-2935  
  
For refunds and tax returns without payment:  
Department of Revenue Services  
PO Box 5002  
Hartford CT 06102-5002
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Form 1040

U.S. Individual Income Tax Return 2012

OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

For the year Jan 1 - Dec 31, 2012, or other tax year beginning 2012, ending 20

Your first name and initial HELEN Last name K POTHANSZKY

If a joint return, spouse's first name and initial HELEN Last name K POTHANSZKY

Home address (number and street). If you have a P.O. box, see instructions. 59 PRIMROSE AVENUE

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). BRIDGEPORT CT 06606-2733

Foreign country name Foreign province/state/county Foreign postal code

Filing Status 1 [X] Single 2 [ ] Married filing jointly (even if only one had income) 3 [ ] Married filing separately. Enter spouse's SSN above & full name here ... 4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here ... 5 [ ] Qualifying widow(er) with dependent child

Exemptions 6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a 6b [ ] Spouse

c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) [X] if child under age 17 qualifying for child tax ct (see instrs)

d Total number of exemptions claimed 1

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 8a Taxable interest. Attach Schedule B if required 8a 182.

b Tax-exempt interest. Do not include on line 8a 8b 9a Ordinary dividends. Attach Schedule B if required 9a

b Qualified dividends 9b 10 Taxable refunds, credits, or offsets of state and local income taxes 10

11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12

13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here 13 23,757.

14 Other gains or (losses). Attach Form 4797 14

15 a IRA distributions 15 a b Taxable amount 15 b

16 a Pensions and annuities 16 a b Taxable amount 16 b

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 -19,893.

18 Farm income or (loss). Attach Schedule F 18

19 Unemployment compensation 19

20 a Social security benefits 20 a 19,643. b Taxable amount 20 b 0.

21 Other income Net Operating Loss - SEE STMT 21 -276,497.

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 -272,451.

Adjusted Gross Income 23 Educator expenses 23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24

25 Health savings account deduction. Attach Form 8889 25

26 Moving expenses. Attach Form 3903 26

27 Deductible part of self-employment tax. Attach Schedule SE 27

28 Self-employed SEP, SIMPLE, and qualified plans 28

29 Self-employed health insurance deduction 29

30 Penalty on early withdrawal of savings 30

31 a Alimony paid b Recipient's SSN 31 a

32 IRA deduction 32

33 Student loan interest deduction 33

34 Tuition and fees. Attach Form 8917 34

35 Domestic production activities deduction. Attach Form 8903 35

36 Add lines 23 through 35 36

37 Subtract line 36 from line 22. This is your adjusted gross income 37 -272,451.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions. Enclose, but do not attach, any payment. Also, please use Form 1040-V.

Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 -272,451.
39 a Check [X] You were born before January 2, 1948, [ ] Blind. Total boxes checked -> 39 a 1
if: [ ] Spouse was born before January 2, 1948, [ ] Blind.
b if your spouse itemizes on a separate return or you were a dual-status alien, check here -> 39 b [ ]

Standard Deduction for -

People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$5,950

Married filing jointly or Qualifying widow(er), \$11,900

Head of household, \$8,700

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 11,469.
41 Subtract line 40 from line 38 41 -283,920.
42 Exemptions. Multiply \$3,800 by the number on line 6d 42 3,800.
43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.
44 Tax (see instrs). Check if any from: a [ ] Form(s) 8814 c [ ] 962 election b [ ] Form 4972 44 0.
45 Alternative minimum tax (see instructions). Attach Form 6251 45
46 Add lines 44 and 45 46 0.
47 Foreign tax credit. Attach Form 1116 if required 47
48 Credit for child and dependent care expenses. Attach Form 2441 48
49 Education credits from Form 8863, line 19 49
50 Retirement savings contributions credit. Attach Form 8880 50
51 Child tax credit. Attach Schedule 8812, if required 51
52 Residential energy credits. Attach Form 5695 52
53 Other crs from Form: a [ ] 3800 b [ ] 8801 c [ ] 53
54 Add lines 47 through 53. These are your total credits 54
55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0.

Other Taxes

56 Self-employment tax. Attach Schedule SE 56
57 Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919 57
58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58
59 a Household employment taxes from Schedule H 59 a
b First-time homebuyer credit repayment. Attach Form 5405 if required 59 b
60 Other taxes. Enter code(s) from instructions 60
61 Add lines 55-60. This is your total tax 61 0.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62
63 2012 estimated tax payments and amount applied from 2011 return 63
64 a Earned income credit (EIC) 64 a
b Nontaxable combat pay election -> 64 b
65 Additional child tax credit. Attach Schedule 8812 65
66 American opportunity credit from Form 8863, line 8 66
67 Reserved 67
68 Amount paid with request for extension to file 68
69 Excess social security and tier 1 RRTA tax withheld 69
70 Credit for federal tax on fuels. Attach Form 4136 70
71 Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8801 d [ ] 8885 71
72 Add lns 62, 63, 64a, & 65-71. These are your total pmts 72

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73
74 a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here -> [ ] 74 a
b Routing number XXXXXXXXXXXX -> c Type: [ ] Checking [ ] Savings
d Account number XXXXXXXXXXXXXXXXXXXX
75 Amount of line 73 you want applied to your 2013 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay see instructions 76 0.
77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [ ] No
Designee's name -> WILLIAM L MAINELLA, CPA Phone no. -> (203) 882-7173 Personal identification number (PIN) -> 98765

Sign Here

Joint return? See instructions.

Keep a copy for your records.

Your signature Date Your occupation Daytime phone number
Spouse's signature. If a joint return, both must sign. Date Spouse's occupation
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check [ ] if self-employed PTIN
WILLIAM L MAINELLA, CPA 3/21/13 P00735277
Firm's name -> ORANGE & MARTORELLI, LLP Firm's EIN -> 06-1362236
Firm's address -> 50 CHERRY STREET MILFORD CT 06460 Phone no. (203) 882-7171

**SCHEDULE A**  
**(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2012**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule A and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
Attach to Form 1040.

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

**HELEN K POTHANSZKY**

Your social security number

~~6630000000~~

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						
<b>Medical and Dental Expenses</b>	<b>Caution.</b> Do not include expenses reimbursed or paid by others.																																				
	1 Medical and dental expenses (see instructions)																																				
	2 Enter amount from Form 1040, line 38		2																																		
	3 Multiply line 2 by 7.5% (.075)																																				
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-																																				
	5 State and local (check only one box):																																				
	a <input type="checkbox"/> Income taxes, or																																				
	b <input type="checkbox"/> General sales taxes																																				
	6 Real estate taxes (see instructions)																																				
7 Personal property taxes																																					
8 Other taxes. List type and amount																																					
	AUTO TAX																																				
9 Add lines 5 through 8																																					
<b>Taxes You Paid</b>	10 Home mtg interest and points reported to you on Form 1098																																				
	11 Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying number, and address																																				
	Note. Your mortgage interest deduction may be limited (see instructions).																																				
	12 Points not reported to you on Form 1098. See instrs for spcl rules																																				
	13 Mortgage insurance premiums (see instructions)																																				
14 Investment interest. Attach Form 4952 if required. (See instrs.)																																					
15 Add lines 10 through 14																																					
<b>Gifts to Charity</b>	16 Gifts by cash or check. If you made any gift of \$250 or more, see instrs																																				
	17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500																																				
	18 Carryover from prior year																																				
	19 Add lines 16 through 18																																				
<b>Casualty and Theft Losses</b>	20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)																																				
	21 Unreimbursed employee expenses — job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)																																				
<b>Job Expenses and Certain Miscellaneous Deductions</b>	22 Tax preparation fees																																				
	23 Other expenses — investment, safe deposit box, etc. List type and amount																																				
	24 Add lines 21 through 23																																				
	25 Enter amount from Form 1040, line 38																																				
	26 Multiply line 25 by 2% (.02)																																				
27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-																																					
<b>Other Miscellaneous Deductions</b>	28 Other — from list in instructions. List type and amount																																				
	29 Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40																																				
<b>Total Itemized Deductions</b>	30 If you elect to itemize deductions even though they are less than your standard deduction, check here																																				

**SCHEDULE D**  
**(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2012**

▶ Attach to Form 1040 or Form 1040NR.

▶ Information about Schedule D and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).  
▶ Use Form 8949 to list your transactions for lines 1, 2, 3, 8, 9, and 10.

Attachment  
Sequence No. **12**

Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

Your social security number

**HELEN K POTHANSZKY**

~~000000000~~

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

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1 Short-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part I</b> .....				
2 Short-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part I</b> .....				
3 Short-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part I</b> .....				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>4</b>
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>5</b>
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>6</b>
7 <b>Net short-term capital gain or (loss)</b> . Combine lines 1 through 6 in column (h). If you have any long-term capital gain or losses, go to Part II below. Otherwise, go to Part III on page 2 .....				<b>7</b>

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

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with <b>box A</b> checked in <b>Part II</b> .....				
9 Long-term totals from all Forms 8949 with <b>box B</b> checked in <b>Part II</b> .....				
10 Long-term totals from all Forms 8949 with <b>box C</b> checked in <b>Part II</b> .....	<b>80,000.</b>	<b>56,243.</b>		<b>23,757.</b>
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 .....				<b>11</b>
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 .....				<b>12</b>
13 Capital gain distributions. See instrs .....				<b>13</b>
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions .....				<b>14</b>
15 <b>Net long-term capital gain or (loss)</b> . Combine lines 8 through 14 in column (h). Then go to Part III on page 2 .....				<b>15</b> <b>23,757.</b>

**BAA For Paperwork Reduction Act Notice, see your tax return instructions.**

Schedule D (Form 1040) 2012

**Part III Summary**

16 Combine lines 7 and 15 and enter the result	16	23,757.
<ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>		
<p>17 Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>		
18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions	18	
19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions	19	
<p>20 Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>	21	
<p><b>Note.</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>		
<p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>		





**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc)  
Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

**2012**

Attachment Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

Information about Schedule E and its separate instructions is at [www.irs.gov/form1040](http://www.irs.gov/form1040).

