		1 Gross distribution	2a Taxable amount	OMB No. 1545-01
	Fidelity	. 5,555 4,54,54,54	La Taxasio ambant	200
, 1942-11 OZ.111-OZ OO:		\$ 78097.41	\$ 78097.41	Form 1099
P.O. BOX 505421 CINCINNATI, OH 45250-5421		2b Taxable amount not determined	Total distribution	Distributio
CHOMINATI, OTT 40200-0421		3 Capital gain	4 Federal income tax	│ Annuiti∢
		(Included in box 2a)	withheld	Retirement Profit-Shari
		\$	\$	Plans, IR/
		5 Employee contributions designated Roth contrib		Insuran Contracts, e
RECIPIENT'S Name and Address		or insurance premiums	, in ampleyor a documeds	This information is be furnished to the Inter
		\$	\$	Revenue Serv
BARRY FRIEDMAN 480 TWEEDSMUIR AVE		code(s) SEP/	Other	COPY 2
OTTAWA ONTARIO		SIMPLE		File this cop
K1Z5N9		4 X \$	<u> </u>	with your State
CANADA		9a Your percentage of total distribution	9b Total employee contributions	City, or Loca income ta
				return, whe
		10 State tax withheld		<u> </u>
ORIGINAL DEPOSITOR: DOROTHY FRIEDMA	N	TO State tax withheld	11 State/Payer's state number 1	2 State distribution
Customer service phone number 800-544-6666	···	s		:
PAYER'S Federal ID # RECIPIENT'S ID #	Account number	13 Local tax withheld	 	5 Local distribution
04-6519726 108-36-0183	2BY-893935	 \$		· ·
FORM 1099-R	. · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Department of the Treasury - In	iternal Revenue Sen
PAYER'S name, street address, city, state, and ZIP code		1 Gross distribution	2a Taxable amount	OMB No. 1545-01
FIDELITY SERVICE CO.	>Fidelity	s 78097.41	s 78097.41	200 Form 1099
P.O. BOX 505421	INVESTMENTE !	2b Taxable amount	Ψ	↑ Distributio
CINCINNATI, OH: 45250-5421		not determined L		From Pension Annuitie
		3 Capital gain (Included in box 2a)	4 Federal Income tax withheld	Retirement
		\$	\$	Profit-Shari Plans, IR
		5 Employee contributions	6 Net unrealized appreciation	i minej ne
RECIPIENT'S Name and Address				Insuran
		designated Roth contrib	in employer's securities	Contracts, e
		or insurance premiums	in employer's securities	Contracts, e This information is be furnished to the Inter
BARRY FRIEDMAN		or insurance premiums \$ 7 Distribution IRA/ 8	in employer's securities	Contracts, e This information is be furnished to the Intel Revenue Serv
480 TWEEDSMUIR AVE		or insurance premiums	in employer's securities	Contracts, e This information is be furnished to the Inter Revenue Serv COPY B Report this incom
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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

FORM 1099-R

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

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income tax wit	ome on your federal to thheld in box 4, attach being furnished to the	this copy to you	r return. This	
Acc	Account number		RECIPIENT'S identification number	
401-00000872444		108-36-0183		
1 Gross distribution		PAYER'S federal identification number		
469.24		04-3120161		
2a Taxable amount		4 Federal income tax withheld		
469.24		0.00		
2b Taxable amou	int not determined X			
Total distribut	tion			
7 Distribution code(s)	IRA/SEP/SII	MPLE	10 State tax withheld	
4	X		0.00	
11 State/payer's	state no.		12 State distribution	
/				

OMB NO. 1545-0119

FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc. • 2007

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)

FORM 1099-R

Department of the Treasury-Internal Revenue Service

	C)MB NO. 1545-	0119	
Сору С	For Recipient's	Records		
This informati	on is being furnishe	d to the intern	al Revenue Service.	
(Keep for your	records)			
Acc	ount number	RECIPIENT'S	RECIPIENT'S identification number	
401-0	00000872444		108-36-0183	
1 Gross distribu	tion	PAYER'S fed	PAYER'S federal identification number	
	469.24		04-3120161	
2a Taxable amo	unt	4 Federal in	4 Federal income tax withheld	
	469.24		0.00	
2b Taxable amou	unt not determined			
	L		1	
7 Distribution code(s)	IRA/SEP	/SIMPLE	10 State tax withheld	
4	X		0.00	
11 State/payer's	state no.		12 State distribution	

FORM 1099-R • Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRA's, Insurance Contracts, etc. • 2007

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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

FORM 1099-R

Department of the

Corrected (if checked)	
Treasury-internal Revenue Service	

File this copy required.	with your state, city, o	r local income ta	x return, when
Acc	ount number	RECIPIENT'S ident	ification number
401-	00000872444	108-36-0183	
1 Gross distribu	tion	PAYER'S federal id	ientification number
	469.24	04-3120161	
2a Taxable ame	ount	4 Federal income	tax withheld
	469.24	0.00	
2b Taxable amo Total distribu	unt not determined X		
7 Distribution code(s)	IRA/SEP/SI	MPLE	10 State tax withheld
4	Х	<u> </u>	0.00
11 State/payer's	state no.		12 State distribution

OMB NO. 1545-0119

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