

# **CARING NATURE**

**MMP - RFA**

**"REDACTED"**

David Sullivan  
28 Blueberry Lane  
Woodbury, CT. 06798  
September 29, 2015

Johnathan A Harris  
Commissioner of Consumer Protection  
State of Connecticut  
165 Capitol Avenue  
Hartford, Connecticut 06106-1630

Dear Commissioner Harris:

On September 17<sup>th</sup>, 2015, David Sullivan submitted an application on behalf of Caring Nature LLC for a Medical Marijuana Dispensary Facility license. As noted in Item B – Part 1- Dispensary Location and substantiated by Item B – Part 2 – E – Pullman & Comley Representation for Zoning Letter, Caring Nature is looking forward to zoning approval by the City of Waterbury to operate a medical marijuana dispensary.

This letter is to inform the Department of Consumer Protection that on September 23, 2015, subsequent to our application submission, our attorneys, Gary B. O'Connor and Michael A. Ceccorulli of Pullman & Comley advised that the attached petition was submitted to the City of Waterbury Zoning Commission. The Zoning Commission unanimously approved the petition to be scheduled for public hearing November 19<sup>th</sup>, 2015.

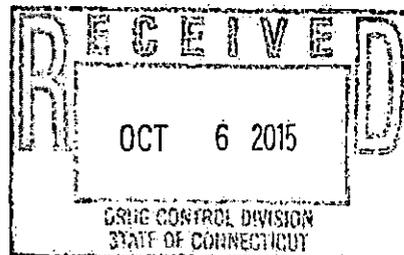
Caring Nature is very optimistic and anticipates zoning approval. We are attempting to strengthen the State's program with a Medical Marijuana Dispensary in Waterbury, the State's fifth most populated city. We are also being sensitive to needs of area patients with health related issues keeping in mind city planning and community development.

Thank you for your review of this subsequent and important change to Caring Nature's application. Our intention is to keep the Department immediately updated on this issue.

Sincerely,



David Sullivan  
Caring Nature LLC



Zoning Commission  
City of Waterbury  
185 South Main Street, 5th floor  
Waterbury, CT 06706

*Attn: Mr. James Sequin, AICP, City Planner*

**Re: Petition to Amend Text of City of Waterbury Zoning Regulations**

Dear Mr. Sequin:

My name is Michele Larson, and I reside at 129 Circuit Avenue in the City of Waterbury (the "City"). I submit this correspondence in support of Caring Nature, LLC ("Caring Nature"), which has applied to the State of Connecticut Department of Consumer Protection ("DCP") to obtain a Medical Marijuana Dispensary Facility License (a "License"). Upon receipt of a License, Caring Nature seeks to develop a medical marijuana dispensary facility ("Facility") at 237 East Aurora Street (the "Premises") in an industrial (IG) area of the City. However, under the current City Zoning Regulations (the "Regulations"), it is unclear whether the Facility would be considered a "permitted use". As you are aware, pharmacies are treated as ordinary retail uses permitted in commercial zoning districts within the City. We understand, however, that the City has taken the position that a medical marijuana dispensary is distinct from a pharmacy, and, as such, may not be considered a "permitted use" in those zoning districts. I believe that an amendment to the Regulations is necessary to (i) provide clarity as to the permitted location of a Facility, (ii) create a defined process for evaluating such a proposed use, and (iii) create appropriate standards to protect and preserve the quality of Waterbury's neighborhoods and the public health of its residents. These issues are of obvious interest to the City's residents and businesses. At the same time, such an amendment will allow qualified patients access to an important medical treatment option.

Please consider this correspondence a "petition" to the City Zoning Commission (the "Commission") pursuant to Section 11.12 of the Regulations, hereby requesting an amendment (the "Amendment") to certain provisions of the Regulations in accordance with the following:

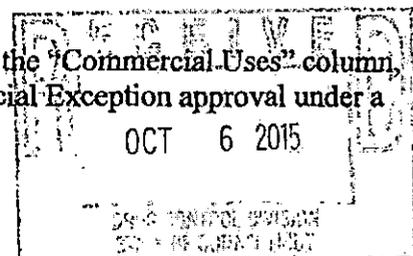
**Amendment of Section 2.02.02:**

Addition of "**Medical Marijuana Dispensary Facility**" as a defined term thereunder, having the following meaning:

"a place of business where marijuana may be dispensed or sold at retail under the supervision of a licensed pharmacist to qualifying patients and primary caregivers and for which the Connecticut Department of Consumer Protection has issued a dispensary facility permit."

**Amendment of Section 4.08 (Master Use Table):**

Addition of "**Medical Marijuana Dispensary Facility**" under the "**Commercial Uses**" column, being a permitted use in an "IG" zoning district, subject to Special Exception approval under a new Section 10.29 of Article 10 of the Regulations.



**Creation of Section 10.29:**

Creation of a new Section 10.29 of the Regulations, as follows:

**Section 10.29 Medical Marijuana Dispensary Facility**

**10.29.01 Purpose**

This Section regulates the location and operation of a Medical Marijuana Dispensary Facility in accordance with Connecticut General Statutes § 21a-408 through 21a-408z, as amended (the "Relevant Statutes"). The primary purpose of these regulations is to minimize any potential adverse impacts; to protect and preserve the quality of Waterbury's neighborhoods, commercial districts, property values and the quality of urban life through effective land use planning; and to protect public health, safety, and convenience.

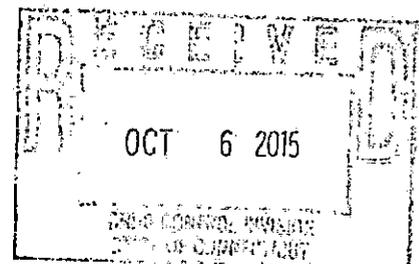
**10.29.02 Applicability**

A Medical Marijuana Dispensary Facility, as such use is defined in this Section, may be permitted in the IG District subject to Special Exception approval and conformance with the applicable District Development and General Use Standards and the Special Use Standards of this Section.

**10.29.03 Medical Marijuana Dispensary Facility Special Use Standards**

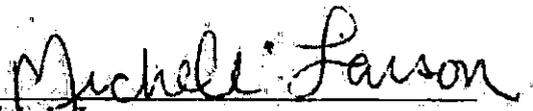
A Medical Marijuana Dispensary Facility shall comply with the following Special Use Standards.

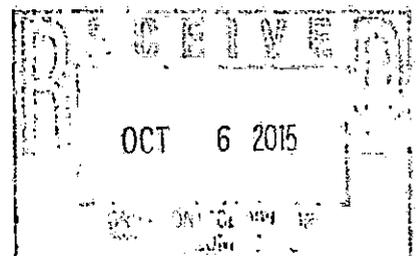
- (1) There shall be permitted a total of one (1) Medical Marijuana Dispensary Facility located in the City of Waterbury.
- (2) No Medical Marijuana Dispensary Facility shall be permitted within the same building, structure or portion thereof that is used for residential purposes.
- (3) No Medical Marijuana Dispensary Facility shall be permitted on a site that is less than three hundred (300) feet from any site containing a church, school, public park or recreation area, residential property; unless the above referenced land uses are separated by a limited access highway and/or limited access roadway or railroad line. Such distance shall be measured by taking the nearest straight line between the respective lot boundaries of each site.
- (4) Hours of operation for a Medical Marijuana Dispensary Facility shall be between the hours of 8:00 AM and 8:00 PM.
- (5) Exterior building signage shall be restricted to a single name plate with the address of the dispensary no larger than four (4) square feet.
- (6) No illuminated, electronic or motion signage of any kind shall be permitted.
- (7) The Medical Marijuana Dispensary Facility shall be located in the Industrial General (IG) Zone.



The use permitted under the proposed Amendment is consistent with the Town Plan of Conservation and Development (see attached Schedule A), and consistent with State law and those Relevant Statutes. I respectfully request that the Commission approve the proposed Amendment to the Regulations to allow the sensible regulation of the proposed use and a clear zoning process by which Caring Nature can establish its Facility.

Respectfully submitted this 22nd day of September, 2015:

  
Michele Larson



## SCHEDULE A

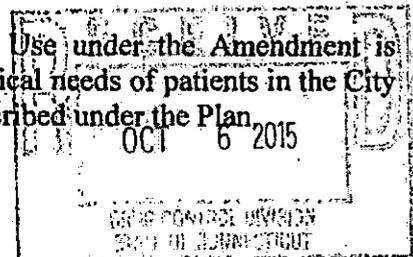
### Statement with Respect to City Plan of Conservation and Development

The City's Plan of Conservation and Development (the "Plan"), in its "Overall Vision" identifies three key issues for the City, which can be described, generally, as fostering and preserving a well-functioning City that serves an important regional role, as a center of commerce, and simultaneously affords positive quality of life for its residents and neighborhoods. With respect to the proposed permitted use under the Amendment (the "Permitted Use"), the City's Plan focuses on several key elements with respect to these issues, which include (i) eliminating blight, (ii) protecting existing neighborhoods, (iii) prevent inappropriate development, (iv) reduce the need for variances, (v) provide greater predictability to the approvals process, (vi) ensure that zoning provides for potential expansion of the hospitals and related health-care uses, and (vii) promote Waterbury as a center for health care and services. The Permitted Use would achieve the development of the Facility in a manner that conforms to each of the foregoing, for the reasons discussed herein, through a strictly regulated process that limits the operations and location of the single Facility that would be permitted in the City.

The proposed Permitted Use is a health-care use that is permitted under the laws of the State of Connecticut. The Permitted Use would allow the residents of the Greater Waterbury Area, the Naugatuck River Valley, northern New Haven County, the eastern portion of the Greater Danbury Area, and portions of Litchfield County reasonable access to a Facility licensed for the regulated dispensing of a medicine recognized by our State government, under substantial State and local oversight. Waterbury is already a health-care center for the region, with industry-leading institutions and practices. As a health-care center for the region, as well as a population and economic center, Waterbury is an ideal location for the Facility, both to serve its considerable population, and to serve others in the region, as well. The Amendment would allow a Facility only in industrial (IG) zones, and therefore practically necessitate access by automobile. The proposed Facility would be ideally located for automobile access, being proximate to Route 8 and the I-84 interchange. As the center of the region, and its infrastructure, Waterbury is an ideal location for the Facility, and the industrial area selected for a Facility benefits from excellent accessibility.

While the Permitted Use is lawful, and serves a legitimate health-care need, it is recognized that some in the community would have residual concerns regarding the nature of the prescription medicine that would be dispensed from a Facility. To these ends, allowing the Permitted Use only in the IG industrial zone will ensure that any Facility is sited as far as possible from residential neighborhoods, and could create no direct impact on any residential or retail commercial areas of the City. Further by strictly regulating the Permitted Use under the proposed Amendment, the City would have the benefit of maintaining control over the zoning process, avoiding variance applications, and directing the location and operations of the single Facility.

