PAYER'S name, street address, cit	ty, state, and ZIP code		1 Gross distribution	2a Taxable amount	OMB No. 1545-0119
FIDELITY SERVICE CO		Eldollin	4906.06	4906.05	2008
P.O. BOX 505421			\$ 4806.05	\$ 4806.05	Form 1099-R: Distributions
CINCINNATI, OH 452	50-5421		not determined ^	distribution 4 Federal Income tax	From Pensions, Annuities,
			(Included in box 2a)	withheld	Retirement or Profit-Sharing
RECIPIENT'S Name and	Address		\$	\$	Plans, IRAs,
01 <b>96851</b> FR	T 0823	84	5 Employee contributions designated Roth contrib	in employer's securities	Insurance Contracts, etc.
208060 001 001			or insurance premiums	•	This information is being furnished to the Internal
BARRY FRIEDMAN				Other	Revenue Service.
480 TWEEDSMUIR AVE			code(s) SEP/ SIMPLE	•	COPY C
OTTAWA ONTARIO K1 <b>Z5N9</b>			4 X \$	%	For
CANADA	•		9a Your percentage of total distribution	9b Total employee contributions	Recipient's
					Records
			10 State tax withheld	\$ 11 State/Payer's state number 1:	2 State distribution
ORIGINAL DEPOSIT	OR: DOROTHY FRIEDMA	N .			
Customer service phone number	er 800-544-6666	.,	<b>\$</b>	\$	
PAYER'S Federal ID #	RECIPIENT'S ID #	Account number	13 Local tax withheld	14 Name of locality 15	Local distribution
04-6519726	108-36-0183	2BY-893935	\$	\$	
FORM <b>1099-R</b>				Department of the Treasury - Int	ernal Revenue Service
PAYER'S name, street address, ci			1 Gross distribution	2a Taxable amount	OMB No. 1545-0119
FIDELITY SERVICE CO		Fidelity	4000.05	4000.05	2008
P.O. BOX 505421	<b>)</b> .	INVESTMENTER	\$ 4806.05 2b Taxable amount ly	]\$ 4806.05	Form 1099-R: Distributions
CINCINNATI, OH 452	50-5421		not determined	→ distribution —	From Pensions, Annuities,
			3 Capital gain (Included in box 2a)	4 Federal income tax withheld	Retirement or
			\$	\$	Profit-Sharing Plans, IRAs,
			5 Employee contributions designated Roth contrib		Insurance Contracts, etc.
RECIPIENT'S Name and	Address		or insurance premiums	, in omployor associatives	This information is being furnished to the Internal
DADDY FOTCOMAN			\$ Distriction IDA/ 1 To	\$	Revenue Service.
BARRY FRIEDMAN 480 TWEEDSMUIR A	AVF	•	code(s) SEP/	Other	COPY 2
OTTAWA ONTARIO	17 <b>6</b>		SIMPLE	0/	File this copy
K1Z5N9			9a Your percentage of	9b Total employee contributions	with your State, City, or Local
CANADA			total distribution		income tax return, when
			%	\$	required.
			10 State tax withheld	11 State/Payer's state number 1	2 State distribution
	OR: DOROTHY FRIEDMA	<u> </u>			
Customer service phone number PAYER'S Federal ID#	er 800-544-6666 RECIPIENT'S ID #	TAccount number	\$	de Name de la colifa.	
04-6519726	108-36-0183	Account number 2BY-893935	13 Local tax withheld	14 Name of locality 1	5 Local distribution
FORM 1099-R	100 00 0100			Department of the Treasury - In	ternal Revenue Service
PAYER'S name, street address, cit	tv. state, and ZIP code		·		OMB No. 1545-0119
			1 Gross distribution	2a Taxable amount	2008
FIDELITY SERVICE CO	).	Fidelity	\$ 4806.05	\$ 4806.05	Form 1099-R:
P.O. BOX 505421 CINCINNATI, OH 4529	50-5421		2b Taxable amount X	Total distribution	Distributions From Pensions,
			3 Capital gain	4 Federal Income tax	Annuities, Retirement or
			(Included in box 2a)	withheld	Profit-Sharing
			5 Employee contributions	6 Net unrealized appreciation	Plans, IRAs, Insurançe
RECIPIENT'S Name and	Address		designated Roth contrib	o. in employer's securities	Contracts, etc. This information is being
			\$	\$	furnished to the Internal Revenue Service.
BARRY FRIEDMAN	1			Other	COPY B
480 TWEEDSMUIR			code(s) SEP/ SIMPLE		Report this income on your Federal Tax
OTTAWA ONTARIO K1Z5N9	J		4 X \$	%	Return. If this Form
CANADA			9a Your percentage of total distribution	9b Total employee contributions	shows Federal income tax withheld
					in box 4, attach this
			10 State tax withheld	\$ 11 State/Payer's state number 1	copy to your return.  2 State distribution
ORIGINAL DEPOSIT	OR: DOROTHY FRIEDM	AN			
Customer service phone number			\$	\$	
PAYER'S Federal ID #	RECIPIENT'S ID #	Account number	13 Local tax withheld	14 Name of locality 1	5 Local distribution
<b>04-6519726</b> FORM <b>1099-R</b>	108-36-0183	2BY-893935	\$	\$ Department of the Treasury - Int	ernal Pevenue Service
				Dopardion of the Heading - Int	CITIES LYCAGISTE DELAICE