Your social security number

Name(s) shown on return

**HELEN K POTHANSZKY**

**Part I** **Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2012 that would require you to file Form(s) 1099? (see instructions)  Yes  No
- B** If 'Yes,' did you or will you file required Forms 1099?  Yes  No

**1 a** Physical address of each property (street, city, state, ZIP code)

**A** **EMBASSY TOWER CONDO, BRIDGEPORT, CT 06006**

**B** **83 PRIMROSE AVE, BRIDGEPORT, CT**

1 b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	B		A	B	C
A	1		365	0	
B	1		360	0	
C					

**Type of Property:**  
 1 Single Family Residence      3 Vacation/Short-Term Rental      5 Land      7 Self-Rental  
 2 Multi-Family Residence      4 Commercial      6 Royalties      8 Other (describe)

Income:	Properties:	A		B	C
<b>3</b> Rents received	<b>3</b>		0.	2,000.	
<b>4</b> Royalties received	<b>4</b>				
<b>Expenses:</b>	<b>5</b>				
<b>5</b> Advertising	<b>6</b>				
<b>6</b> Auto and travel (see instructions)	<b>7</b>				
<b>7</b> Cleaning and maintenance	<b>8</b>				
<b>8</b> Commissions	<b>9</b>		1,068.		
<b>9</b> Insurance	<b>10</b>				
<b>10</b> Legal and other professional fees	<b>11</b>				
<b>11</b> Management fees	<b>12</b>			9,446.	
<b>12</b> Mortgage interest paid to banks, etc (see instructions)	<b>13</b>		834.		
<b>13</b> Other interest	<b>14</b>				
<b>14</b> Repairs	<b>15</b>				
<b>15</b> Supplies	<b>16</b>		4,161.	6,364.	
<b>16</b> Taxes	<b>17</b>				
<b>17</b> Utilities	<b>18</b>		0.		
<b>18</b> Depreciation expense or depletion	<b>19</b>				
<b>19</b> Other (list)	<b>20</b>		6,063.	15,830.	
<b>20</b> Total expenses. Add lines 5 through 19					
<b>21</b> Subtract line 20 from line 3 (rents) and/ or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>		-6,063.	-13,830.	
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8562 (see instructions)	<b>22</b>		-6,063.	-13,830.	
<b>23 a</b> Total of all amounts reported on line 3 for all rental properties	<b>23 a</b>			2,000.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23 b</b>				
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23 c</b>			9,446.	
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23 d</b>			0.	
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23 e</b>			21,893.	
<b>24</b> <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses	<b>24</b>				
<b>25</b> <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>				-19,893.
<b>26</b> <b>Total rental real estate and royalty income or (loss).</b> Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	<b>26</b>	NPA	-19,893.		-19,893.

Name(s) shown on return. Do not enter name and social security number if shown on Page 1.

Your social security number

HELEN K POTHANSZKY

000000000

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part III Income or Loss From Partnerships and S Corporations

Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6198. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? Yes No

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A, B, C, D.

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Rows A, B, C, D, 29a Totals, b Totals, 30, 31, 32.

Part IV Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer ID no. Rows A, B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A, B, 34a Totals, b Totals, 35, 36, 37.

Part V Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part VI Summary

Summary table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

---

Explanation Statement

---

Form/Line: Form 1040 Line 21, Other Income Statement 7

Explanation of: Net Operating Loss Carryforward

---

nol from prior year

---



17 Enter amount from Line 16

17<sup>e</sup> 0

W-2, W-2G, and 1099 information

Col. A - Employer or Payer's Fed. ID No.

Column B - CT Wages, Tips, etc.

Column C - CT Income Tax Withheld

18a	0	0
18b	0	0
18c	0	0
18d	0	0
18e	0	0
18f	0	0
18g	0	0
18h Additional CT withholding (from Supplemental Schedule CT-1040WH, Line 3)	18h	0
18 Total Connecticut income tax withheld: Amounts in Column C	18	0
19 All 2012 estimated tax payments and any overpayments applied from a prior year	19	0
20 Payments made with Form CT-1040 EXT	20	0
20a Earned income tax credit (from Schedule CT-EITC, line 16)	20a	0
21 Total payments: Add Lines 18, 19, 20 and 20a	21	0
22 Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21	22	0
23 Amount of Line 22 overpayment you want applied to your 2013 estimated tax	23	0
24 Total Contributions of refund to designated charities (from Schedule 5, Line 70)	24	0
25 Refund: Lines 23 and 24 subtracted from Line 22	25	0
If you have not elected to direct deposit, the refund may be issued by debit card or check.		
25a Acct. type	Ck.	Sv.
25b Rout. #	25c Acct.#	
25d Refund going to a bank account outside the U.S.	25d	
26 Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17	26	0
27 If late: Penalty entered. Line 26 multiplied by 10% (.10)	27	0
28 If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01)	28	0
29 Interest on underpayment of estimated tax (from Form CT-2210)	29	0
30 Total amount due: Add Lines 26 through 29	30	0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

CTIA0112 12/26/12

Sign Here

Your Signature Date Daytime Telephone Number

Spouse's Signature (if joint return) Date Daytime Telephone Number

Keep a copy for your records.

Paid Preparer's Signature Date Telephone Number Preparer's SSN or PTIN

Firm's Name, Address, and ZIP code ORANGE & MANTORELLI, LLP 50 CHERRY STREET MILFORD CT 06460 FEIN 061362236

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's Name Telephone Number Personal Identification Number (PIN) WILLIAM L MAINELLA CPA (203) 8827173 98765

Schedule 3 - Property Tax Credit

Qualifying Property

Primary Residence

Auto 1

Auto 2

Name of Connecticut Tax Town or District	€	BRIDGEPOR	€	€	
Description of Property	€	59 PRIMRO	€	€	
Date(s) Paid	€	06152012	€	€	
	€		€	€	
<b>Amount Paid</b>	60	6998	61	0	62
					0

63 Total property tax paid: Add Lines 60, 61, and 62.				63	6998
64 Maximum property tax credit allowed				64	300
65 Lesser of Line 63 or Line 64.				65	300
66 Property tax credit limitation amount. If zero, the amount from Line 65 is entered on Line 66				66	0.00
67 Line 65 multiplied by Line 66.				67	0
68 Line 67 subtracted from Line 65				68	300

Schedule 4 - Individual Use Tax

69a Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a	0
69b Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b	0
69c Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c	0
69 Individual use tax: Add lines 69a, 69b, and 69c.	69	0

Schedule 5 - Contributions to Designated Charities

70a AR	70a	0
70b OT	70b	0
70c ES/W	70c	0
70d BCR	70d	0
70e SNS	70e	0
70f MFRF	70f	0
70 Total Contributions: Add Lines 70a through 70f	70	0

Taxpayer email

Schedule 1 - Modifications to Federal Adjusted Gross Income

31	Interest on state and local government obligations other than Connecticut	31	0
32	Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32	0
33	Reserved for future use.	33	
34	Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34	0
35	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero	35	0
36	Loss on sale of Connecticut state and local government bonds	36	0
37	Domestic production activity deduction (from federal Form 1040, line 35)	37	0
38	Other -- specify €	38	0
39	<b>Total additions:</b> Add Lines 31 through 38.	39	0
40	Interest on U.S. government obligations	40	0
41	Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41	0
42	Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42	0
43	Refunds of state and local income taxes	43	0
44	Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44	0
45	50% of military retirement pay	45	0
46	Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero	46	0
47	Gain on sale of Connecticut state and local government bonds	47	0
48	Connecticut Higher Education Trust (CHET) contributions Acct#:	48	0
49	Other -- specify €	49	0
50	<b>Total subtractions:</b> Add Lines 40 through 49.	50	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51	Modified Connecticut adjusted gross income	51	0
		Col. A	Col. B
52	Qualifying jurisdiction's name and two-letter code	52 €	
53	Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53	0
54	Divide Line 53 by Line 51	54	0.0000
55	Income tax liability: Line 11 subtracted from Line 6.	55	0
56	Line 54 multiplied by Line 55	56	0
57	Income tax paid to a qualifying jurisdiction	57	0
58	Lesser of Line 56 or Line 57	58	0
59	<b>Total credit:</b> Add Line 58, all columns.	59	0

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning

, 2013, ending

, 20

See separate instructions.

Your first name and initial

Last name

HELEN K

POTHANSZKY

Your social security number

000-0000

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

59 PRIMROSE AVENUE

Apt. no.

Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

BRIDGEPORT CT 06606-2733

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Foreign country name

Foreign province/state/country

Foreign postal code

Filing Status

1 [X] Single

2 [ ] Married filing jointly (even if only one had income)

3 [ ] Married filing separately. Enter spouse's SSN above and full name here.

4 [ ] Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 [ ] Qualifying widow(er) with dependent child

Check only one box.

Exemptions

6a [X] Yourself. If someone can claim you as a dependent, do not check box 6a.

b [ ] Spouse

c Dependents:

Table with 4 columns: (1) First name, Last name, (2) Dependent's social security number, (3) Dependent's relationship to you, (4) Child under age 17 qualifying for child tax credit.

If more than four dependents, see instructions and check here [ ]

Boxes checked on 6a and 6b No. of children on 6c who: • lived with you • did not live with you due to divorce or separation (see instructions) Dependents on 6c not entered above Add numbers on lines above 1

d Total number of exemptions claimed 1

Income

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2
8a Taxable interest. Attach Schedule B if required
8b Tax-exempt interest. Do not include on line 8a
9a Ordinary dividends. Attach Schedule B if required
9b Qualified dividends
10 Taxable refunds, credits, or offsets of state and local income taxes
11 Alimony received
12 Business income or (loss). Attach Schedule C or C-EZ
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here [ ]
14 Other gains or (losses). Attach Form 4797
15a IRA distributions
15b Taxable amount
16a Pensions and annuities
16b Taxable amount
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E
18 Farm income or (loss). Attach Schedule F
19 Unemployment compensation
20a Social security benefits
20b Taxable amount
21 Other income. List type and amount Net Operating Loss - SEE STMT
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income

Table with 2 columns: Line number, Amount. Values include 141, -11,272, 0, -283,920, -295,051.

Adjusted Gross Income

- 23 Educator expenses
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ
25 Health savings account deduction. Attach Form 8889
26 Moving expenses. Attach Form 3903
27 Deductible part of self-employment tax. Attach Schedule SE
28 Self-employed SEP, SIMPLE, and qualified plans
29 Self-employed health insurance deduction
30 Penalty on early withdrawal of savings
31a Alimony paid b Recipient's SSN
32 IRA deduction
33 Student loan interest deduction
34 Tuition and fees. Attach Form 8917
35 Domestic production activities deduction. Attach Form 8903
36 Add lines 23 through 35
37 Subtract line 36 from line 22. This is your adjusted gross income

Table with 2 columns: Line number, Amount. Values include -295,051.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.



Tax and Credits

38 Amount from line 37 (adjusted gross income) 38 -295,051.

39a Check  You were born before January 2, 1949,  Blind. Total boxes checked  39a 1  
 Spouse was born before January 2, 1949,  Blind. checked  39b

b If your spouse itemizes on a separate return or you were a dual-status alien, check here  39b

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 13,311.

41 Subtract line 40 from line 38 41 -308,362.

42 Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions 42 3,900.

43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0.

44 Tax (see instructions). Check if any from: a  Form(s) 8814 b  Form 4972 c  44 0.

45 Alternative minimum tax (see instructions). Attach Form 6251 45

46 Add lines 44 and 45 46 0.

47 Foreign tax credit. Attach Form 1116 if required 47

48 Credit for child and dependent care expenses. Attach Form 2441 48

49 Education credits from Form 8863, line 19 49

50 Retirement savings contributions credit. Attach Form 8880 50

51 Child tax credit. Attach Schedule 8812, if required. 51

52 Residential energy credits. Attach Form 5695 52

53 Other credits from Form: a  3800 b  8801 c  53

54 Add lines 47 through 53. These are your total credits 54

55 Subtract line 54 from line 46. If line 54 is more than line 46, enter -0- 55 0.

**Standard Deduction for—**

- People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.
- All others:
  - Single or Married filing separately, \$6,100
  - Married filing jointly or Qualifying widow(er), \$12,200
  - Head of household, \$8,950

Other Taxes

56 Self-employment tax. Attach Schedule SE 56

57 Unreported social security and Medicare tax from Form: a  4137 b  8919 57

58 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 58

59a Household employment taxes from Schedule H 59a

b First-time homebuyer credit repayment. Attach Form 5405 if required 59b

60 Taxes from: a  Form 8959 b  Form 8960 c  Instructions; enter code(s) 60

61 Add lines 55 through 60. This is your total tax 61 0.

Payments

If you have a qualifying child, attach Schedule EIC.

62 Federal income tax withheld from Forms W-2 and 1099 62

63 2013 estimated tax payments and amount applied from 2012 return 63

64a Earned income credit (EIC) 64a

b Nontaxable combat pay election 64b

65 Additional child tax credit. Attach Schedule 8812 65

66 American opportunity credit from Form 8863, line 8 66

67 Reserved 67

68 Amount paid with request for extension to file 68

69 Excess social security and tier 1 RRTA tax withheld 69

70 Credit for federal tax on fuels. Attach Form 4136 70

71 Credits from Form: a  2439 b  Reserved c  8885 d  71

72 Add lines 62, 63, 64a, and 65 through 71. These are your total payments 72

Refund

Direct deposit? See instructions.

73 If line 72 is more than line 61, subtract line 61 from line 72. This is the amount you overpaid 73

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here  74a

b Routing number X X X X X X X X X X c Type:  Checking  Savings

d Account number X X X X X X X X X X X X X X X X X X

75 Amount of line 73 you want applied to your 2014 estimated tax 75

Amount You Owe

76 Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions 76 0.

77 Estimated tax penalty (see instructions) 77

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)?  Yes. Complete below.  No

Designee's name: WILLIAM L MAINELLA, CPA Phone no. (203) 882-7171 Personal identification number (PIN) 000000

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Paid Preparer Use Only

Print/Type preparer's name: WILLIAM L MAINELLA, CPA Preparer's signature: Date: Check  if self-employed PTIN: F00735277

Firm's name: ORANGE & MARTORELLI, LLP Firm's EIN: 000000000

Firm's address: 50 CHERRY STREET MILFORD CT 06460 Phone no. (203) 992 7171



**Supplemental Income and Loss**

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

**2013**

Department of the Treasury

Attach to Form 1040, 1040NR, or Form 1041.

Additional information from your 2013 Federal tax return. Information about Schedule E and its separate instructions is on [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

Attachment Sequence No. 13

HELEN K POTHANSZKY

Your social security number

**Part I Income or Loss From Rental Real Estate and Royalties** Note. If you are in the business of renting personal property, use

**Line 21** Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 1040-ES.

**A** Did you make any payments in 2013 that would require you to file Form(s) 1099? (see instructions)  Yes  No

**B** If Yes, did you or will you file required Forms 1099?  Yes  No

**1a** Physical address of each property (street, city, state, ZIP code)

**A** 83 PRIMROSE AVE BRIDGEPORT CT

**B**

**C**

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A 365	0	<input type="checkbox"/>
B			B		<input type="checkbox"/>
C			C		<input type="checkbox"/>

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

Income:	Properties:	A	B	C
<b>3</b> Rents received	<b>3</b>	12,000.		
<b>4</b> Royalties received	<b>4</b>			
<b>Expenses:</b>				
<b>5</b> Advertising	<b>5</b>			
<b>6</b> Auto and travel (see instructions)	<b>6</b>			
<b>7</b> Cleaning and maintenance	<b>7</b>	7,272.		
<b>8</b> Commissions	<b>8</b>			
<b>9</b> Insurance	<b>9</b>			
<b>10</b> Legal and other professional fees	<b>10</b>			
<b>11</b> Management fees	<b>11</b>			
<b>12</b> Mortgage interest paid to banks, etc. (see instructions)	<b>12</b>	9,440.		
<b>13</b> Other interest	<b>13</b>			
<b>14</b> Repairs	<b>14</b>			
<b>15</b> Supplies	<b>15</b>			
<b>16</b> Taxes	<b>16</b>	6,560.		
<b>17</b> Utilities	<b>17</b>			
<b>18</b> Depreciation expense or depletion	<b>18</b>			
<b>19</b> Other (list) ▶	<b>19</b>			
<b>20</b> Total expenses. Add lines 5 through 19	<b>20</b>	23,272.		
<b>21</b> Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	<b>21</b>	-11,272.		
<b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	<b>22</b>	( 11,272. )		
<b>23a</b> Total of all amounts reported on line 3 for all rental properties	<b>23a</b>		12,000.	
<b>b</b> Total of all amounts reported on line 4 for all royalty properties	<b>23b</b>			
<b>c</b> Total of all amounts reported on line 12 for all properties	<b>23c</b>		9,440.	
<b>d</b> Total of all amounts reported on line 18 for all properties	<b>23d</b>			
<b>e</b> Total of all amounts reported on line 20 for all properties	<b>23e</b>		23,272.	
<b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses	<b>24</b>			
<b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	<b>25</b>	( 11,272. )		
<b>26</b> Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2.	<b>26</b>	-11,272.		