For the foregoing reasons, it is submitted that the Permitted Use under the Amendment is consistent with State and local law, addresses the legitimate medical needs of patients in the City and region, and conforms fully with the goals and objectives described under the Plan.



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# Medical Marijuana Program

165 Capitol Avenue, Room 145, Hartford, CT 06106-1630 • (860) 713-6066

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## Appendix A Dispensary Facility License Information Form

Section A: Business Information						
1. Applicant business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Applicant: David Sullivan						
3. Trade Name of Applicant: Caring Nature, LLC						
4. Applicant's Business Address: 28 Blueberry Ln						
5. City: Woodbury				6. State: Ct	7. Zip Code: 06798	
8. Daytime Telephone Number: (203) 217-0408			9. E-mail Address: David@CaringNatureDispensary.com			
10. Applicant's Mailing Address (if different than business address):					11. City:	
12. State:	13. Zip Code:	14. Daytime Telephone Number:		15. Fax Number:		

Section B: Contact Information	
All communications from the department regarding this application will be sent to your primary contact and alternate contact, if one is designated. We will assume that you receive all communications sent to your designated contact(s) and it will be your responsibility to notify us if any of their contact information changes.	
16. Name of Primary Contact: David Sullivan	17. Primary Contact Title: Dispensary Manager
18. Primary Contact E-mail Address: David@CaringNatureDispensary.com	19. Primary Contact Telephone Number: (203) 217-0408
20. OPTIONAL - Name of Alternate Contact: Raymond Sullivan	21. Alternate Contact Title: Chief Operating Officer
22. Alternate Contact E-mail Address: ray.sullivan@hotmail.com	23. Alternate Contact Telephone Number: 860-417-3246

Section C: Formation/Incorporation Information	
24. Date of Formation/Incorporation: 07 / 20 / 15	25. Place of Formation/Incorporation: Woodbury, Ct.
26. Registered with the Connecticut Secretary of State: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Sale and Use Tax Permit Number:  Provide a copy of your Sale and Use Tax permit with your application.



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## Section D: Proposed Dispensary Facility Information

28. Proposed Dispensary Facility Address: 237 East Aurora St.			29. City: Waterbury
30. State: CT	31. Zip Code: 06708	32. Telephone Number:	33. Fax Number:
34. Own or Lease Property: <input type="checkbox"/> Own <input checked="" type="checkbox"/> Lease Provide a copy of the lease, deed or other documents evidencing the right to occupy if you are awarded a license.		35. Name of Property Owner: AREV East Aurora Street LLC	

## Section E: Business Association Information

36. Are you associated with any other dispensary facility licensee or license applicant or producer licensee or license applicant:  
 Yes  No

If yes, provide the name of all applicants with whom you are associated. Attach additional pages if necessary.

37. Applicant Name:	38. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer
39. Applicant Name:	40. Licensee or Applicant Type: <input type="checkbox"/> Dispensary Facility <input type="checkbox"/> Producer

## Section F: Proposed Dispensary Department Hours

41. State the proposed dispensary department hours of operation for each day. The dispensary department is where marijuana will be sold.

Monday	10:00 am	to	6:00 pm	Friday	10:00 am	to	8:00 pm
Tuesday	10:00 am	to	6:00 pm	Saturday	10:00 am	to	2:00 pm
Wednesday	10:00 am	to	6:00 pm	Sunday	closed	to	closed
Thursday	10:00 am	to	6:00 pm				

## Section G: Proposed Dispensary Facility Hours

42. State the proposed dispensary facility hours of operation for each day. The dispensary facility includes areas where non-marijuana products and services will be offered.

Monday	10:00 am	to	6:00 pm	Friday	10:00 am	to	8:00 pm
Tuesday	10:00 am	to	6:00 pm	Saturday	10:00 am	to	2:00 pm
Wednesday	10:00 am	to	6:00 pm	Sunday	closed	to	closed
Thursday	10:00 am	to	6:00 pm				



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## Section H: Other Business Names & Addresses

List all names under which the applicant has done business or has held itself out to the public as doing business. Do not limit your response to business operations in Connecticut. Attach additional pages if necessary.

43. Name: NONE	44. Time Period:

List all addresses, other than those listed in response to Section A, that the applicant owns, has owned or from which it has conducted business during the previous five years and give the approximate time periods during which such locations were owned or utilized. Attach additional pages if necessary.

45. Address: none	46. Time Period:

## Section I: Dispensary Facility Backers

Provide the following information for each dispensary facility backer. A dispensary facility backer is any person (including any legal entity) with a direct or indirect financial interest in the applicant, except it shall not include a person with an investment interest provided the interest held by such person and such person's co-workers, employees, spouse, parent or child, in the aggregate, does not exceed five per cent of the total ownership or interest rights in the applicant and such person will not participate directly or indirectly in the control, management or operation of the dispensary facility if a license is granted.

Create additional copies of this page if necessary.

**Each backer identified in response to this section must complete and sign Appendix B.**

47. Name: David Sullivan	48. Percentage of ownership 94%
Raymond Sullivan	6%



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## Section J: Directors, Owners, Officers and Other High-Level Employees

Provide the following information for each individual, including each dispensary facility backer, who will:

- directly or indirectly have control over, or participate in the management or operation of, the dispensary facility; or
- who currently receives, or who reasonably can be expected to receive, within one calendar year, compensation from the applicant exceeding \$100,000.

Create additional copies of this page if necessary.

**Each person identified in response to this section must complete and sign Appendix C.**

49. Name (First, Middle, Last):	50. Title:	51. Role:
David Michael Sullivan	Owner/Dispensary Manager	Owner/Manager/Pharmacist
Raymond Sullivan	Chief Operating Officer	Day to day operations

## Section K: Financial Statement

Set forth all expenses greater than \$10,000 incurred in connection with the establishment of your business and the sources of the funds for each. Attach additional pages if necessary. The Department may require backup documentation.

52. Expense Item:	53. Cost:	54. Source of Funds:
No Single expenditure of more than \$10,000 to date	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

## Section L: Security System

Identify the company or companies that will provide security services for the dispensary facility if a license is awarded. If more than two companies will provide security services, complete this section for each such additional company.

55. Primary Security Company Name: Custom Vault Corporation

56. Primary Security Company Address (including Apartment or Suite #):  
4 Research Drive

57. City:  
Bethel, Ct.



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58. State: Ct	59. Zip Code: 06801	60. Telephone Number: (203) 403-4205	61. Fax Number: (203) 403-4206
62. E-mail Address: <a href="http://www.customvault.com">www.customvault.com</a>			
63. Backup Security Company Name (if applicable): n/a			
64. Backup Security Company Address (including Apartment or Suite #):			65. City:
66. State:	67. Zip Code:	68. Telephone Number:	69. Fax Number:
70. E-mail Address:			
71. Attach a detailed description of the security plan to be offered by the security company or companies. Be sure to include a discussion of each of the required elements set forth in Section 21a-408-62 of the Regulations of Connecticut State Agencies.			

## Section M: Legal Proceedings

72. Has the applicant ever had any petition filed by or against it, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?  Yes  No

**If the answer above is “yes”, attach a statement providing the details of such proceeding or petition.**

73. Has the applicant ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?  Yes  No

**If the answer above is “yes”, attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.**

74. Is the applicant a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?  Yes  No

**If the answer above is “yes”, attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant’s operations.**

75. Has the applicant ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?  Yes  No

**If the answer above is “yes”, attach a statement providing the details of such fines or penalties.**

## Section N: Criminal Actions

76. Has the applicant ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or are any such charges pending?  Yes  No

**If the answer above is “yes”, attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.**



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## Section O: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating the applicant's suitability to participate in the medical marijuana program. As the duly authorized representative of the applicant, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

77. Signature:

78. Date Signed:

9/8/15

## I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes. As the duly authorized representative of the applicant, I hereby make the above certifications on behalf of the applicant.

79. Signature:

80. Date Signed:

9/8/15



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## Appendix B

### Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

#### Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Backer: David Sullivan						
3. Trade Name of Backer (if applicable):						
4. Street Address (including Apartment or Suite #): 28 Blueberry Lane						
5. City: Woodbury				6. State: Ct	7. Zip Code: 06798	
8. Daytime Telephone Number: (203) 217-0408		9. Fax Number:			10. E-mail Address: dave7676@sbcglobal.net	

#### Section B: Backer Members

If you selected anything other than “Sole Proprietorship” in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):	12. Percentage of ownership interest
David Michael Sullivan	94%
Raymond Sullivan	6%



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## Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

13. State Ct.	14. Issue Date (month/year): 02 / 14 Expiration Date (month/year): 01 / 16	15. Type: Pharmacist	16. Number: PCT.0009188
17. State Ct.	18. Issue Date (month/year): 04 / 15 Expiration Date (month/year): 04 / 16	19. Type: MMJ Dispensary	20. Number: MMDR.0000025

## Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

**If the answer above is “yes”, attach a statement providing the details of such proceeding or petition.**

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

**If the answer above is “yes”, attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.**

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

**If the answer above is “yes”, attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.**

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

**If the answer above is “yes”, attach a statement providing the details of such fines or penalties.**

## Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

**If the answer above is “yes”, attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.**



# Medical Marijuana Program

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## Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:

27. Date Signed:

9/8/15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:

29. Date Signed:

9/8/15



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## Appendix C

### Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

#### Section A: Personal Information

1. Name (First, Middle, Last): David Michael Sullivan		
2. Street Address (including Apartment or Suite #):		
3. City: Woodbury	4. State: Ct	5. Zip Code: 06798
6. Title: Owner/Dispensary Manager	7. Telephone Number: (203) 217-0408	8. E-mail Address: dave7676@sbcglobal.net
9. Date of Birth:	10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

#### Section B: Employment Information

12. Current or Most Recent Employer: Stop & Shop Pharmacy		13. Date of Employment: Start Date: 12 / 01 / 96 End Date: .cu / rr / ent	
14. Employer Address (including Apartment or Suite #): 240 Chase Ave			
15. City: Waterbury		16. State: Ct.	17. Zip Code: 06798
18. Telephone Number: (203) 597-1498	19. Fax Number: (203) 757-7026	20. E-mail Address: david.sullivan@ahold.com	

#### Section C: Pharmacy Business Experience

21. Do you have any experience controlling, managing, operating or working for a pharmacy?  
 Yes  No

22. Are you currently associated with a pharmacy in any state?  
 Yes  No

23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information:

- The pharmacy name;
- The pharmacy's location;
- All titles and responsibilities held by you at the pharmacy, including the time frame for each;
- The dates of your association with the pharmacy;
- Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and
- Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.