NATIONAL FINANCIAL SERVICES LLC Agent for Fidelity Management Trust Company 200 LIBERTY ST. 5TH FLR. NEW YORK NY 10281

2008 Form 5498 IRA Co	ntribution Information
Taxpayer ID.	Page

108-36-0183

Federal ID Number: 04-3523567

Envelope 727001977

BARRY FRIEDMAN 480 TWEEDSMUIR AVE K1Z5N9 OTTAWA ONTARIO CANADA Customer Service: 800-544-6666

1 of 2

Form 5498		2008 IRA Contribution Information  This information is being furnished to the Internal Revenue Service.					OMB No. 1545-0747 Copy B for Participant	
Account Type	1. iRA Contributions (other than amounts in boxes 2, 3, 4, and 8-10)	2. Rollover Contributions	3. Roth Conversion Amount	4. Recharacterized Contributions	5. Fair Market Value of Account	7. IRA Type	8. SEP Contributions	10. Roth IRA Contributions
RA-BDA	0.00	0.00	0.00	0.00	96,627.78	IRA	0.00	0.00
	Original Depositor:	DOROTHY FRIEDM	IAN					

IRA Portfolio as of December 31, 2008 (Not reported to					
Account Type	Account Number Fund Name/Fund Number	Shares	Price	Mutual Fund Market Value	Total Account Market Value
IRA-BĐA*	2BY-893935		•		
	Original Depositor: DOROTHY FRIEDMAN				
	FIDELITY GROWTH & INCOME / 027	163.831	13.17	2,157.65	
	FIDELITY SELECT MONEY MARKET / 085	94,470.130	1.00	94,470.13	96,627,78
	Fair Market Value of Your IRA Portfolio	as of 12/31/2008			96,627.78
	Fair Market Value of Your IRA Portfolio	as of 12/31/2007			100,927,03

\* Required Minimum Distributions from Beneficiary Distribution Accounts (BDAs) must be calculated in accordance with different rules than are applicable to IRAs generally.