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Your social security number

HELEN K POTHANSZKY

~~000000000~~

**Caution.** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check the box in column (e) on line 28 and attach Form 6199. See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section.  Yes  No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A			<input type="checkbox"/>		<input type="checkbox"/>
B			<input type="checkbox"/>		<input type="checkbox"/>
C			<input type="checkbox"/>		<input type="checkbox"/>
D			<input type="checkbox"/>		<input type="checkbox"/>

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4582	(j) Nonpassive income from Schedule K-1
A				
B				
C				
D				
29a Totals				
b Totals				
30 Add columns (g) and (j) of line 29a				30
31 Add columns (f), (h), and (i) of line 29b				31 ( )
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below				32

**Part III Income or Loss From Estates and Trusts**

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss		Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A			
B			
34a Totals			
b Totals			
35 Add columns (d) and (f) of line 34a			35
36 Add columns (c) and (e) of line 34b			36 ( )
37 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37

**Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder**

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

**Part V Summary**

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	-11,272.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities	43	-11,272.

HELEN K POTHANSZKY

~~XXXXXXXXXX~~

Additional information from your 2013 Federal Tax Return

Form 1040: Individual Tax Return

Line 21

Explanation Statement

**Net Operating Loss Carryforward**

NOL from prior year

DUPLICATE

**Do not send this sheet with your return.**

**Checklist for filing your Connecticut income tax return:**

1. Be sure that Page 1 of your return is not printed on the back of this sheet.
2. Verify that the address lines on the return are correct and proper abbreviations are used.
3. If the Employer or Payer's Federal ID # is not listed on Page 2, Lines 18a through 18g, Column A, all withholding claimed will be disallowed and your return will not be successfully processed.
4. Do not attempt to remove or modify the solid boxes that print out on your return. Altering target marks may affect the processing of your return.
5. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
6. Do not make manual (hand written or typed) corrections to your return; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
7. Do not use this return to change or amend previously filed returns. You must use Form CT-1040X to change or amend a previously filed Connecticut income tax return. (File Form CT-1040X electronically at [www.ct.gov/TSC](http://www.ct.gov/TSC) using the Taxpayer Service Center.)
8. Do not attach or send copies of forms W-2 or 1099.
9. Send all completed pages of CT-1040 and Schedule CT-EITC. Send all four pages of your completed return, both pages of your completed CT EITC schedule, and any other supporting schedules.
10. Make check payable to: Commissioner of Revenue Services
11. To ensure proper posting, write your SSN(s) (optional) and "2013 Form CT-1040" on your check.
12. To mail your return, use the following addresses:
  - For all tax returns with payment:
    - Department of Revenue Services
    - PO Box 2935
    - Hartford CT 06104-2935
  - For refunds and tax returns without payment:
    - Department of Revenue Services
    - PO Box 5002
    - Hartford CT 06102-5002
13. Verify that all fields print completely and any preparer information is filled out and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.
14. If you wish to directly deposit a refund into a checking or savings bank account, confirm that Lines 25a through 25d have been completed. You must enter bank information on both the federal and Connecticut returns for each to be correctly deposited.

**Do not send this sheet with your return.**

1301115554

Form CT-1040 - 2013, Page 1 of 4
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2013 and ending:

Y S N FJ N FS N HH N QW

HELEN K POTHANSZKY N Dec.

N Dec.

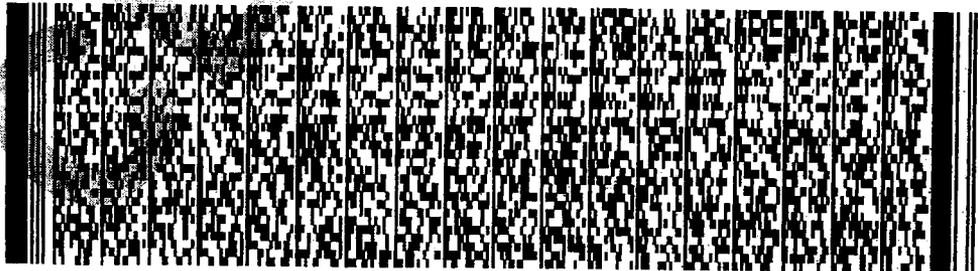
59 PRIMROSE AVE N CT-2210

N CT-8379 N CT-1040CRC

BRIDGEPORT CT 06606 - 2733

Table with 16 rows of tax calculation steps and amounts. Row 1: Federal adjusted gross income... -295051. Row 2: Additions to federal adjusted gross income... 0. Row 3: Add Line 1 and Line 2... -295051. Row 4: Subtractions from federal adjusted gross income... 0. Row 5: Connecticut adjusted gross income... -295051. Row 6: Income tax... 0. Row 7: Credit for income taxes... 0. Row 8: Line 7 subtracted from Line 6... 0. Row 9: Connecticut alternative minimum tax... 0. Row 10: Add Line 8 and Line 9... 0. Row 11: Credit for property taxes... 300. Row 12: Line 11 subtracted from Line 10... 0. Row 13: Total allowable credits... 0. Row 14: Connecticut income tax... 0. Row 15: Individual use tax... 0. Row 16: Total tax... 0.

Clip check here. Do not staple. Do not send W-2 or 1099 forms.



1301115554

1301115554

~~Orange & Martorelli~~

17. Amount from Line 16

17. 0

W-2, W-2G, and 1099 Information

Col. A - Employer or Payer's Fed. ID #

Col. B - CT Wages, Tips, etc.

Col. C - CT Income Tax Withheld

18a.	-	0	0
18b.	-	0	0
18c.	-	0	0
18d.	-	0	0
18e.	-	0	0
18f.	-	0	0
18g.	-	0	0

18h. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3) 18h. 0

18. Total Connecticut income tax withheld: Amounts in Column C.	18.	0
19. All 2013 estimated tax payments and any overpayments applied from a prior year	19.	0
20. Payments made with Form CT-1040 EXT	20.	0
20a. Earned income tax credit (from Schedule CT-EITC, Line 16)	20a.	0
21. Total payments: Add Lines 18, 19, 20, and 20a.	21.	0
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.	22.	0
23. Amount of Line 22 you want applied to your 2014 estimated tax	23.	0

24. Total contributions of refund to designated charities (from Schedule 5, Line 70) 24. 0

25. Refund: Lines 23 and 24 subtracted from Line 22. 25. 0  
If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type	Ck.	Sv.	25b. Rout. #	25c. Acct. #	
25d. Refund going to a bank account outside the U.S.	25d.	25e. Debit card	25e.		
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.	26.				0
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).	27.				0
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).	28.				0
29. Interest on underpayment of estimated tax (from Form CT-2210)	29.				0
30. Total amount due: Add Lines 26 through 29.	30.				0

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your signature	Date	Home/cell telephone number	
Spouse's signature (if joint return)	Date	Daytime telephone number	
Paid preparer's signature	Date	Telephone number	Preparer's SSN or PTIN
Firm's name, address, and ZIP code			FEIN
ORANGE & MARTORELLI, MILFORD CT 06460			061362236

Third Party Designee - Complete the following to authorize DRS to contact another person about this return.

Designee's name	Telephone number	Personal identification number (PIN)
PREPARER	2038827171	

Sign Here  
Keep a copy for your records.

Schedule 1 - Modifications to Federal Adjusted Gross Income

31. Interest on state and local government obligations other than Connecticut	31.	0
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.	0
33. Reserved for future use.	33.	
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.	0
35. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if greater than zero.	35.	0
36. Loss on sale of Connecticut state and local government bonds	36.	0
37. Domestic production activities (from federal Form 1040, Line 35)	37.	0
38. Other - specify *	38.	0
39. Total additions: Add Lines 31 through 38.	39.	0
40. Interest on U.S. government obligations	40.	0
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.	0
42. Social Security benefit adjustment (from Social Security Benefit Adjustment Worksheet)	42.	0
43. Refunds of state and local income taxes	43.	0
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.	0
45. 50% of military retirement pay	45.	0
46. Beneficiary's share of Connecticut fiduciary adjustment: Entered only if less than zero.	46.	0
47. Gain on sale of Connecticut state and local government bonds	47.	0
48. CHET contributions Acct. #:	48.	0
49. Other - specify *	49.	0
50. Total subtractions: Add Lines 40 through 49.	50.	0

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	0	
		Col. A	Col. B
52. Qualifying jurisdiction's name and two-letter code	52.		
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return	53.	0	0
54. Line 53 divided by Line 51	54.	0.0000	0.0000
55. Income tax liability: Line 11 subtracted from Line 6.	55.	0	0
56. Line 54 multiplied by Line 55	56.	0	0
57. Income tax paid to a qualifying jurisdiction	57.	0	0
58. Lesser of Line 56 or Line 57	58.	0	0
59. Total credit: Add Line 58, all columns.	59.		0

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	BRIDGEPOR		
Description of Property	59 PRIMRO		
Date(s) Paid	07152013		
Amount Paid	60. 7191	61. 0	62. 0
63. Total property tax paid: Add Lines 60, 61, and 62.			63. 7191
64. Maximum property tax credit allowed			64. 300
65. Lesser of Line 63 or Line 64.			65. 300
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. 0.00
67. Line 65 multiplied by Line 66.			67. 0
68. Line 67 subtracted from Line 65.			68. 300

Schedule 4 - Individual Use Tax

69a. Use tax at 1% (from Connecticut Individual Use Tax Worksheet, Section A, Column 7)	69a.	0
69b. Use tax at 6.35% (from Connecticut Individual Use Tax Worksheet, Section B, Column 7)	69b.	0
69c. Use tax at 7% (from Connecticut Individual Use Tax Worksheet, Section C, Column 7)	69c.	0
69. Individual use tax: Add Lines 69a, 69b, and 69c.	69.	0