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## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

29. State Ct	30. Issue Date (month/year): 02 / 14	31. Type: Pharmacist	32. Number:
	Expiration Date (month/year): 01 / 16		
33. State Ct	34. Issue Date (month/year): 04 / 15	35. Type: MMJ Dispensary	36. Number:
	Expiration Date (month/year): 04 / 16		



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## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue; and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:

43. Date Signed:

9/8/15



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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

45. Date Signed:

9/8/15



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## Appendix D

### Dispensary Facility Manager Information Form

This form must be completed and signed by the person who will serve as the dispensary facility manager if the applicant is awarded a dispensary facility license.

Section A: Dispensary Facility Manager Information			
1. Name (First, Middle, Last): David Michael Sullivan			
2. Home Address (including Apartment or Suite #): ---			3. City: Woodbury
4. State: Ct	5. Zip Code: 06798	6. Date of Birth:	7. Telephone Number: (203) 217-0408
8. Social Security Number:			9. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
10. E-mail Address: dave7676@sbcglobal.net		11. Connecticut Pharmacist License Number:	

Section B: Employment Information			
12. Current or Most Recent Employer: Stop & Shop Pharmacy		13. Date of Employment: Start Date: 12/ 01 /96 End Date: :pre/se /nt	
14. Employer Address (including Apartment or Suite #): 240 Chase Ave.			
15. City: Waterbury		16. State: Ct	17. Zip Code: 06798
18. Daytime Telephone Number: (203) 597-1498	19. Fax Number: (203) 757-7026	20. E-mail Address: david.sullivan@ahold.com	

Section C: Pharmacy Business Experience
21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, the nature and resolution of those allegations.</li> </ul>



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## Section D: Criminal Actions

24. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section E: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

25. Signature:



26. Date Signed:

9/8/15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

27. Signature:



28. Date Signed:

9/8/15



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## Appendix E Backer Members

### Authorization for Release of Personal History Form

This form must be completed and signed by any member of a Backer that is not required to complete Appendix C.

#### Section A: Member Information

1. Name (First, Middle, Last):		
2. Street Address (including Apartment or Suite #):		
3. City:	4. State:	5. Zip Code:
6. Daytime Phone Number:	7. Fax Number:	8. E-mail Address:

#### Section B: Criminal Actions

9. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

#### Section C: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

10. Signature: ▶	11. Date Signed:
---------------------	------------------

**I hereby certify that the above information is correct and complete.**

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

12. Signature: ▶	13. Date Signed:
---------------------	------------------



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August 28, 2015

Mr. David Sullivan  
Caring Nature LLC  
237 East Aurora Street  
Waterbury, CT 06708

Re: Caring Nature LLC – Physical and Electronic Security Response Document

I am pleased to present this detailed description of the manner that Caring Nature will fully comply with the current Statutes as dictated by the State of Connecticut in regards to security regulations as per Section 21a-408 for an approved dispensary facility. In particular sections 21a-408-51 and 21a-408-62 detail the security requirements we are focused on explaining precisely how Caring Nature will exceed these State driven regulations.

**(NEW) Sec. 21a-408-51. Security requirements for dispensary facilities**

(a) A dispensary facility shall:

(1) Not maintain marijuana in excess of the quantity required for normal, efficient operation;

**Security Response:** Caring Nature internal procedures

(2) Store all marijuana in an approved safe or approved vault and in such a manner as to prevent diversion, theft or loss;

**Security Response:** Caring Nature will be purchasing [REDACTED] safes. These safes will exceed the DEA requirements for storage of Schedule I and II controlled substances and therefore exceed the State of Connecticut requirements. The safes will be in excess of [REDACTED] lbs each but also be secured to the floor. Each safe will offer a [REDACTED] [REDACTED] on the main door. There will be shelves inside of each safe for product storage as needed. \*see attached safe drawings and DEA prequalification letter.

(3) Maintain all marijuana in a secure area or location accessible only to specifically authorized personnel, which shall include only the minimum number of employees essential for efficient operation;

**Security Response:** Caring Nature internal procedures

(4) Keep all approved safes and approved vaults securely locked and protected from entry, except for the actual time required to remove or replace marijuana;

**Security Response:** Caring Nature internal procedures

(5) Keep all locks and security equipment in good working order;

**Security Response:** Caring Nature will have an annual service agreement with CustomVault which will include annual preventative maintenance for all security products.



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(6) Not allow keys to be left in the locks and not store or place keys in a location accessible to persons other than specifically authorized personnel;

**Security Response:** Caring Nature internal procedures

(7) Not allow other security measures, such as combination numbers, passwords or electronic or biometric security systems, to be accessible to persons other than specifically authorized personnel;

**Security Response:** Caring Nature internal procedures

(8) Keep the dispensary department securely locked and protected from entry by unauthorized personnel; and

**Security Response:** Caring Nature internal procedures

(9) Post a sign at all entry ways into any area of the dispensary facility containing marijuana, including a room with an approved safe or approved vault, which shall be a minimum of twelve inches in height and twelve inches in length which shall state: "Do Not Enter" - Limited Access Area – Access Limited to Authorized Personnel Only" in lettering no smaller than one-half inch in height.

**Security Response:** Caring Nature internal procedures

(b) If a dispensary facility presents special security issues, such as extremely large stock of marijuana, exposed handling, unusual vulnerability to diversion, theft or loss, the commissioner may require additional safeguards, including, but not limited to, a supervised watchman service.

**Security Response:** Caring Nature internal procedures

(c) If diversion, theft or loss of marijuana has occurred from a dispensary facility, the commissioner shall determine the appropriate storage and security requirements for all marijuana in such dispensary facility, and may require additional safeguards to ensure the security of the marijuana.

**Security Response:** Caring Nature internal procedures in association with State directives.

(d) Any marijuana not stored in compliance with sections 21a-408-1 to 21a-408-70, inclusive, of the Regulations of Connecticut State Agencies, or at a location other than that for which the dispensary facility permit was issued, shall be subject to embargo or seizure by the department in accordance with section 21a-96 of the Connecticut General Statutes.

**Security Response:** Caring Nature accepts and understands this State requirement

(e) Any dispensary facility whose permit is revoked or not renewed shall dispose of its entire stock of marijuana in accordance with sections 21a-408-64 of the Regulations of Connecticut State Agencies.

**Security Response:** Caring Nature accepts and understands this State requirement



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(f) If a dispensary facility has provided other safeguards which can be regarded in total as an adequate substitute for some element of protection required of such facility, such added protection may be taken into account by the commissioner in evaluating overall required security measures.

**Security Response:** Caring Nature accepts and understands this State requirement

**(NEW) Sec. 21a-408-62. Security alarm systems; minimum requirements for dispensary facilities and production facilities**

(a) All dispensary facilities and production facilities shall have an adequate security system to prevent and detect diversion, theft or loss of marijuana utilizing commercial grade equipment, which shall, at a minimum, include:

(1) A perimeter alarm;

**Security Response:** The CustomVault integrated alarm/access control/video surveillance system will include a perimeter alarm within the security management system.

(2) Motion detector;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include multiple motion detectors as dictated by our security review and system design. Our engineering and design team has responded with numerous motion detectors door contacts and security devices needed to secure Caring Nature’s facility, as drawn.

*\* see attached facility drawing*

(3) Video cameras in all areas that may contain marijuana and at all points of entry and exit, which shall be appropriate for the normal lighting conditions of the area under surveillance. The cameras shall be directed at all approved safes, approved vaults, dispensing areas, marijuana sales areas and any other area where marijuana is being produced, harvested, manufactured, stored or handled. At entry and exit points, the cameras shall be angled so as to allow for the capture of clear and certain identification of any person entering or exiting the facility;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include 15-16 cameras as dictated by our security review and system design. All areas of entry/exit to the location and especially the differing counseling areas or dispensary areas within the facility will be covered by video surveillance.

[REDACTED]



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(4) Twenty-four (24) hour recordings from all video cameras, which shall be available for immediate viewing by the commissioner or the commissioner’s authorized representative upon request and shall be retained for at least thirty (30) days. Recordings shall not be destroyed or altered, and shall be maintained, if the dispensary facility permittee or producer is aware of a pending criminal, civil or administrative investigation or legal proceedings for which the recording may contain relevant information until such time the investigation or proceeding is closed or the entity conducting the investigation or proceeding notifies the producer or dispensary facility manager that it is no longer necessary to maintain the recordings;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include 24 hour recordings by [REDACTED]. The frame capture rates will be adjusted as needed to make sure all required identification is occurring. This video will be able to be exported in raw or captured form for review by the commissioner or the commissioner can review video directly at the Caring Nature’s office in person. This system will minimally have [REDACTED] days of recorded video for review. This system will have a complete back-up power supply if there is a power failure to assure under no circumstance (other than foul play) the video will be destroyed for the minimal 30 period required by the State of CT. The Caring Nature facility will require UPS and/or generator back-up in case of a power outage and these power systems are being reviewed so that they will be provided by Caring Nature or the building owner.

(5) Duress Alarm, which means a silent Security Alarm System signal generated by the entry of a designated code into an Arming Station in order to signal that the Alarm User is being forced to turn off the system;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system has been specifically designed in association with the requirements of Caring Nature’s site logistical needs and the State security regulations. The alarm portion of the project has been designed so that there will be minimally [REDACTED] keypads in the facility that will arm and disarm specific rooms and the overall perimeter alarm options. [REDACTED]

[REDACTED] All alarm code violations will result in immediate calls from the central station monitoring firm. [REDACTED]

[REDACTED] The purpose of the separate monitoring firm is for duplication and overlapping so that there is never an opportunity for a failure and 24 hour response for alarm concerns.

(6) Panic Alarm, which means an audible Security Alarm System signal generated by the manual activation of a device intended to signal a life threatening or emergency situation requiring a law enforcement response;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include multiple wireless duress alert buttons throughout the facility. [REDACTED]



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(7) Holdup Alarm, which means a silent alarm signal generated by the manual activation of a device intended to signal a robbery in progress;

**Security Response:** As noted above in regards to a “panic alarm” the CustomVault integrated alarm/access-control/video surveillance system will include multiple wireless duress alert buttons throughout Caring Nature’s facility. [REDACTED]

(8) Automatic Voice Dialer, which means any electrical, electronic, mechanical, or other device capable of being programmed to send a prerecorded voice message, when activated, over a telephone line, radio or other communication system, to a law enforcement, public safety or emergency services agency requesting dispatch;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will transmit the alarm communication via current industry standard digital dialer with cellular back up. The “automatic voice dialer” as noted in the security specification is an antiquated component and not currently used with security systems. Industry standard is now the digital dialer system. Police Departments do not use or allow the voice dialer system and all central station monitoring firms and security agencies require the digital dialer. The presented security system will therefore use the current industry standard digital dialer with cellular back up.