		IRA Benefici	ary Summary Statement as of December	31, 2008	Not rep	ported to IRS)
Account	Primary or Contingent	Name	Share Percent	Dates of Birth/Trust	Relationship	Legal Heir Option

IRA-BDA

2BY-893935

Original Depositor: DOROTHY FRIEDMAN

No beneficiary information on record

10 State tax withheld

0.00

12 State distribution

OMB No. 1545-0119

#### FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. • 2008 PAYER'S Name, Street Address, City, State, Zip Code, and Telephone Number STATE STREET BANK & TRUST OMB No. 1545-0119 GAMCO GL TELECOM FD CL AAA Copy B PO BOX 8308 Report this income on your federal tax return. If this form shows federal BOSTON MA 02266-8308 income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service. 1 (800) 422-3554 RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code RECIPIENT'S Identification number Account number 401-00000872444 108-36-0183 1 Gross distribution PAYER'S federal identification number -- 01 000130 22571 B 1 A 78 10,664.12 04-3120161 2a Taxable amount 4 Federal income tax withheld STATE STREET BANK & TRUST CO 10,664.12 0.00 CUST FOR THE IRA OF 2b Taxable amount not determined X

DOROTHY FRIEDMAN (DCD) FBO BARRY FRIEDMAN **480 TWEEDMUIR AVE** OTTAWA ONTARIO K1Z 5N9

		Corrected (if checked)
<b>FORM</b>	1099-R	Department of the Treasury-Internal Revenue Service

FORM 1099-R • Distributions From	Pensions, Annuities, Retirement o	r Profit-Sharing Plans, IRAs,	Insurance Contracts, etc. • 2008

PAYER'S Name, Street Address, City, State, Zip Code, and Telephone Number

STATE STREET BANK & TRUST GAMCO GL TELECOM FD CL AAA PO BOX 8308 BOSTON

MA 02266-8308

1 (800) 422-3554

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

STATE STREET BANK & TRUST CO CUST FOR THE IRA OF DOROTHY FRIEDMAN (DCD) FBO BARRY FRIEDMAN 480 TWEEDMUIR AVE OTTAWA ONTARIO K1Z 5N9

Corrected (if checked	d)
Department of the Treasury-Internal Revenue	Service

Copy C	For Recipient's Re	cords	
This informati	on is being furnished t	o the internal Re	venue Service.
(Keep for your	records)		
Acc	ount number	RECIPIENT'S ident	ification number
401-0	00000872444	108-	36-0183
1 Gross distribu	tion	PAYER'S federal id	entification number
<b>j</b> 1	0,664.12	04-3	120161
2a Taxable amo	unt	4 Federal income	tax withheld
1	0,664.12	(	0.00
2b Taxable amou	unt not determined X		
Total distribu	tion X		
7 Distribution code(s)	IRA/SEP/SI	MPLE	10 State tax withheld
7	X		0.00
11 State/Payer's	state no.		12 State distribution
/			

Х

IRA/SEP/SIMPLE

Х

Total distribution

11 State/Payer's state no.

7 Distribution

code(s)

## FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, insurance Contracts, etc. • 2008

PAYER'S Name, Street Address, City, State, Zip Code, and Telephone Number

STATE STREET BANK & TRUST GAMCO GL TELECOM FD CL AAA PO BOX 8308

BOSTON

FORM 1099-R

MA 02266-8308

1 (800) 422-3554

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

STATE STREET BANK & TRUST CO CUST FOR THE IRA OF DOROTHY FRIEDMAN (DCD) FBO BARRY FRIEDMAN 480 TWEEDMUIR AVE OTTAWA ONTARIO K1Z 5N9

	Corrected (if checked)
NDM 1000 D	Device the cost of the Toronia letter of Device of Cost

FORM 1099-R

Department of the Treasury-Internal Revenue Service

			OMB No. 1545-0119
Сору 2		······································	<del></del>
File this copy with γ required.	our state, city, o	r local income	tax return, when
Account r	wmber	RECIPIENT'S ide	ntification number
401-00000	0872444	10	8-36-0183
1 Gross distribution		PAYER'S federal	l identification number
10,664.12		04-3120161	
2a Taxable amount		4 Federal income tax withheld	
10,664.12		0.00	
2b Taxable amount no	t determined X		
Total distribution	X		
7 Distribution code(s)	IRA/SEP/SI	MPLE	10 State tax withheld
7	X		0.00
11 State/Payer's state	uoʻ		12 State distribution
/			1