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.	0
70b. OT	70b.	0
70c. ES/W	70c.	0
70d. BCR	70d.	0
70e. SNS	70e.	0
70f. MFRF	70f.	0
70. Total Contributions: Add Lines 70a through 70f.	70.	0

Taxpayer email

CITY OF BRIDGEPORT  
OFFICE OF THE CITY ATTORNEY

CITY ATTORNEY  
Mark T. Anastasi

999 Broad Street  
Bridgeport, Connecticut 06604-4328

DEPUTY CITY ATTORNEY  
Arthur C Laske, III

ASSOCIATE CITY ATTORNEYS

Gregory M. Conte  
Betsy A. Edwards  
Richard G. Kascak, Jr.  
Russell D. Liskov  
John R. Mitola  
Ronald J. Pacacha  
Lisa R. Trachtenburg



ASSISTANT CITY ATTORNEYS

Salvatore C. DePiano  
R. Christopher Meyer  
Edmund F. Schmidt  
Eroll V. Skyers

Telephone (203) 576-7647  
Facsimile (203) 576- 8252

COMM. #190-13 Referred to Miscellaneous Matters Committee  
on 11/17/2014 (OFF THE FLOOR)

*Via email*

November 17, 2014

Patricia Swain and AmyMarie Vizzo-Paniccia  
Co-Chairs, Miscellaneous Matters Committee  
City Hall  
45 Lyon Terrace  
Bridgeport, CT 06604

**Re: Proposed Workers Compensation Stipulation w/Claimant Steve Isaac for \$25,000**

Dear Co-Chairs Swain and Vizzo-Paniccia:

City Council President Thomas McCarthy has authorized submittal of the above-referenced matter **FOR REFERRAL TO MISCELLANEOUS MATTERS COMMITTEE** at tonight's City Council meeting. This will enable the matter to be heard by the committee at its November 24<sup>th</sup> meeting and by the full City Council on December 1<sup>st</sup> and permit the claim to be reported settled at a scheduled December Workers Comp hearing. Two Motions are required as follows:

1. Motion to ADD THE ITEM TO THE AGENDA - 2/3 majority vote required per FOIA.
2. Motion to REFER THE ITEM TO MISCELLANEOUS MATTERS COMMITTEE - simple majority vote required.

Since Councilmember Vizzo-Paniccia will not be in attendance this evening, it would be greatly appreciated if Councilmember Swain would make the appropriate motions at the conclusion of tonight's Council meeting. Thank you for your assistance in this matter.

Very truly yours,

  
Mark T. Anastasi, City Attorney

Cc: Mayor Bill Finch

Fleeta C. Hudson, City Clerk  
Frances Ortiz, Asst. City Clerk  
Thomas McCarthy, City Council President  
Andrew Nunn, CAO  
Adam Wood, Chief of Staff

RECEIVED  
CITY CLERK'S OFFICE  
NOV 18 A 9:19  
APRIST  
CITY CLERK

**\*178-13 Consent Calendar**

Grant Submission: State of Connecticut Office of Policy and Management (OPM) Transit-Oriented Development (TOD) Planning Grant Program.

---

---

**Report  
of  
Committee  
on**

**Public Safety and Transportation**

---

**Submitted: November 17, 2014**

Adopted: \_\_\_\_\_

Attest: \_\_\_\_\_

*Florence B. Hudson*

City Clerk

---

Approved: \_\_\_\_\_

\_\_\_\_\_  
Mayor

---

---



# City of Bridgeport, Connecticut

*To the City Council of the City of Bridgeport:*

The Committee on **Public Safety and Transportation** begs leave to report; and recommends for adoption the following resolution:

**\*178-13 Consent Calendar**

**A Resolution by the Bridgeport City Council  
Regarding the  
State of Connecticut Office of Policy and Management (OPM) Transit-Oriented  
Development  
(TOD) Planning Grant Program**

**WHEREAS**, the State of Connecticut Office of Policy and Management (OPM) is authorized to extend financial assistance to municipalities in the form of grants; and

**WHEREAS**, this funding has been made possible through the Transit-Oriented Development (TOD) Planning Grant Program; and

**WHEREAS**, funds under this grant are provided to plan for transit-oriented development projects; and

**WHEREAS**, it is desirable and in the public interest that the City of Bridgeport, Office of Planning and Economic Development, submits an application to the State of Connecticut Office of Policy and Management (OPM) Transit-Oriented Development (TOD) Planning Grant Program for the purpose of completing a transit-oriented development planning project.

**NOW THEREFORE, BE IT HEREBY RESOLVED BY THE CITY COUNCIL:**

1. That it is cognizant of the City's grant application to and contract with the State of Connecticut Office of Policy and Management (OPM) for the purpose of the Transit-Oriented Development (TOD) Planning Grant Program; and
2. That it hereby authorizes, directs and empowers the Mayor or his designee to execute and file such application with the State of Connecticut Office of Policy and Management (OPM) for the Transit-Oriented Development (TOD) Planning Grant Program and to provide such additional information and to execute such other contracts, amendments, and documents as may be necessary to administer this program.



Report of Committee on Public Safety and Transportation  
\*178-13 Consent Calendar

-2-

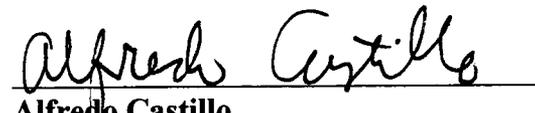
RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON PUBLIC SAFETY  
AND  
TRANSPORTATION

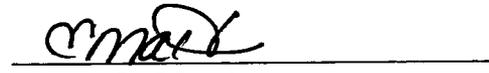
\_\_\_\_\_  
Michelle A. Lyons, Co-Chair

  
\_\_\_\_\_  
Milta I. Feliciano, Co-Chair

  
\_\_\_\_\_  
Jack O. Banta

  
\_\_\_\_\_  
Richard D. Salter, Sr.

  
\_\_\_\_\_  
Alfredo Castillo

  
\_\_\_\_\_  
Eneida L. Martinez

\_\_\_\_\_  
Richard M. Paoletto, Jr.

City Council Date: November 17, 2014

**\*184-13 Consent Calendar**

Agreement with United American Insurance Company for a Group Medicare Supplement Insurance Plan for Medicare – Eligible Retirees of the City and Board of Education Employees for the Period of January 1, 2015 through December 31, 2015.

---

---

**Report  
of  
Committee  
on  
Contracts**

**Submitted: November 17, 2014**

Adopted: \_\_\_\_\_

Attest: *Fleeta C Hudson*  
City Clerk

\_\_\_\_\_

Approved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Mayor*

---

---



# City of Bridgeport, Connecticut

*To the City Council of the City of Bridgeport:*

The Committee on Contracts begs leave to report; and recommends for adoption the following resolution:

## **\*184-13 Consent Calendar**

**RESOLVED**, That the attached Agreement with United American Insurance Company for a Group Medicare Supplement Insurance Plan for Medicare-Eligible Retirees of the City and Board of Education employees, for the period of January 1, 2015 through December 31, 2015 be and it hereby is, in all respects, approved, ratified and confirmed.

**RESPECTFULLY SUBMITTED,  
THE COMMITTEE ON CONTRACTS**

\_\_\_\_\_  
Howard Austin Sr., Co-chair

\_\_\_\_\_  
Susan T. Brannelly

\_\_\_\_\_  
Richard D. Salter, Sr.

\_\_\_\_\_  
Richard Paoletto

\_\_\_\_\_  
Richard DeJesus, Co-chair

\_\_\_\_\_  
James Holloway

\_\_\_\_\_  
Alfredo Castillo

\_\_\_\_\_  
Thomas C. McCarthy, President  
(Sat in to make quorum)

City Council: November 17, 2014



# united american insurance company

October 27, 2014

United American Insurance Company  
PO Box 8080  
McKinney, TX 75070

Dear Sir or Madam:

The purpose of this letter is to confirm the agreement of United American Insurance Company (United American) and the City of Bridgeport and Bridgeport Board of Education (Group Sponsor) regarding the items detailed herein. Capitalized terms used in this letter and not otherwise defined herein shall have the meanings set forth in the Group Policy effective January 1, 2015 (the "Policy").

1. **Eligibility:** United American agrees to amend the contract eligibility to include all retirees eligible for Medicare, regardless of age. This includes Medicare eligible pre-65 disabled lives.
2. **Policy Premiums:** In accordance with our proposal, United American guarantees the following monthly premiums for the five plans shown below being implemented inclusive of commission for the plan year effective January 1, 2015.

Plan 1 – Plan F: \$186.00

Plan 2 – Plan F w/ \$15 Doctor Office Copay, \$50 ER Copay: \$175.00

Plan 3 – Plan F w/ \$10 Doctor Office Copay, \$200 Annual Part A Deductible, \$75 ER Copay: \$173.00

Plan 4 – Plan F w/ \$20 Doctor Office Copay, \$200 Annual Part A Deductible, \$75 ER Copay: \$168.00

Plan 5 – Plan F w/ \$25 Doctor Office Copay, \$200 Annual Part A Deductible, \$75 ER Copay: \$165.00

United American agrees not to increase the policy premiums prior to January 1, 2016 based on the claims experience of the policy or based on the experience of all groups on which we write retiree medical coverage. This serves to clarify the "Change of Policy Premiums" section of the contract. United American agrees to a 6% maximum rate adjustment upon renewal effective January 1, 2016.