(9) A failure notification system that provides an audible, text or visual notification of any failure in the surveillance system. The failure notification system shall provide an alert to the dispensary facility permittee or producer within five minutes of the failure, either by telephone, email, or text message;

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system has been specifically designed in association with the requirements of Caring Nature’s site logistical needs and the State security regulations. This security platform includes sophisticated software allowing Caring Nature to impute the security protocols they desire or are required to have by State Statues. They can have the system set up for immediate text messaging, emails and phones calls for an unlimited number of duress signals. From notification that an interior door is being held in the “open” position longer than the 10 second setting for that specific door, to having a motion notification or even a physical duress request - the system will start the float-chart security procedure until the event has been cleared in the system. No matter how common or severe each failure will be categorized and established in the system so if/when it occurs there will be immediate notification well within the five minute requirement, typically within 1 minute.

(10) The ability to immediately produce a clear color still photo that is a minimum of 9600 dpi from any camera image (live or recorded);

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include 15-16 cameras and one 6 TB processor as dictated by our security review and system design. All areas of entry/exit to the locations and especially the differing rooms/laboratories within the facility will offer the requested 9600 dpi color still photo for live and recorded video.



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(11) A date and time stamp embedded on all recordings. The date and time shall be synchronized and set correctly and shall not significantly obscure the picture; and

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include a high tech software package that time/date stamps all video, alarm and door access notifications or audits. The video captured does not have the synchronized time and date on the frame to obscure the picture rather is directly connected to it at another layer so they cannot be disassociated.

(12) The ability to remain operational during a power outage.

**Security Response:** As noted above the CustomVault integrated alarm/access-control/video surveillance system will include 24 hour recordings by the 6 TB processor at the facility. This system will minimally have 45 days of recorded video for review. This system will be integrated into a back-up power supply for the space or building if there is a power failure to assure under no circumstance (other than foul play) the video will be destroyed for the minimal 30 day period required by the State of CT. The Caring Nature facility will require UPS and/or generator back-up in case of a power outage and these power systems are being reviewed so that they will be provided by Caring Nature or the building owner.

(b) All security system equipment and recording shall be maintained in a secure location so as to prevent theft, loss, destruction or alterations.

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will be located inside of a separate IT closet/room within the safe room where moisture, temperature and access will be constantly monitored. These will be secured through the alarm/access control system as well as a separate physical lock system for duplicate security measures.

(c) In addition to the requirements listed in subsection (a) of this section, each production facility shall have a back-up alarm system approved by the commissioner that shall detect unauthorized entry during times when no employees are present at the facility and that shall be provided by a company supplying commercial grade equipment, which shall not be the same company supplying the primary security system.

**Security Response:** Not required for a dispensary facility but can be easily added to current system if needed in the future.

(d) Access to surveillance areas shall be limited to persons that are essential to surveillance operations, law enforcement agencies, security system service personnel, the commissioner or the commissioner's authorized representative, and others when approved by the commissioner. A current list of authorized employees and service personnel that have access to the surveillance room must be available to the commissioner or the commissioner's authorized representative upon request. If on-site, surveillance rooms shall remain locked and shall not be used for any other function.



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**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include complete training for Caring Nature employees. This training will include all aspects of the integrated system from adding detailed photos/data to an employee's account, to adjusting the doors a specific employee is allowed access through, all the way to immediately revoking access with adjusting employment status to "expired". The access to the building will offer the first line of defense to making sure only approved persons can access the system then followed by specific software passwords required to gain access into review the system. Standard Caring Nature internal protocols will offer a list of all authorized persons and a detailed audit trail of access to those rooms will be available for the minimum 30 days as requested.

(e) The outside perimeter of the dispensary facility and production facility premises shall be well-lighted.

**Security Response:** Caring Nature internal facility procedures

(f) All video recording shall allow for the exporting of still images in an industry standard image format, including .jpg, .bmp, and .gif. Exported video shall have the ability to be archived in a proprietary format that ensures authentication of the video and guarantees that no alteration of the recorded image has taken place. Exported video shall also have the ability to be saved in an industry standard file format that can be played on a standard computer operating system. All recordings shall be erased or destroyed prior to disposal or sale.

**Security Response:** The CustomVault integrated alarm/access-control/video surveillance system will include 24 hour recordings by a 6 TB processor at the facility. The frame capture rates will be adjusted as needed to make sure all required identification is occurring. This video will be able to be exported in raw or captured form for review by the commissioner or the commissioner can review video directly at Caring Nature's office in person. The system will supply the reader/viewer software so that any modern standard computer will be able to review and use this information.

(g) All security equipment shall be in good-working order and tested no less than two times per year.

**Security Response:** Caring Nature will be purchasing a preventative maintenance agreement from CustomVault so that twice annually all equipment will be serviced and maintained. The integrated software system will alert the security team through system notifications if any camera is out of position to capture the requested area, if there is an interruption in power to any components, if there is a potential over heat of any component or there is any server concern.



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In addition to this security summary you will be receiving the following via email:

1. CustomVault Electronics description and product delivery/installation cost estimate
2. CustomVault Alarm Monitoring Servicing and Fee Estimate
3. Associated DMP (Digital Monitoring Products) alarm/access brochures and cut sheets
4. Associated ATV Servers and Video Surveillance brochures and cut sheets
5. Associated Interior/Exterior Camera brochures and cut sheets
6. CustomVault Security Design Drawing – Pages 1-5 noting alarm layout, access control layout, video surveillance system with camera locations, details on bullet resistant entry window, TL-15 safes and the final facility design.
7. CustomVault DEA Prequalification Letter for the TL-15 safes

At the current time we have designed this integrated system per conversations with Caring Nature in association with State of CT regulations to function as follows:

- There are minimally (3) three cameras focused on the potential entrances to the building and the system will be functioning 24 hours a day, 365 days a year.
- Caring Nature approved personnel will be able to add/delete/manipulate the security system as dictated by their role and function within the facility. Access into this system software will be through system pass codes and established authentication methods.
- Caring Nature employees will only access the front door of the facility with their employee specific company issued key card. The back door will be emergency exit access only. Their card will gain the employee access into the building only if it is currently valid. Once in the building employees will need to enter approved pass codes in to the security system to deactivate the perimeter alarm. During the day the card access system will allow or deny access into each room as noted in the facility. Employees will have differing levels of access based on their roles. As discussed in the event of the release of an employee or a change in their access status once the data is updated in the system it will immediately be set.
- The front entry area for patients will offer a video shown at reception to staff able to release the entry door as needed. Patients will not have free access into the facility. Currently in the reception area there is a bullet proof transaction window allowing for secure confirmation of identification once inside the building. Access past the reception area to the waiting room or secure offices will only be allowed by an employee approving the individual to enter the secure area within the facility.
- The security detail includes the availability to review live or recorded video from the facility or on approved mobile devices by Caring Nature staff as needed.
- The security system will be activated and under review at all times whether employees are present or not. Video will be stored to exceed the State requirements and not only be viewable remotely at all times but be secured within the facility.



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We feel this detailed presentation covers all areas of security concerns for Caring Nature's facility in association with the State of CT Security Regulations as per Section 21a-408. Our response allows Caring Nature to be confident they meet or exceed all State requirements and will have a secure facility intrusion alarm as well as storage for video surveillance exceeding the 30 day requirement.

Once your security team has an opportunity to review this document, let's review any questions, comments or concerns you might have.

Thank you very much for this opportunity; it has been a pleasure working with your firm to date. For additional information on our company please visit us at [www.customvault.com](http://www.customvault.com).

**CUSTOM VAULT CORPORATION**

*Matthew B. Gifford*

Matthew B. Gifford  
Director of Sales

MBG:bms



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August 28, 2015

Mr. David Sullivan  
Caring Nature LLC  
237 East Aurora Street  
Waterbury, CT 06708

Re: Caring Nature LLC – DEA Pre-Certification letter for security safes

Dear Mr. Sullivan,

Custom Vault Corporation pre-certifies that the designs for the above referenced project meet the requirements of Federal Specification 21CFR 1301.72 and State of Connecticut Drug Control Division Specifications 21a-262-1-21a-262-4 for DEA validated storage of Schedule - I & II controlled substances. Please see CustomVault shop drawing P-2424 for complete safe layout details.

There currently are (2) two of these **six-sided** safe solutions meeting TL-15 security standards are located in the secure office as requested. These units will be connected to the facility alarm system and be directly controlled by the keypad located in that office or the other two interior facility areas. The safes will be connected to the alarm system via the door contact and the seismic detector.

These safes will be outfitted with a **Group 1r** combination lock, ring and dial. Because of the controlled high security area of this system there will be no inner day door and each time the safe is opened it will be shown on the system audit trail.

The safes will be installed per manufacturer's specifications and together meet all DEA requirements for secure storage of controlled substances. The empty safes weight 2,800 lbs each and although they exceed the 750 lb minimum they will be attached to the slab so they cannot be moved.

Please keep this certificate on file for future reference, and don't hesitate to contact the author for further confirmation on this approach.

Very truly yours,

**CustomVault Corporation**

*Matthew B Gifford*

Matthew B Gifford  
Director of Sales

MBG:bms









# Medical Marijuana Program

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## Appendix B

### Dispensary Facility Backer Information Form

This form must be completed by each person or entity identified as a dispensary facility backer in Appendix A, section I.

#### Section A: Backer Information

1. Backer business type:						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Limited Liability Co.	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Unincorporated Association	<input type="checkbox"/> Other: _____
2. Legal Name of Backer: Raymond Sullivan						
3. Trade Name of Backer (if applicable):						
4. Street Address (including Apartment or Suite #): 79 Old Farms Road						
5. City: Watertown				6. State: CT.	7. Zip Code: 06795	
8. Daytime Telephone Number: (860) 417-3246		9. Fax Number:			10. E-mail Address: ray.sullivan@hotmail.com	

#### Section B: Backer Members

If you selected anything other than "Sole Proprietorship" in response to Section A, identify the members of your organization. A member is any person with a direct or indirect ownership interest greater than 5%. Attach additional pages if necessary.

Each member of a backer identified in response to this section must complete either:

- Appendix C if they are also a director, owner, officer or other high-level employee of the applicant; or
- Appendix E in all other instances.

11. Name (First, Middle, Last):	12. Percentage of ownership interest
David Michael Sullivan	
Raymond Sullivan	



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## Section C: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

13. State	14. Issue Date (month/year): /	15. Type:	16. Number:
	Expiration Date (month/year): /		
17. State	18. Issue Date (month/year): /	19. Type:	20. Number:
	Expiration Date (month/year): /		

## Section D: Legal Proceedings

21. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

22. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

23. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on your ability to serve as a backer for the applicant.

24. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section E: Criminal Actions

25. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.