OMB No. 1545-0119

OMB No. 1545-0119

# FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. • 2008

PAYER'S Name, Street Address, City, State, Zip Code, and Telephone Number STATE STREET BANK & TRUST

GABELLI ASSET FUND CL AAA

PO BOX 8308 BOSTON

MA 02266-8308

1 (800) 422-3554

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

STATE STREET BANK & TRUST CO **CUST FOR THE IRA OF** DOROTHY FRIEDMAN (DCD) FBO BARRY FRIEDMAN **480 TWEEDMUIR AVE** OTTAWA ONTARIO K1Z 5N9

Corrected (if checked)

FORM 1099-R

Department of the Treasury-Internal Revenue Service

Сору В			
Report this income income tax withhek information is being	l in box 4. attach	this copy to yo	s form shows federal ur return. This ue Service.
Account n	umber	RECIPIENTS idea	ntification number
405-00000	872444	108	3-36-0183
1 Gross distribution		PAYER'S federal	identification number
65,299.70		04-3120161	
2e Taxeble amount		4 Federal income tax withheld	
65,299	9.70	0.00	
2b Taxable amount not Total distribution	determined X		
7 Distribution code(s)	IRA/SEP/SI	MPLE	10 State tex withheld
7	X		0.00
11 State/Payer's state r	ю.		12 State distribution
1			

### FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. • 2008

PAYER'S Name, Street Address, City, State, Zip Code, and Telaphone Number.

STATE STREET BANK & TRUST GABELLI ASSET FUND CL AAA

PO BOX 8308

BOSTON

MA 02266-8308

1 (800) 422-3554

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

STATE STREET BANK & TRUST CO CUST FOR THE IRA OF DOROTHY FRIEDMAN (DCD) FBO BARRY FRIEDMAN 480 TWEEDMUIR AVE **OTTAWA ONTARIO K1Z 5N9** 

Corrected (if checked)

FORM 1099-R

Department of the Treasury-Internal Revenue Service

Copy C For Recipient's Records				
This informati	on is being furnished t	to the Internal Re	venue Service.	
(Keep for your	records)			
Account number		RECIPIENT'S identification number		
405-00000872444		108-36-0183		
1 Gross distribution		PAYER'S federal identification number		
65,299.70		04-3120161		
2a Taxable amo	ount	4 Federal Income tax withheld		
65,299.70		0.00		
2b Taxable amor	ent not determined X			
Total distribu	tion X			
7 Distribution code(s)	IRA/SEP/SI	MPLE	10 State tax withheld	
7	X	<b>.</b>	0.00	
11 State/Payer's state no.			12 State distribution	
/				

# FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. • 2008

PAYER'S Name, Street Address, City, State, Zip Code, and Telephone Number

STATE STREET BANK & TRUST GABELLI ASSET FUND CL AAA PO BOX 8308

BOSTON

MA 02266-8308

1 (800) 422-3554

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

STATE STREET BANK & TRUST CO CUST FOR THE IRA OF DOROTHY FRIEDMAN (DCD) FBO BARRY FRIEDMAN 480 TWEEDMUIR AVE

OTTAWA ONTARIO K1Z 5N9

Corrected (if checked)

FORM 1099-R

Department of the Treasury-Internal Revenue Service

Copy 2	<del></del>			
<del> </del>	your state, city	, or local inco	ome tax return, when	
Account number		RECIPIENT	RECIPIENT'S identification number	
405-00000872444			108-36-0183	
1 Gross distribution		PAYER'S fe	PAYER'S federal identification number	
65,299.70			04-3120161	
2a Texable amount		4 Federal	4 Federal income tax withheld	
65,299.70			0.00	
2b Taxable amount no	t determined	X		
Total distribution		X		
7 Distribution code(s)	IRA/SEP	SIMPLE	10 State tax withheld	
7		$\overline{}$	0.00	
11 State/Payer's state	no.		12 State distribution	
/				