3. **Premium Payment, Grace Period and Notice of Termination:** United American agrees to allow a 90-day grace period for premium payment. United American agrees to pay claims during the 90-day grace period and, in exchange, the Group Sponsor agrees: (1) to remit all premiums billed by United American as soon as practicable but within the 90-day grace period; and (2) in the event that Group Sponsor cancels the policy, to provide United American a written notice of such policy cancellation prior to 120 days of the termination date. If the Group Sponsor provides United American a notice of policy cancellation, United American will pend the handling of claims from members whose premium payment is more than 60 days past due. If United American pays any benefits to any member(s) whose premium is/are ultimately not remitted by the Group Sponsor, the Group Sponsor agrees to reimburse United American an amount equal to said benefits.

Continued on next page

United American Insurance Company – 3700 S. Stonebridge Dr. – McKinney, TX 75070

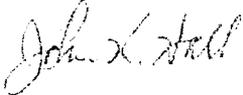


**united american insurance company**

4. Policy Cancellation: Provided the Group Sponsor complies with all other terms of the Group Policy, and without negating any provisions of the Group Policy, United American agrees that the contract termination provision would be limited to a reason of non-payment of premium.
5. Pre-existing Conditions Limitations Provision in policy certificate: Because plans are retiree only, they are not subject to all of the Health Care reform rules, including the Pre-Existing Conditions limitation. Since these plans are replacing their current coverage, United American agrees to waive the Pre-Existing Conditions Limitations.

Please confirm that the foregoing is in accordance with your understanding of our agreement by signing a returning to us an original of this letter.

Sincerely,



John K. Hall, Senior Vice President  
United American Insurance Company

Agreed to by:

---

Print name and title

City of Bridgeport, CT

# UNITED AMERICAN INSURANCE COMPANY

P.O. BOX 8080, MCKINNEY, TEXAS 75070  
A DELAWARE STOCK COMPANY \* ADMINISTRATIVE OFFICES: MCKINNEY, TX

**Group Policyholder:** City and BOE of Bridgeport

**Group Policy Number:** 3450, 3455, 3460, 3465

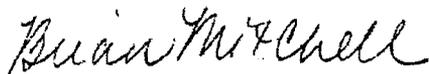
**Effective Date of the Group Policy:** January 1, 2015

**State of Issue:** Connecticut

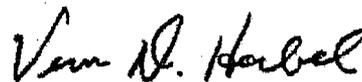
This Group Policy contains the terms under which the United American Insurance Company agrees to insure certain Group members and pay benefits in consideration for the application and payment of the premium. The Group Policy takes effect on the Effective Date of the Group Policy shown above. It continues as long as the required premiums are paid, except as described in the Payment of Premiums Provision.

The Insurance Company and the Group Policyholder have agreed to all of the terms of this Group Policy.

Signed by officers of the United American Insurance Company at McKinney, Texas.



Secretary



President

**GROUP INSURANCE POLICY  
NON-PARTICIPATING**

## PREMIUMS

### PAYMENT OF PREMIUMS

The first premium is due on the Effective Date of the Group Policy. Each following premium payment is due monthly unless we agree with the Group Policyholder on some other method of payment. We may also agree with the Group Policyholder to change the amount of premium payment and its effective date of change. Premium payments should be sent to Our Administrative Office. Premiums will be considered paid on the date We receive the payment at Our Administrative Office or other designated location.

Premium is due on the first day of each month. A grace period of 31 days is allowed for the late payment of each premium after the first premium. If the Group Policyholder has not given Us written notice that the Group Policy is to be terminated prior to the premium date, the grace period for payment will begin. If the premium is paid by the end of the grace period, the Group Policy will remain in force. If the premium is not paid by the end of the grace period, the Group Policy automatically terminates effective as of the last day of the month for which the last premium payment was received..

Premiums withheld from Insureds shall not cause coverage for such Insureds to be or remain in effect, if premiums are not paid on time, as provided above. The Group Policyholder, in collecting these premiums, is acting for the Insureds and not for the Insurer.

The Group Policy premiums are to be paid to Us by the Group Policyholder. However, they may be paid to Us by any other person according to a Mutual agreement among the other person, the Group Policyholder and Us.

### PREMIUM STATEMENT

A premium statement will be prepared in accordance with the billing method We arrange with the Group Policyholder. This premium statement will show the premium due. It will also reflect any pro rata premium charges and credits resulting from changes in the number of insured persons and changes in the amounts of insurance that took place during the period following the last premium statement. In the event that notice of termination of an insured person, or a decrease in coverage, is received by Us more than one month after the termination or decrease, retroactive premium credit will be limited to one month's premium.

### CALCULATION OF PREMIUMS

The total monthly premium due is determined by multiplying the number of Insureds on a premium due date by the premium rate in effect on that date for that plan and adding any late charge.

### CHANGE IN PREMIUMS

We reserve the right to make a special adjustment to Our rates if, in Our opinion, Our liability has been altered because of a change in state or federal law, a revision to the Group Policy requested by the Group Policyholder, or a substantive change in the composition of the group. Any such change in rates will take effect on the effective date of the change in the law, the change in benefits, or the change in the composition of the group. A rate adjustment made for any of the reasons stated above will supersede any rate guarantee, if any, previously agreed to.

## TERMINATION FOR THE GROUP POLICY

### TERM OF POLICY AND RENEWAL PRIVILEGE

The Group Policy begins on the Effective Date of the Group Policy. It will continue for as long as premiums are paid or until it is terminated. Notice to terminate the Group Policy can come from either the Group Policyholder or from Us. The Group Policyholder may terminate any or all of the insurance by giving us written notice. It will terminate on the later of:

1. the date requested in the termination notice; or
2. the date we receive the notice.

The Insurer may cancel the Group Policy at any time by giving written notice to the Group Policyholder of the date the Group Policy is to be canceled. The notice will be delivered or mailed to the Group Policyholder at the address shown on the Insurer's records in accordance with applicable state regulations.

### REQUIRED DATA

The Group Policyholder will provide the Insurer with all data needed to carry out the terms of the Group Policy, including, but not limited to: (1) details of persons who become insured; (2) changes in the amount of Insurance; (3) termination of Insurance; and (4) any other information the Insurer may reasonably require. The relevant records of the Group Policyholder may be inspected by the Insurer at any time.

### CERTIFICATE PROVISIONS MADE A PART OF THE GROUP POLICY

The remainder of the Group Policy consists of the provisions shown in the Certificate(s) issued to Insureds under the Group Policy. These provisions, described in general below, are made a part of the Group Policy.

Amendments, if any, changing the provisions of the Certificate are also made a part of the Group Policy.

The attached Riders, if any, making available additional benefits to Insured Persons are also made a part of the Group Policy. The additional benefits will be provided to such Insured Persons if a Certificate Rider for such coverage is attached to their Certificate.

Certificate Face Page  
Table of Contents  
Definitions  
Eligibility and Effective Dates  
Benefit Provisions  
Termination Provisions

**Dear Certificateholder:**

**United American Insurance Company is pleased to enclose your group retiree health certificate of coverage. Your retiree health coverage is made available to you through the sponsorship of the organization named below. This certificate describes the benefits you are entitled to under your coverage.**

**Since Medicare began we have been recognized as a leader in Supplemental insurance to Medicare. We believe that the satisfaction we provide to our customers is one reason we have achieved the reputation as "the company that does what it says it will do."**

**Attached to this letter you will find your personal identification card. Please use your identification number shown on this permanent ID card on all correspondence with the company. If you have any questions, call toll-free 1-800-730-4648.**

**We value you as a certificateholder and look forward to serving your needs for years to come.**

**Sincerely,**

*V. D. Herbel*  
**SPECIMEN**  
President

**Vern D. Herbel  
President**

**UNITED AMERICAN INSURANCE COMPANY**  
P.O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085

**Name:**

**Certificate:**

**Congratulations! You are entitled to our ultimate claims service - "Automatic" Claims Filing® (ACF). United American Insurance Company, designed ACF® to ensure that claims are not missed. Your permanent I.D. card informs your doctor that you are enrolled in our ACF® service. With "Automatic" Claims Filing®, your eligible Part B claims under your certificate will automatically be handled by us shortly after you receive your summary notice of benefits from Medicare.**

**At the time your certificate was first issued for you, we began notifying the Medicare Part B administrators about your participation in our ACF® system, which may take a few weeks for them to complete. Once everything is integrated with those administrators, ACF® will work automatically and the vast majority of your claims filing with the company will be eliminated. Enclosed is some additional information for you about claims filing.**

**If you have any questions about our "Automatic" Claims Filing® service, please contact customer service at 1-800-730-4648. They will be happy to assist you.**

**GRACF1**

NOTICE TO BUYER: This Certificate may not cover all of Your medical expenses.