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## Section F: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. As the backer, or duly authorized representative of the backer, I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

26. Signature:

27. Date Signed:

9/8/15

I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

28. Signature:

29. Date Signed:

9/8/15



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## Appendix C

### Directors, Owners, Officers or Other High-Level Employees Background Information Form

To be completed by all persons identified in your response to Appendix A, section J.

Section A: Personal Information			
1. Name (First, Middle, Last): Raymond Sullivan			
2. Street Address (including Apartment or Suite #): 79 Old Farms Road			
3. City: Watertown		4. State: CT.	5. Zip Code: 06795
6. Title: Chief Operating Officer		7. Telephone Number: (860) 417-3246	8. E-mail Address: ray.sullivan@hotmail.com
9. Date of Birth:		10. Social Security Number:	11. Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female

Section B: Employment Information			
12. Current or Most Recent Employer: Northwest Regional Workforce Investment Board		13. Date of Employment: Start Date: 09 / 29 / 08 End Date: :cur / re / nt	
14. Employer Address (including Apartment or Suite #): 249 Thomaston Avenue			
15. City: Waterbury		16. State: CT.	17. Zip Code: 06702
18. Telephone Number: (203) 574-6971		19. Fax Number:	20. E-mail Address: raymond.sullivan@nrwib.org

Section C: Pharmacy Business Experience
21. Do you have any experience controlling, managing, operating or working for a pharmacy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Are you currently associated with a pharmacy in any state? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23. If you answered "yes" to question 21 or 22, attach a statement setting forth, for each pharmacy with which you have been associated, the following information: <ul style="list-style-type: none"> <li>• The pharmacy name;</li> <li>• The pharmacy's location;</li> <li>• All titles and responsibilities held by you at the pharmacy, including the time frame for each;</li> <li>• The dates of your association with the pharmacy;</li> <li>• Whether you currently have a role at the pharmacy and, if not, when your involvement terminated and why; and</li> <li>• Whether the pharmacy was ever alleged to have violated the laws or regulations of the state in which it operates during the time period when you were associated with the pharmacy and, if so, how those allegations were resolved.</li> </ul>



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## Section D: Marijuana Business Experience

24. Other than the applicant, do you have any experience controlling, managing, operating or working for a marijuana business?

Yes  No

25. Other than the applicant, are you currently associated with a marijuana business in any state or country?

Yes  No

26. If you answered "yes" to question 24 or 25, attach a statement setting forth the following information for each marijuana business with which you have been associated:

- The business name;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why; and
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations.

## Section E: Other Relevant Business Experience

27. Do you have any experience controlling, managing, operating or working for any other business that you believe may be relevant to the department's evaluation of the applicant with whom you are associated?

Yes  No

28. If you answered "yes" to question 27, attach a statement setting forth the following information for each such business with which you have been associated:

- The business name;
- Products or services offered;
- The business location;
- All titles and responsibilities held by you at the business, including the time frame for each;
- The dates of your association with the business;
- Whether you currently have a role at the business and, if not, when your involvement terminated and why;
- Whether the business was ever alleged to have violated the laws or regulations of the state or country in which it operates during the time period when you were associated with the business and, if so, the nature and resolution of those allegations; and
- How this experience is relevant to the department's evaluation of the RFA response of the applicant with whom you are associated.

## Section F: Licenses, Permits and Registrations

Provide information regarding all state licenses, permits or registrations ever held, current or expired, by you. Attach additional pages if necessary.

29. State	30. Issue Date (month/year): /	31. Type:	32. Number:
	Expiration Date (month/year): /		
33. State	34. Issue Date (month/year): /	35. Type:	36. Number:
	Expiration Date (month/year): /		



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## Section G: Legal Proceedings

37. Have you, or has any entity over which you exercised management or control, had any petition filed by or against you, or otherwise sought relief under, any provision of the Federal Bankruptcy Act or under any State insolvency law in the last ten year period?

Yes  No

If the answer above is "yes", attach a statement providing the details of such proceeding or petition.

38. Have you, or has any entity over which you exercised management or control, ever had a professional license, permit or registration in Connecticut, or any other State, suspended, revoked or otherwise subjected to disciplinary action?

Yes  No

If the answer above is "yes", attach a statement providing the date(s), the type of license, permit or registration at issue, and a description of the circumstances relating to each suspension, revocation or other disciplinary action.

39. Are you a party to any legal proceedings where damages, fines or civil penalties may reasonably be expected to exceed \$500,000 above any insurance coverage available to cover the claim?

Yes  No

If the answer above is "yes", attach a statement describing the litigation, including the title and docket number of the litigation, the name and location of the court before which it is pending, the identify of all parties to the litigation, the general nature of the claims being made and the impact an unfavorable opinion may have on the applicant or the applicant's operations.

40. Have you, or has any entity over which you exercised management or control, ever had any fines or other penalties over \$10,000 assessed by any regulatory agency?

Yes  No

If the answer above is "yes", attach a statement providing the details of such fines or penalties.

## Section H: Criminal Actions

41. Have you ever been convicted of a crime or received a suspended sentence, deferred sentence, or forfeited bail for any offense in criminal or military court or do you have any charges pending?  Yes  No

If the answer above is "yes", attach a statement providing the date(s) of conviction(s), name of individual(s) involved, the court(s) where the case(s) were decided, a description of the circumstances relating to each offense or for the pending charges and the outcome of the proceedings.

## Section I: Criminal Background Check

I understand that the department may review criminal background records for purposes of evaluating my suitability to participate in the medical marijuana program. I hereby authorize the release of any and all information of a confidential or privileged nature to the department and its agents.

42. Signature:



43. Date Signed:

9/18/15



# Medical Marijuana Program

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I hereby certify that the above information is correct and complete.

I fully understand that if I knowingly make a statement that is untrue and which is intended to mislead the Department of Consumer Protection or any person designated by the Department in the performance of their official function, I will be in violation of Section 53a-157b of the Connecticut General Statutes.

44. Signature:

45. Date Signed:

9/8/15

Appendix C, Section C: Pharmacy Business Experience, Line 23

- Pharmacy name: Stop & Shop Pharmacy
- Pharmacy location: 240 Chase Ave. Waterbury Ct., 06704
- Titles/Responsibilities:
  - \* Pharmacy Manager (2007 - present)
    - Manage and oversee all day-to-day pharmacy operations
    - Process, fill, and dispense prescriptions
    - Patient consultation and service
    - Administer vaccinations, including flu, shingles, pneumonia, Tdap
    - Direct manager/supervisor to all pharmacy personnel, including staff pharmacists and technicians
  - \* Staff Pharmacist (1999 - 2007)
    - Process, fill, and dispense prescriptions
    - Patient consultation and service
    - Supervise all pharmacy technicians
  - \* Intern/Technician (1995 - 1999)
    - Process, fill, and dispense prescriptions
    - Customer service,
    - Assist Pharmacist
- Association with this pharmacy: 1996 - present
- Current Pharmacy Manager
- Never any alleged violations during my association with pharmacy

**Item A - Part 1 - Appendix C, Section D, Marijuana Business Experience, Line 26**

Appendix C, Section D: Marijuana Business Experience, Line 26

- Business name: Compassionate Care Center of Connecticut
- Business location: 4 Garella Rd. Bethel, Ct. 06801
- Titles/Responsibilities:
  - \* Dispensary Pharmacist (April 2015 - present)
    - Dispense medical marijuana
    - Patient Consultation
    - Advise and prescribe product based on patients' medical condition(s)
    - Instruction of proper dosing and administration
    - Supervise activities of Dispensary Technicians and other employees
- Association with this business: April 2015 - present
- Current Dispensary Pharmacist
- Never any alleged violations during my association with this business

**Appendix C  
Directors, Owners, Officers or Other High-Level Employees  
Background Information Form**

To be completed by all persons identified in your response to Appendix A, section J.

**Section E – Other relevant business experience**

Raymond Sullivan, dispensary backer, was associated with several companies in his 33 year packaging career. Heminway Packaging Company, Shorewood Packaging Company and International Paper Corp all operated out of 155 South Leonard Street in Waterbury CT. It was a matter of the same growing business being purchased by large and larger companies over the years. This manufacturing facility performed contract packaging, produced rigid paperboard packaging, thermoforms and folding cartons.

Titles held included Customer Service Representative, Production Manager, Purchasing Manager, Operations manager and finally, General Manager of U.S. and Asian Rigid Packaging for International Paper. These experiences extended from April of 1973 through December of 2007. I have had no subsequent role with this business.

Over his career, Raymond serviced customers in every way possible. He quickened estimating times, developed more accurate inventory systems and developed design and sample protocol to reduce communication error and drastically reduced concept to production time.

As General Manager of the Waterbury and Asian rigid box facilities, Raymond developed work systems that engaged all employees. Having come up through the ranks, he knew the most basic employee can have the best ideas. Raymond oversaw Human Resource, Maintenance, Customer Service, Production, Design and Accounting functions in this role.

Raymonds understanding of business, employee and customer relations and finance should be helpful with this start up business. The Department of Consumer Protection should know that he will assure a good and respectful enterprise.

Raymond Sullivan

**Item A - Part 1 - Appendix D, Section C, Pharmacy Business Experience, Line 23**

Appendix D, Section C: Pharmacy Business Experience, Line 23

- Pharmacy name: Stop & Shop Pharmacy
- Pharmacy location: 240 Chase Ave. Waterbury Ct., 06704
- Titles/Responsibilities:
  - ★ Pharmacy Manager (2007 - present)
    - Manage and oversee all day-to-day pharmacy operations
    - Process, fill, and dispense prescriptions
    - Patient consultation and service
    - Administer vaccinations, including flu, shingles, pneumonia, Tdap
    - Direct manager/supervisor to all pharmacy personnel, including staff pharmacists and technicians
  - ★ Staff Pharmacist (1999 - 2007)
    - Process, fill, and dispense prescriptions
    - Patient consultation and service
    - Supervise all pharmacy technicians
  - ★ Intern/Technician (1995 - 1999)
    - Process, fill, and dispense prescriptions
    - Customer service,
    - Assist Pharmacist
- Association with this pharmacy: 1996 - present
- Current Pharmacy Manager
- Never any alleged violations during my association with pharmacy

**CARING NATURE LLC.**

**A. BUSINESS INFORMATION OF APPLICANT**

2) Applicant Summary

Caring Nature LLC. is a family start up business that, upon proper approvals, will dispense Medical Marijuana to patients in New Haven County and the Greater Waterbury region.

David Sullivan will be the Dispensary facility manager. David grew up in Waterbury, CT. attending local schools. He is a 1994 graduate of Waterbury's Holy Cross High School and a 1999 Graduate of the University of Connecticut Pharmacy School. He has been a licensed pharmacist since 1999. David's career has been a growth experience with the Stop & Shop Company. He began as an Intern/Technician while a college student and was hired immediately upon graduation as a staff pharmacist. In 2007, David was promoted to Pharmacy Manager, overseeing a five million dollar operation, staff pharmacists and several Pharmacy Technicians and store clerks.