RETIREE HEALTH PLAN

BENEFIT PLAN F

COMPANY CANNOT CANCEL THIS CERTIFICATE (EXCEPT FOR NON-PAYMENT OF PREMIUM) UNLESS ALL CERTIFICATES UNDER THE RETIREE HEALTH PLAN ARE TERMINATED IN ACCORDANCE WITH THE TERMINATION PROVISIONS. COMPANY MAY CHANGE PREMIUM RATES BY CLASS AND AS MEDICARE BENEFITS CHANGE AS PROVIDED IN THE RENEWAL PROVISION.

**UNITED AMERICAN INSURANCE COMPANY**

P.O. BOX 8080, MCKINNEY, TX 75070 (972) 529-5085

A Nebraska Stock Company \* Administrative Offices: McKinney, TX

This Certificate establishes that You are insured for the benefits summarized in this Certificate, subject to all the terms of the Group Policy.

This Certificate describes the benefits, important provisions, exclusions and limitations of Your coverage. Insurance under the Group Policy is effective only if You become and remain insured. READ YOUR CERTIFICATE CAREFULLY. The Group Policy may at any time be amended or discontinued by agreement between the Insurer and the Policyholder without Your consent. Any such change will become effective on the effective date of the endorsement to the Group Policy. The Group Policy, unless stated otherwise in this Certificate, is governed by the laws of the State of issue.

**30 DAY RIGHT TO EXAMINE CERTIFICATE**

If You are not satisfied with this Certificate for any reason, return it to Our Administrative Offices or to Our designee within 30 days after You receive it. Any premium You paid will be refunded. The Certificate will be void from the beginning. It will be as if no Certificate had been issued.

**RENEWAL PROVISION**

The benefits described by this Certificate will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts which you are required to pay under Medicare. The renewal premiums for this Certificate may change on the renewal date following the effective date of any such applicable change. Any such premium change will be based on the actuarial computations which We then use to determine the renewal premium. Your premiums may also be adjusted due to unanticipated increasing health care costs for all certificates in your class.

We reserve the right to make a special adjustment to Our rates if, in Our opinion, Our liability has been altered because of a change in state or federal law, a revision to the Group Policy requested by the Policyholder, or a substantive change in the composition of the Policyholder. Any such change in rates will take effect on the effective date of the change in the law, the change in benefits, or the change in the composition of the Policyholder. The benefits described by this Certificate will change automatically to coincide with any applicable changes in the deductible and/or Coinsurance amounts which You are required to pay under Medicare.

INSURED

CERTIFICATE SCHEDULE  
CERTIFICATE CERTIFICATE  
NUMBER DATE

The "PRE-EXISTING CONDITIONS LIMITATIONS" is waived for your certificate.

**RIDER FORM**

**DESCRIPTION OF ADDITIONAL BENEFITS**

SNFS	Ben. For Skilled Nursing Facility Stays - Med. Part A Rider
PADB	Med. Part A Ded. Benefit Rider
PBDB	Med. Part B Ded. Benefit Rider
100%EBPB	100% Excess Expense Benefit - Med. Part B Rider
EFTB	Emergency Foreign Travel Benefit Rider
HCB	Hospice Care Benefit Rider

**TABLE OF CONTENTS**

	Page		Page
30 Day Right to Examine Certificate	1	Definitions	3
Renewal Provision	1	Certificate Provisions	3
Pre-Existing Conditions Limitations Provisions	2	Certificate Provisions - Claims	5
The Insuring Clause	2	Conversion Privilege	5
Persons Eligible for Coverage	2	Benefits	6
Enrollment and Effective Date of Individual Insurance	2	Limitations and Exclusions	6

**PRE-EXISTING CONDITIONS LIMITATIONS PROVISION**

Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the Certificate effective date.

**THE INSURING CLAUSE**

The Insurer insures You against specified losses incurred by You. Benefits stated in this Certificate, subject to all its provisions, limitations and exclusions, will be paid for the losses which are incurred while Your Individual Insurance under the Group Policy is in force.

**PERSONS ELIGIBLE FOR COVERAGE**

To be eligible for coverage under the Group Policy, You must:

- 1) be a member of the Group to which the Group Policy was issued;
- 2) be eligible for Medicare;
- 3) be enrolled in both Medicare Parts A and B at all times while Your Individual Insurance is in effect;
- 4) have no Medicare Supplement coverage; and
- 5) be age 65 or older

**ENROLLMENT AND EFFECTIVE DATE OF INDIVIDUAL INSURANCE**

**ENROLLMENT**

You may enroll either when You first become eligible for coverage under the Group Policy or during any open Enrollment Period.

**EFFECTIVE DATE OF INDIVIDUAL INSURANCE**

The effective date of individual insurance for You shall be the Certificate effective date shown on the Certificate Schedule.

**Request for Change in Insured's Coverage:**

If You request a change in Your coverage, the change will become effective upon Our agreement to the change provided that the required additional premium, if any, is paid.

If the request increases coverage, Our acceptance of the request will be subject to evidence of insurability.

## DEFINITIONS

Where used in this Certificate:

**BENEFIT PERIOD** means the unit of time used in the Medicare program to measure use of services and availability of services under Medicare Part A hospital insurance.

**CALENDAR YEAR** means the period beginning on each January 1 and ending on the following December 31.

**COINSURANCE AMOUNTS** means the portion of Medicare approved expense You are obligated to pay but not including the Medicare Part A inpatient hospital deductible or Part B Calendar Year deductible.

**HOSPITAL STAY** means one day or more of confinement within a hospital, as a resident patient under the care of a Physician, due to Injury or Sickness.

**INDIVIDUAL INSURANCE** means Your coverage under the Group Policy as evidenced by this Certificate.

**INJURY** means accidental bodily injury which is sustained while Your Individual Insurance is in force and includes all injuries resulting from one accident.

**MEDICARE** means Title I, Part I of Public Law 89-97, Federal Medicare Act of 1965, as amended.

**MEDICARE ELIGIBLE EXPENSES** means expenses of the kind covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

**PHYSICIAN** means a person legally licensed to treat Injury or Sickness, other than You or any member of Your immediate family.

**SICKNESS** means illness or disease which first manifests itself while Your Individual Insurance under the Group Policy is in force.

**WE, US, OUR and INSURER** mean the United American Insurance Company.

**YOU, YOUR, YOURS and INSURED** mean the person whose name is shown in the Certificate Schedule.

## CERTIFICATE PROVISIONS

**PREMIUM PAYMENT:** Coverage under this Certificate is issued based on the enrollment form and the payment of the first premium. A copy of the enrollment form is a part of this Certificate. This Certificate takes effect at 12 o'clock noon, Standard Time of the place where You reside on the effective date of this Certificate, and remains in effect until the same hour on the date on which the Initial Term expires.

The effective date of this Certificate, the Initial Premium and the date the Initial Term expires are shown in the Certificate Schedule. All premiums shall be due and payable at Our Administrative Offices.

We may change any premium rate from time to time, subject to any required Insurance Department approval. If We change rates, notice will be given of the change as required by applicable state regulations.

Coverage will lapse on the last day of the period for which premium is paid or if the Group Policy is terminated. If the premium is not paid by that date and the Policyholder has not given Us written notice that the Group Policy is to be terminated, the grace period will begin.

**ENTIRE CONTRACT; CHANGES:** The Group Policy, with the Policyholder's application and attached papers, constitutes the entire contract between the Policyholder and the Insurer. Any statement made by the Policyholder or by an Insured shall be deemed a representation and not a warranty. No such statement by an Insured shall be used in defense of a claim for loss under the Certificate unless it is contained in a written application signed by the Insured.

No change in the Policy will be effective until approved by Us and endorsed by the Policyholder. No amendment, renewal or termination of the Group Policy shall require the consent of any Insured or beneficiary or other person having a beneficial interest herein.

Our designee may not change this Certificate or waive any of its provisions.

**TIME LIMIT ON CERTAIN DEFENSES:** After two years from the effective date of Individual Insurance, only nonpayment of premium may be used to void such Individual Insurance or deny any claim for loss incurred or disability that starts after the two year period.

**GRACE PERIOD:** This Certificate has a 31 day grace period. This means that if a renewal premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the grace period this coverage will stay in force.

**REINSTATEMENT:** If the renewal premium is not paid before the grace period ends, this Certificate will lapse. Later acceptance of the premium by Us (or by Our designee authorized to accept payment) without requiring an application for reinstatement will reinstate this Certificate.

If We or Our designee requires an application, this Certificate will be reinstated when We approve the application, or on the 45th day after We receive it unless We have previously written You of its disapproval.

The reinstated coverage will cover only loss that results from an Injury sustained after the date of reinstatement or Sickness that starts more than 10 days after such date. In all other respects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Certificate.

**SUSPENSION OF COVERAGE WHILE ENTITLED TO MEDICAID:** By written notice to Us, You may request that benefits and premiums for You under this Certificate be suspended for the period in which You have been determined to be entitled to Medicaid. Written notice must be received by Us within 90 days after the date You become entitled to Medicaid. After We have received such notice, We will return to You any portion of premiums paid for the period of suspension less any claims paid. The suspension period shall not exceed 24 months.

If Your entitlement to Medicaid ends, You must send Us written notice of the loss of such entitlement within 90 days. We will reinstate Your benefits and premiums under this Certificate as of the date Your entitlement ended. You must pay any premium due from the date such entitlement ended. The reinstated coverage shall be the same as if no suspension has occurred.