David began working once a week on a voluntary basis for the Compassionate Care Center in Bethel Connecticut earlier this year. His interest in the industry quickly grew as David saw first-hand the patient benefit of Cannabis use. Interest developed into a passion during discussions with patients who would describe the abatement of pain or condition utilizing a remedy with fewer side effect and lower cost. David applied for and received his Medical Marijuana Dispensary License (MMDR.0000025) on April 20<sup>th</sup> of this year.

## Item A - Part 2 - Applicant Summary

The pharmaceutical and dispensary experience described above will serve Caring Nature well.

- Awareness of the Greater Waterbury area; **patient culture** and neighboring area **health options** including physical therapy, fitness centers, health food providers and more. Desire to **offer patients a holistic solution** to assist with a personalized health improvement program.
- **Experience with existing State of Ct. growers** and their products.
- **Relationships with Doctors** and their office staffs throughout the Greater Waterbury area.
- **Pharmaceutical/Chemical understanding** of drug interaction and medical condition.
- Able to **provide pharmacological information** by answering questions and requests of health care professionals; counseling patients on drug therapies.
- **Able to train** Pharm Techs, other pharmacists and health care professionals on the use of cannabis-based medicines.
- **Knowledge to comply with Ct. State law** as regulated by the State Department of Consumer Protection understanding unit inspections, record maintenance, supervising the work results of support personnel, maintaining current registration, studying existing and new legislation. Familiar with the HIPAA privacy rule and all its applications.

## Item A - Part 2 - Applicant Summary

- **Understanding of proper dispensary layout and work flow;** value of safe and clean working environment by complying with Dispensary procedures, rules and regulations.
- **Maintain pharmacological knowledge** by attending educational workshops; reviewing professional publications; establishing personal networks and participating in professional and area business associations.
- **Possesses Operation experience;** Order entry and vendor relations, inventory control, product protection, dosage control, insurance knowledge, employee relationship, pharmacy management and customer service experience will all benefit the new business.
- **Personal and Approachable;** David has been recognized by patients and supervisors as an individual willing to listen and to demonstrate a ***Caring Nature***.

Raymond Sullivan, David's Dad, is Dispensary Backer. Raymond will provide business knowledge, business contacts and financing in order to assure the success of Caring Nature. Raymond is also Waterbury grown. He attended local Waterbury CT. schools and is a 1973 graduate of the University of Ct. School of Business.

Raymond worked over 30 years in the packaging industry, producing rigid and plastic packaging for the Cosmetic and Music and Home Entertainment industries. Raymond began his career at Heminway Packaging Company in Waterbury. During that time, the company sales grew from \$1mm in sales to a record of \$22mm in 2002. Because of company growth and retiring ownership, Heminway was purchased by Shorewood Packaging Corporation of NY in 1994 and International Paper Corporation in 1999.

## Item A - Part 2 - Applicant Summary

Each buyer asked Raymond to stay with the company to head operations. When International Paper opted to move the business to southern New Jersey in 2007, Raymond assisted with the move but decided to stay in Waterbury, leaving the packaging business. Raymond is now employed as Manager of Workforce Programs for the Northwest Regional Workforce Investment Board in Waterbury.

Raymond's experience will also be important to this new business. His background demonstrates the following skill sets;

- **P&L Management**, Strategic Planning, Relationship Management, Capital Planning, Employee Management, Change Management.
- **Personal relationships** with the area's business community. ( Past elected "Man of the Year" by the local NAACP).
- **Company Building / Business Planning** expertise.

**A. BUSINESS INFORMATION OF APPLICANT**

3) A financial statement setting forth the elements and details of all business transactions connected with your application.

Financial elements connected with the application to this date: 7/24/15

- Application to the Secretary of State to apply for business licensing.

To date, 9/3/2015 we have expended:

- Attorney fees:
- Accounting Fees:
- Printing costs:
- Web Template to date:
- LLC. Registration Fee
- Sales and Use Tax Permit
- Miscellaneous Expenses (Binders, thumb drives, parking)

**Total Expenditures to date, 9/3/2015**

- Future Expenditures expected by application
    - Estimated Accounting Fee for Financials
    - Estimated Attorney Fees for Zoning Filings
    - Zoning Application Costs
    - Estimate Real Estate holding Costs
    - Marketing Evaluation and Web Template
    - HVAC / Electrical planning costs
    - Printing Costs
    - Application Cost to DCP
    - **Total Application Origination Costs**
- With 10 % contingency**

**Item A - Part 3 - Financial Statement and Business Transactions Connected to Application**

*Business Inquiries to this date: 8/24/15*

- **Business site evaluation process** – Caring Nature investigated both Waterbury Ct and Naugatuck Ct. because of market potential, knowledge of the area and proximity to other business interests. We recognize zoning issues as a major business barrier. To that end, we have met with the following.
  - Naugatuck
    - Ron Pugliese – CEO of the Naugatuck Economic Development Corporation.
    - Susan Goggin – Naugatuck Zoning Enforcement
  - Waterbury
    - Joe McGrath – Economic Development Office and aide to Mayor O’Leary, City of Waterbury
    - James Sequin – Waterbury City Planner

Neither town has zoning regulations for Dispensing Medical Marijuana. A Zoning application needs to be filed. The application moves to City Planning, a hearing is scheduled, and if approved, moves back to Zoning to complete the application process. Our understanding is that if the location is right, the process would move forward and be approved by either town. This is why we have looked very intently for office space in Industrial Zoned locations. We have interviewed several attorneys and are pleased to say we will be represented by Attorney Gray B. O’Connor from the law firm of Pullman & Comley, LLC. Attorney O’Connor has amazing knowledge or the zoning regulations in Waterbury, the processes necessary for success, and possesses excellent relationship with the Mayor’s Office and the Waterbury City Planner. Attorney O’Connor has

## Item A - Part 3 - Financial Statement and Business Transactions Connected to Application

expressed sincere optimism for a positive outcome of the request. By the time this application is filed, our zoning filing will be underway. Ed Godin of Godin Property Brokers and Gerry Matthews of Matthews Real Estate have assisted with rental property search.

- **Patient, Product, and Employee Security** is recognized as an essential business asset by Caring Nature. Our business plan will present a security proposal that includes a vault room with 2 vaults, visual surveillance system, secure door entry and access controls system, motion detection and entire system monitoring offer exceptional protection.
- **Inventory control** and tying inventory to sales has been another business investigation conducted by Caring Nature. Our proposal includes a point of sales system featuring barcode technology and radio frequency identification that responds to every transaction made. The software system will abide with state regulation and suit Caring Nature's business needs. All data records are vaulted within internal servers to reduce risk of information breach. The system will facility traceability, security, and compliance with built in alerts and business tracking and intelligence solutions.
- **Demographic, market research and marketing method** has been another business activity through this process. The customer count assumptions used in the financial pro forma is based on an analysis of the population of the surrounding towns and cities likely to utilize Waterbury as a preferred location and equating that

## Item A - Part 3 - Financial Statement and Business Transactions Connected to Application

population with the Department of Consumer protection statistics of customer location and use. This application will provide a web site template that will be designed to provide the customer and physician accessible and easy to read information.

- Examining and understanding **dispensary operation** has been a major activity as the Caring Nature enterprise has developed from idea to application. David Sullivan has been a licensed Dispensary Pharmacist at the Compassionate Care Center in Bethel Ct. for 5 months and will continue to learn and grow from this experience. He has learned dispensary rules and regulation that govern physicians, patients and caregivers as well as employee activities, roles and responsibilities. This application will review hours of operation, employee training, and record keeping. We will also touch on plans to add to employee benefits as business success grows to provide an appropriate benefit program. We will also present our Compassionate Need Plan and discuss partnering with other involve entities to develop a fair system for product discounts and special services.
- Caring Nature's mission is "Healing each patient naturally & individually". Our goal is to provide our patients a peaceful environment and to offer health alternatives that will encourage exercise, better eating habits, and smarter pharmaceutical choices.

## Item B - Part 1 - Dispensary Location

### **B. LOCATION AND SITE PLAN**

1) The proposed location of Caring Nature LLC. is 237 East Aurora Street in Waterbury, Connecticut, 06708. The Waterbury Ct. Assessor's Office lists this property as ID 0160070700002 and is zoned IL – Limited Industrial. This location was chosen for several reasons.

- Waterbury is located in the northern section of New Haven County and is located at the crossroads of Route 8 and Route 84. It is ideally located when considering the current Branford dispensary location in the southern part of the county Bethel, in the western part of the State and the Bristol location which is best suited to service the southern Hartford County.
- Utilizing the Dept. of Consumer Protection statistics and statistics from the US Census Bureau, this site will service 420,000 of the 3,500,000 State populations. Utilizing a usage rate of .00167 this equates to approximate 700 currently registered patients.
- This site location will not have a negative community impact. It is located in an Industrial zone. Highway access is moments away, avoiding local roadways. There are no places of religious worship, public or private schools, convents, or charitable institution within 1000 feet of the dispensary location.
- The area is bounded by route 8 to the south and east and the route 73 exit ramps on the west and north. There is little to no pedestrian traffic on East Aurora Street. There are no residential neighborhoods in the immediate area. Attached is the assessment site map.

## Item B - Part 1 - Dispensary Location

2). Caring Nature will attach documents sufficient to establish that the applicant is authorized to conduct business in Connecticut and that state and local building, fire and zoning requirements and local ordinances are met for the proposed location of the dispensary facility. They include:

- Tax ID and Articles of Organization issued by the Secretary of the State of Connecticut.
- Sales and Use Tax Information.
- Copy of testimony by the landlord that state and local building and fire systems are current.
- Copy of the Waterbury Assessors zoning card to verify industrial zone.
- Copy of agreement with our attorney to demonstrate Caring Nature is requesting zoning regulation for a medical marijuana dispensary facility.

3). Attached is a memorandum of understanding with Cornerstone Realty, property owner stating their agreement to the intentional use of the property as a medical marijuana dispensary facility.

4). Attached are text and graphic materials that will be shown on the exterior of the proposed dispensary facility;

- There will be one street sign in block letters approximately 16" x 18"
- Front door signage will post hours of operation, and proper admittance information.

**Item B - Part 1 - Dispensary Location**

5). Attached are photographs of the surrounding neighborhood and businesses sufficient to

evaluate the proposed dispensary facility's compatibility with commercial or residential structures already constructed, or under construction, within the immediate neighborhood is attached.

6). A site plan drawn to scale of the proposed dispensary facility showing streets, property lines, buildings, parking areas, and outdoor area are attached.