**TERMINATION OF INDIVIDUAL INSURANCE:** Your insurance will terminate on the first premium due date on or next following the earliest of the following dates:

- 1) the date the Group Policy is terminated;
- 2) the date the premium required to keep the coverage in force is not paid within the time allowed;
- 3) the date You cease to be eligible for this plan; or
- 4) the date We receive written notice that You wish to terminate Your coverage.

**NOTICE OF CLAIM:** Written notice of claim must be given to Us within 20 days after a covered loss starts or as soon as reasonably possible. The notice can be given to Us at Our Administrative Offices in McKinney, Texas or to Our designee.

Notice should include Your name and Your Certificate Number.

When We receive the notice of claim, We will send You any required forms for filing proof of loss, if applicable. If these forms are not given to You within 15 days, You will meet the proof of loss requirements by giving Us a written statement of the nature and extent of Your loss.

You must give written proof of loss to Us within 6 months after the date of such loss. If it was not reasonably possible to give written proof in the time required, We will not reduce or deny the claim for this reason if the proof is filed as soon as reasonably possible. In any event, the proof required must be given no later than 1 year from the time specified unless You were legally incapacitated.

**TIME OF PAYMENT OF CLAIMS:** After receiving written proof of loss, We will pay all benefits then due for such loss.

**PAYMENT OF CLAIMS:** Any benefits unpaid at Your death may be paid, at Our option, either to Your beneficiary or Your estate. All other benefits will be paid to You.

If benefits are payable to Your estate or a beneficiary who cannot execute a valid release, We can pay benefits up to \$1,000.00 to someone related to You or the beneficiary by blood or marriage whom We consider to be entitled to the benefits. We will be discharged to the extent of any such payment made in good faith.

**PHYSICAL EXAMINATIONS:** We, at Our expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

**LEGAL ACTIONS:** No legal action may be brought to recover on the Group Policy within 60 days after written proof of loss has been given as required by the Certificate. No such action may be brought after 3 years from the time written proof of loss is required to be given.

**CONFORMITY WITH STATE STATUTES:** Any provision of this Certificate which, on its effective date, is in conflict with the laws of the state in which You reside on that date is amended to conform to the minimum requirements of such laws.

**ASSIGNMENT:** No assignment under the Certificate shall be binding upon Us unless the original (or a copy of it) is on file at Our Administrative Offices. We do not assume any responsibility for the validity of any assignment.

#### **CONVERSION PRIVILEGE**

If Your coverage under the Group Policy terminates, You will be entitled to convert to an individual Medicare Supplement plan if:

- 1) The Group Policy terminates. Conversion is not available to Insureds whose coverage was terminated by Us for non-payment of premium; or
- 2) You are the spouse of a Group Member and Your coverage under the Group Policy terminates because of the dissolution of Your marriage or the death of the Group Member.

We will not require evidence of insurability for a conversion policy. You must apply in writing and pay the initial premiums for the conversion policy within 31 days after Your coverage under the Group Policy terminates. If You do not apply and pay the initial premium within 31 days, You will not be entitled to a conversion policy.

The policy which will be offered to You for the purposes of conversion will be either:

- 1) A policy whose benefits are identical to those covered under the Group Policy; or
- 2) Any individual Medicare Supplement policy then being offered in Your state to a person of Your sex and age at the time of issue of the conversion policy. The premiums for that conversion policy will be in accordance with the table of premium rates then applicable to that form in Your state for Your sex and age at the time of issue of the conversion policy.

## BENEFITS

### PART 1 BENEFITS FOR HOSPITAL STAYS - MEDICARE PART A

We will pay the following benefits when You have a Hospital Stay for which benefits are paid by Medicare Part A:

- 1) The expense You incur for the Coinsurance Amounts for the 61st day through the 90th day of Your Hospital Stay;
- 2) The expense You incur for the Coinsurance Amounts for the Lifetime Reserve Days; and
- 3) Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of the Medicare Part A eligible expenses for hospitalization paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

### PART 2 MEDICARE BLOOD DEDUCTIBLE BENEFIT

We will pay the expense You incur for the Medicare Part A and Part B Calendar Year blood deductible.

### PART 3 BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

If You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare approved charge:

The expense incurred for the Coinsurance Amount.

Under this Part 3 of this Certificate, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

## ADDITIONAL BENEFITS

### PART 4 BENEFITS IF YOU ARE NOT COVERED BY MEDICARE

If You are not covered by either Medicare Part A or Part B, We will pay the benefits provided by Parts 1 and 2 as though You had been covered by Medicare.

With respect to Part 3, We will pay 20% of any incurred medical expenses that would otherwise be eligible under Medicare Part B.

### PART 5 LIMITATIONS AND EXCLUSIONS

We will not pay benefits under this Certificate for:

- 1) Any expense which You are not legally obligated to pay; or
- 2) Any services that are not medically necessary as determined by Medicare or are not furnished at the direction of and under the supervision of a Physician; or
- 3) Any portion of any expense for which payment is made by Medicare; or
- 4) Custodial or intermediate level care, or rest cures; or
- 5) Any type of expense not eligible for coverage under Medicare except as provided under Part 4.

**UNITED AMERICAN INSURANCE COMPANY**  
ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

**BENEFITS FOR SKILLED NURSING FACILITY STAYS - MEDICARE PART A RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate)

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

When You have a posthospital Skilled Nursing Facility Stay which is eligible under Medicare Part A, We will pay the following benefit:

The expense You incur for the actual billed charges up to the Coinsurance Amount from the 21st day through the 100th day in a Medicare Benefit Period.

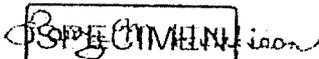
For the purposes of this benefit, the following definitions will apply:

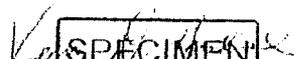
**SKILLED NURSING FACILITY** means a facility certified by Medicare as a Skilled Nursing Facility.

**SKILLED NURSING FACILITY STAY** means one day or more of confinement within a Skilled Nursing Facility, as a resident patient under the care of a Physician, following a Hospital Stay of at least 3 days. The Skilled Nursing Facility Stay must be for further treatment of the Injury or Sickness requiring the Hospital Stay and begin within 30 days of hospital discharge.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

  
**SPECIMEN**  
Secretary

  
**SPECIMEN**  
President

**UNITED AMERICAN INSURANCE COMPANY**  
ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

**MEDICARE PART A DEDUCTIBLE BENEFIT RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

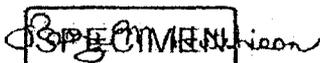
Effective Date: (If other than the Date of Issue of the certificate)

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay the expense You incur for all of the Medicare Part A Inpatient hospital deductible amount per Benefit Period.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

  
SECRETARY  
Secretary

  
SECRETARY  
President

**UNITED AMERICAN INSURANCE COMPANY**  
ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

**MEDICARE PART B DEDUCTIBLE BENEFIT RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate)

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay the expense You incur for all of the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

*[Handwritten Signature]*  
SPECIMEN  
Secretary

*[Handwritten Signature]*  
SPECIMEN  
President

**UNITED AMERICAN INSURANCE COMPANY**  
ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

**100% EXCESS EXPENSE BENEFIT - MEDICARE PART B RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

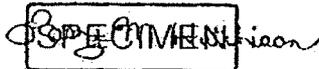
Effective Date: (If other than the Date of Issue of the certificate)

This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

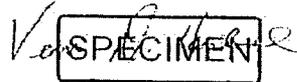
We will pay 100% of the difference between the actual incurred Medicare Part B charge as billed not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

A rectangular stamp with the word "SPECIMEN" in the center, overlaid with a handwritten signature in cursive.

Secretary

A rectangular stamp with the word "SPECIMEN" in the center, overlaid with a handwritten signature in cursive.

President

**UNITED AMERICAN INSURANCE COMPANY**  
ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

**EMERGENCY FOREIGN TRAVEL BENEFIT RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate)

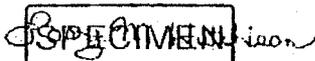
This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

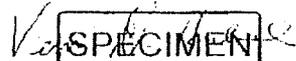
We will pay benefits to the extent not covered by Medicare for 80% of the billed charges You incur for Medicare eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, if that care would have been covered by Medicare if provided in the United States. The care must begin during the first 60 consecutive days of each trip outside of the United States. The benefit will be subject to a Calendar Year deductible of \$250 and a lifetime maximum benefit of \$50,000.

For the purposes of this benefit, Emergency Care shall mean care needed immediately because of an Injury or a Sickness of sudden and unexpected onset.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

  
SECRETIMEN  
Secretary

  
SPECIMEN  
President

**UNITED AMERICAN INSURANCE COMPANY**  
ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

**HOSPICE CARE BENEFIT RIDER**

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate)

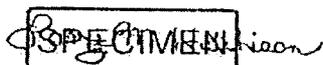
Amount of Premium:

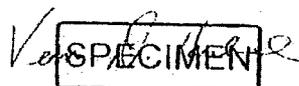
This rider is issued in consideration of the payment of the required premium and in reliance on the statements contained in the application.

We will pay \_\_\_\_\_ of cost sharing for all Part A Medicare eligible hospice care and respite care expenses. We will not pay benefits under this rider for custodial or intermediate level care, or rest cures.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

  
**SPECIMEN**  
Secretary

  
**SPECIMEN**  
President