7). There are NO places used primarily for religious worship, public or private schools, charitable institutions, whether supported by private or public funds, hospital or veterans' home or any camp or military establishment that is within 1000 feet of the proposed dispensary facility location. Map attached.

8). Attached in this application please see a plan drawn to scale, of the proposed dispensary facility.

A). The dispensary room from which marijuana and marijuana products will be sold is 12 feet wide by 24 feet long, 288 square feet.

B) The overall dispensary facility is 1960 square feet.

C) The facility storeroom is 144 square feet. (Office/Store Room on floor plan)

D) The sales counter in the dispensary room will be 3 feet by 15 feet.

E) There will be no sink or refrigerator in the dispensary room. There will be a sink and refrigerator in the employee break room for employee use. Location noted on floor plan.

There will be a separate locking refrigerator located in the vault room for storage of medicine that requires refrigeration, such as Rick Simpson Oil.

## Item B - Part 1 - Dispensary Location

F) Two approved safes will be located in the Safe Room where marijuana products will be stored.

G) The dispensary facility will have two rest rooms; one for patients and one for employees. They are shown on the floor plan.

H) The location of the breakroom is noted on the floor plan. Personal belonging lockers will be located in this breakroom.

I) The patient counseling room is 14 feet by 14 feet or 196 square feet. Location noted on floor plan.

J) All products, marijuana and otherwise, will be located in the dispensary room during working hours and in the safe room at all other times. Various services such as patient consultation and access to education reading material will take place in the consultation and patient waiting area. All sales will take place in the dispensary room.

K) Marijuana and marijuana products will be isolated to the safe room and the dispensary room. Walls, partitions, counters and areas of ingress and egress are noted on the floor plan.

Item B - Part 2 - A - IRS Employer Identification Number

X

 **IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

Date of this notice: 08-10-2015

Employer Identification Number:



Form: SS-4

Number of this notice: CP 575 G



CARING NATURE  
DAVID SULLIVAN SOLE MBR  
28 BLUEBERRY LN  
WOODBURY CT 06798

For assistance you may call us at:  
1-800-829-4933

000119

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you E[REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.
- \* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is [REDACTED]. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.



# STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES

TWENTY-FIVE SIGOURNEY STREET, SUITE 2 HARTFORD, CONNECTICUT 06106-5032

Corr ID: \_\_\_\_\_  
Date: 08/07/2015

Dear Taxpayer:

Attached is your sales and use tax or room occupancy tax permit. Please display it conspicuously for your customers to see. Any permit previously issued by the Connecticut Department of Revenue Services (DRS) for the specific location noted on the permit is now void and should be destroyed.

Any change in ownership or form of organization requires a new permit. If your business is sold, transferred, or discontinued, return this permit at once to:

Department of Revenue Services  
Registration Section  
25 Sigourney St Ste 2  
Hartford CT 06106-5032

Enter the last day of business and the name of the successor, if applicable, on the back of the permit. Sign the permit as indicated.

Business and individual taxpayers can use the Taxpayer Service Center (TSC) at [www.ct.gov/tsc](http://www.ct.gov/tsc) to file a variety of tax returns, update account information, and make payments online.

You may not assign or transfer this permit. Display this permit conspicuously for your customers to see.

Department of Revenue Services  
State of Connecticut  
25 Sigourney St Ste 2  
Hartford CT 06106-5032  
R603 (Rev. 07/09)

## Sales and Use Tax Permit



Use only at this location:

The person named below is licensed under the Sales and Use Tax Act. This permit is good only for the named permittee and at the location shown. If there is any change in ownership, the permit is null and void.

CARING NATURE LLC  
CARING NATURE  
28 BLUEBERRY LN  
WOODBURY CT 06798-2332

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
08/06/2015	10/31/2020	11/05/2015	

CARING NATURE LLC  
CARING NATURE  
28 BLUEBERRY LN  
WOODBURY CT 06798-2332

Kevin B. Sullivan  
Commissioner of Revenue Services

This license may not be transferred or assigned.

Item B - Part 2 - C - Articles of Organization



**SECRETARY OF THE STATE OF CONNECTICUT**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470  
 DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106  
 PHONE: 860-509-6003 WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

**ARTICLES OF ORGANIZATION  
 LIMITED LIABILITY COMPANY - DOMESTIC**

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b> NAME: David M. Sullivan ADDRESS: 28 Blueberry Lane  CITY: Woodbury STATE: CT ZIP: 06798		<b>FILING FEE: \$120</b> MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)</b> Caring Nature, LLC.		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:</b> ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.  To engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.</b> ADDRESS: 28 Blueberry Lane  CITY: Woodbury STATE: CT ZIP: 06798		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.</b> ADDRESS:  CITY: STATE: ZIP:		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)</b> <input checked="" type="checkbox"/> A. IF AGENT IS AN INDIVIDUAL. PRINT OR TYPE FULL LEGAL NAME:  Carole A. Sullivan, Esq.		
<b>BUSINESS ADDRESS</b> (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		<b>CONNECTICUT RESIDENCE ADDRESS</b> (P.O. BOX NOT ACCEPTABLE)
ADDRESS: 37 Torrington Road  CITY: Litchfield STATE: CT ZIP: 06759		ADDRESS: 37 Torrington Road  CITY: Litchfield STATE: CT ZIP: 06759
<b>SIGNATURE ACCEPTING APPOINTMENT:</b> 		

**Item B - Part 2 - C - Articles of Organization**

**B. IF AGENT IS A BUSINESS:**  
**PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:**

**CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)**

ADDRESS:

CITY:

STATE:

ZIP:

**SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**

**PRINT NAME & TITLE OF PERSON SIGNING:**

**6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)**  
 ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
David M. Sullivan	Owner/Pharmacy Manager	28 Blueberry Lane Woodbury, CT 06798	28 Blueberry Lane Woodbury, CT 06798

**7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES**

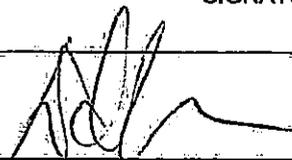
MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

**8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")**

David@CaringNatureDispensary.com

**9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)**

DATED THIS 5 DAY OF July, 2015

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
David M. Sullivan	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sofs.ct.gov](http://www.concord-sofs.ct.gov)  
 CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
 TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

## Item B - Part 2 - D - City Zoning Card

The Assessor's office is responsible for the maintenance of records on the ownership of properties. Assessments are computed at 70% of the estimated market value of real property at the time of the last revaluation which was 2012.

# CITY OF WATERBURY

Information on the Property Records for the Municipality of Waterbury was last updated on 8/27/2015.

### Parcel Information

Location:	237 EAST AURORA ST	Property Use:	Industrial	Primary Use:	Light Industrial
Unique ID:	016007070002	Map Block Lot:	0160-0707-0002	Acres:	3.37
490 Acres:	0.00	Zone:	IG	Volume / Page:	4192 / 20
Developers:Map / Lot:		Census:			

**PULLMAN  
& COMLEY**  
ATTORNEYS

Gary B. O'Connor  
90 State House Square  
Hartford, CT 06103-3702  
p 860 424 4366  
f 860 424 4370  
goconnor@pullcom.com  
www.pullcom.com

August 28, 2015

Caring Nature, LLC  
Attn: Mr. Ray Sullivan  
79 Old Farms Road  
Watertown, CT 06795

**Re: Representation**

Dear Mr. Sullivan,

You have asked my firm to represent **Caring Nature, LLC** in connection with all necessary land use approvals for a medical marijuana dispensary. The representation may also include the review of Caring Nature, LLC's application for licensure as a medical marijuana dispensary. No one else, including any affiliate of a company, shall be considered a client of the firm in this matter. Our engagement shall be effective upon receipt of a signed copy of this engagement letter together with the required retainer.

*Additional Undertakings.* If you ask the firm to perform any additional work beyond this engagement, and if the firm agrees to undertake that work, then the firm will perform that work upon the same terms as stated in this agreement, unless we have obtained a new engagement agreement from you. Unless specified in this engagement, the firm is not agreeing to provide services for any court proceedings, arbitrations, appeals, bankruptcies, or post-judgment proceedings.

*Client Responsibilities.* You agree to pay our invoices as provided below. You must also cooperate with us and provide complete and detailed information when requested. You agree to keep us informed of any changes in your contact information. You will notify us of any changes in your corporate or other business structure so that we may review any new affiliation, acquisition or merger to ascertain if it creates a conflict with any of our other clients. If a conflict is created, we reserve the right to withdraw from your representation, with court permission when required. You understand and agree that our engagement shall not include any advice relating to securities laws, and you will not include any documents or information we

*Fees and Expenses.* Our fees will be based on the hourly billing rate for each attorney and legal assistant who may work on your matter. Our billing rates for attorneys currently range from \_\_\_\_\_ per hour for associates \_\_\_\_\_ per hour for senior partners. My hourly rate currently



Page 2

is \$ . . . ; and the hourly rate of Attorney Michael Ceccorulli, who will be assisting me, currently is \$ . . . . The hourly rate we charge for paralegal assistance currently ranges from \$ . . . to \$ . . . per hour. These rates are subject to adjustment on an annual basis to reflect changes in the levels of experience of our attorneys and legal assistants and economic factors affecting the firm.

We will include in our billings, expenses we incur on your matter. Examples of expenses include photocopying, delivery service, computerized research, authorized travel, long distance phone calls, faxes, marshal fees, search and filing fees. Our representation of you may involve the assistance of outside consultants, experts or service providers such as court reporters. These type of expenses must be paid directly by you. If you are unwilling or unable to make satisfactory arrangements to pay the additional costs of such services, we may not be able to retain such services, even if your matter would benefit therefrom.

*Billing.* The firm will send you monthly invoices for its services. If there is more than one client, you will each be jointly and severally responsible for the payment of our invoices. The firm will charge interest at the rate of 1% per month (12% per annum) on any bills that remain unpaid for more than 60 days. After 60 days, we reserve the right to cease performing services for you, and to seek to withdraw our representation in any court proceeding, until satisfactory payment arrangements have been made. We reserve the right to collect any unpaid fees and expenses from any recovery by you or on your behalf in connection with your claims or by setoff against sums in our possession.

*Retainer.* We will require a retainer of \$ . . . . The retainer is not an estimate of, nor a cap upon, your fees. The firm will return to you any unapplied balance of the retainer at the conclusion of our representation. The retainer shall be deemed the property of Pullman & Comley, LLC, and is held as security for payment of your invoices. This retainer may be applied in payment of each of the firm's monthly invoices until exhausted. If it becomes apparent that the retainer is insufficient to insure continued payment of our invoices, we reserve the right to request payment of an additional retainer, and to terminate our representation of you if it is not provided, with court permission when required.

*No Conditions Upon Firm's Charges.* It is expressly understood that your obligations to pay the firm's billings is not contingent upon: (a) the ultimate resolution of your matter; (b) the amount of money that is in dispute; or (c) the amount of any recovery you receive.

*Opinions and Beliefs.* By entering into this agreement, you acknowledge that the firm has made no promises or guarantees concerning the outcome of your matter. The outcome of any legal matter, especially negotiations or litigation, can be subject to numerous tangible and intangible factors, rendering predictions impossible. During the course of our representation, we may offer you advice and recommendations. Any statements we make, however, must be considered an expression of opinion only, based upon information available, and should not be construed as a promise or guarantee.

**PULLMAN  
& COMLEY**  
ATTORNEYS

Page 3

*General Conflicts.* As you might expect, our firm represents clients throughout the State of Connecticut, including municipalities, boards of education, companies, individuals, landlords, tenants, borrowers, lenders, financial institutions, governmental and quasi-governmental entities and associations that may have interactions with you in civil or criminal matters, totally unrelated to this representation. You agree that we may represent other clients in unrelated matters who may be adverse to you, provided such matters are not substantially related to our work that we have been engaged to handle for you, and so long as we believe our responsibilities to you would not be materially limited due to such other representation. Notwithstanding this clause, we understand that you are not agreeing this firm may make a claim for affirmative damages against you on behalf of another client without your written consent.

*State of Connecticut.* From time to time, our firm represents the State of Connecticut or some of its agencies on totally unrelated matters. We have determined that any such unrelated matter would not in any way materially limit our representation of you in this matter. If you wish to discuss this further, please feel free to contact me.

*Electronic Technology.* The firm uses various technologies, including e-mail and third party cloud-based services, to store documents, e-mails and data, and to exchange the same with our clients and others. We also communicate with our clients by e-mail, facsimile, (mobile) telephone, or text. By engaging our firm, you consent to our using these technologies to represent you.

*Records Retention.* Unless we have otherwise agreed with you in writing, we reserve the right to determine what a "reasonable time" will be, to retain your records after the conclusion of our representation.

*Termination of Engagement.* Either you or the firm may terminate our representation of you at any time, by written notice, subject on our part to the Connecticut Rules of Professional Conduct. If you terminate our services, you agree to promptly pay all outstanding fees and expenses. You also agree to pay our fees until such time as any required Motion to Withdraw is granted. The firm reserves the right to terminate your engagement of us if you do not honor this engagement letter, including not paying your bills. If not formally terminated sooner, this representation will be considered terminated upon the conclusion of the matter for which you have engaged us. If you ask us to perform additional services after the termination of the engagement, the additional work will constitute a new matter. After completion of the representation, changes may occur in the applicable laws or regulations that could have an impact upon your future rights and liabilities. Unless the terms of this agreement expressly provide otherwise, we have no continuing obligation to advise you with respect to any such changes that occur after the termination of the engagement.

*Choice of Law, Venue and Fee Dispute Resolution.* The engagement of the firm for this or any subsequent matter shall be governed by the laws of Connecticut and any dispute shall be

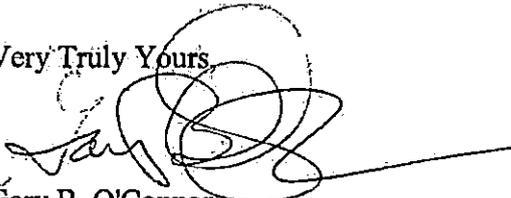
**PULLMAN  
& COMLEY**  
ATTORNEYS

Page 4

resolved in that venue. Should there be any dispute related to the firm's fees or expenses, or any guaranty thereof, it shall be resolved by binding arbitration in accordance with the Fee Dispute Resolution Program of the Connecticut Bar Association (CBA), found at [www.ctbar.org](http://www.ctbar.org); or, should the CBA decline to accept the dispute, by binding arbitration before a single arbitrator agreed upon by the parties or appointed by a judge of the Connecticut Superior Court. If this is a commercial matter, you and any guarantor acknowledge the firm shall be entitled to recover its reasonable attorneys' fees and expenses to collect its invoices.

This letter agreement contains the entire agreement between **Caring Nature, LLC** and Pullman & Comley, LLC regarding the requested representation and the fees, charges and expenses to be paid. If you agree with the terms of this letter, then please return a signed copy of this letter by mail, or by e-mail with a PDF attachment to my attention at [goconnor@pullcom.com](mailto:goconnor@pullcom.com). If you have any questions or comments about anything described in this letter, please do not hesitate to call me. On behalf of Pullman & Comley, LLC, I look forward to assisting you.

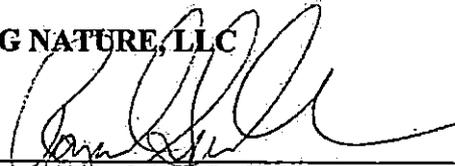
Very Truly Yours,

  
Gary B. O'Connor

**CONSENT TO REPRESENTATION ON STATED TERMS**

The undersigned hereby approve and consent to each of the terms and conditions stated above.

**CARING NATURE, LLC**

By:  \_\_\_\_\_

Date: 8/28/2015

By: \_\_\_\_\_

Date: \_\_\_\_\_



**CORNERSTONE REALTY, INC.**  
YOUR FOUNDATION FOR BUILDING SUCCESS™

225 East Aurora St.  
P.O. Box 151  
Waterbury, CT 06708  
p (203) 597-0400  
f (203) 753-9617

August 19, 2015

Mr. Ray Sullivan  
249 Thomaston Avenue  
Waterbury, CT 06702

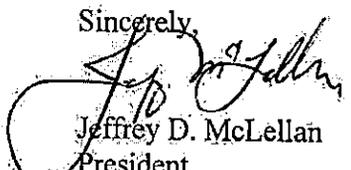
Re: 237 East Aurora Street Tenancy

Dear Ray:

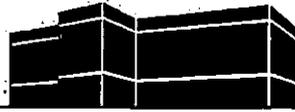
This letter serves to confirm that the ownership of the property situated at 237 East Aurora Street, Waterbury, CT supports your intended use of the front office block of space in the building, approximately 2500 S.F. as a medical marijuana dispensary. This letter also confirms that the ownership has not received any notice of any kind that the building is not in full compliance with all local and state building and fire codes.

Please feel free to contact me with any questions.

Sincerely,

  
Jeffrey D. McLellan  
President

Cornerstone Realty, Inc.  
Agent for AREV East Aurora Street LLC, Property Owner



**CORNERSTONE REALTY, INC.**  
YOUR FOUNDATION FOR BUILDING SUCCESS™

225 East Aurora St.  
P.O. Box 151  
Waterbury, CT 06708  
p (203) 597-0400  
f (203) 753-9617

August 19, 2015

Mr. Ray Sullivan  
249 Thomaston Avenue  
Waterbury, CT 06702

Re: 237 East Aurora Street Tenancy

Dear Ray:

This letter serves to confirm that the ownership of the property situated at 237 East Aurora Street, Waterbury, CT supports your intended use of the front office block of space in the building, approximately 2500 S.F. as a medical marijuana dispensary. This letter also confirms that the ownership has not received any notice of any kind that the building is not in full compliance with all local and state building and fire codes.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in dark ink, appearing to read "Jeffrey D. McLellan". The signature is fluid and cursive, with a large initial "J" and "M".

Jeffrey D. McLellan  
President

Cornerstone Realty, Inc.  
Agent for AREV East Aurora Street LLC, Property Owner



2030 Straits Turnpike, Suite 5 Middlebury, CT 06762  
P- (203) 577-2277 F - (203) 577-2100

REVISED August 17, 2015

Mr. Jeff McLellan  
Cornerstone Realty, Inc.  
225 East Aurora Street  
Waterbury, CT 06720

*RE: Lease Proposal 237 East Aurora Street, Waterbury CT*

Dear Jeff:

On behalf of David and Ray Sullivan, we are pleased to submit the following proposal to lease a portion of the Waterbury property. The details and outline are as follows:

**Property:**

237 East Aurora Street, Waterbury, CT  
A portion consisting of approximately 4,742 square feet.

**Landlord:**

AREV East Aurora Street LLC

**Tenant:**

David and Ray Sullivan  
Medical Marijuana Dispensary

**Term:**

Five (5) years  
Commencing approximately January 1, 2016 through December 31, 2021

**Rental Rate:**

Year 1 \$ NNN

The rent shall increase by " ) percent per year.

Landlord shall provide an updated estimate of the current NNN expenses.

During your application period, we will continue to show the space to other prospective tenants. If we reach a letter of intent agreement with an interested tenant, we will give you notice and if you require that Landlord "reserves" the space pending the decision on your application, Tenant shall pay Landlord \$ per month commencing 10 days following receipt of said notice until such time as Tenant either informs Landlord that the space is no longer needed or until the commencement date of a signed lease agreement.

Item B - Part 3 - MOU with Landlord

Page 2 – Lease 237 East Aurora Sullivan

**Option to Extend:**

The tenant shall be granted one (1) five (5) year option to extend the lease with annual increases.

**Other Lease Terms:**

**Improvements -**

The Landlord shall deliver the space "as-is" but with all mechanicals in good working order.

**Subletting --**

The Tenant shall have the right to sublease all or a portion of the space during the lease term or any extensions thereof, provided they receive Landlord's written approval in accordance with the terms of the lease to be more specifically recited in the Lease and mutually acceptable to Landlord and Tenant.

**Contingency --**

This proposal and any lease agreement will be subject to and contingent upon the Tenant receiving a state license as a medical marijuana dispensary and any other state or local approvals that may be required.

**Parking -- Employees to use common areas.**

3 assigned customer parking, 1 handicap parking spots being van accessible. Landlord reserves the right to assign parking spaces in its sole discretion.

**Security Deposit --**

Equal to one month's rent.

**Brokerage --**

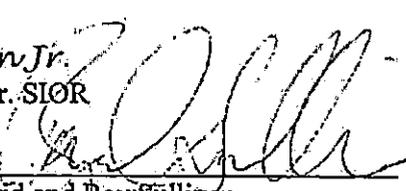
Godin Property Brokers LLC shall be recognized as the only broker involved in this transaction and shall be paid by Landlord per separate agreement.

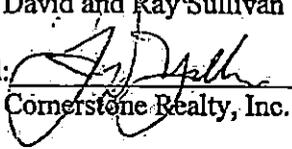
This letter of intent is subject to a formal lease agreement executed by both parties and neither party will be bound except upon execution of a formal lease agreement. Please let us know if these basic terms and conditions are acceptable and we look forward to proceeding to a formal lease agreement.

Sincerely,

Ed Godin Jr.

Ed Godin Jr. SIOR

Agreed:  Date: 8/18/2015  
David and Ray Sullivan

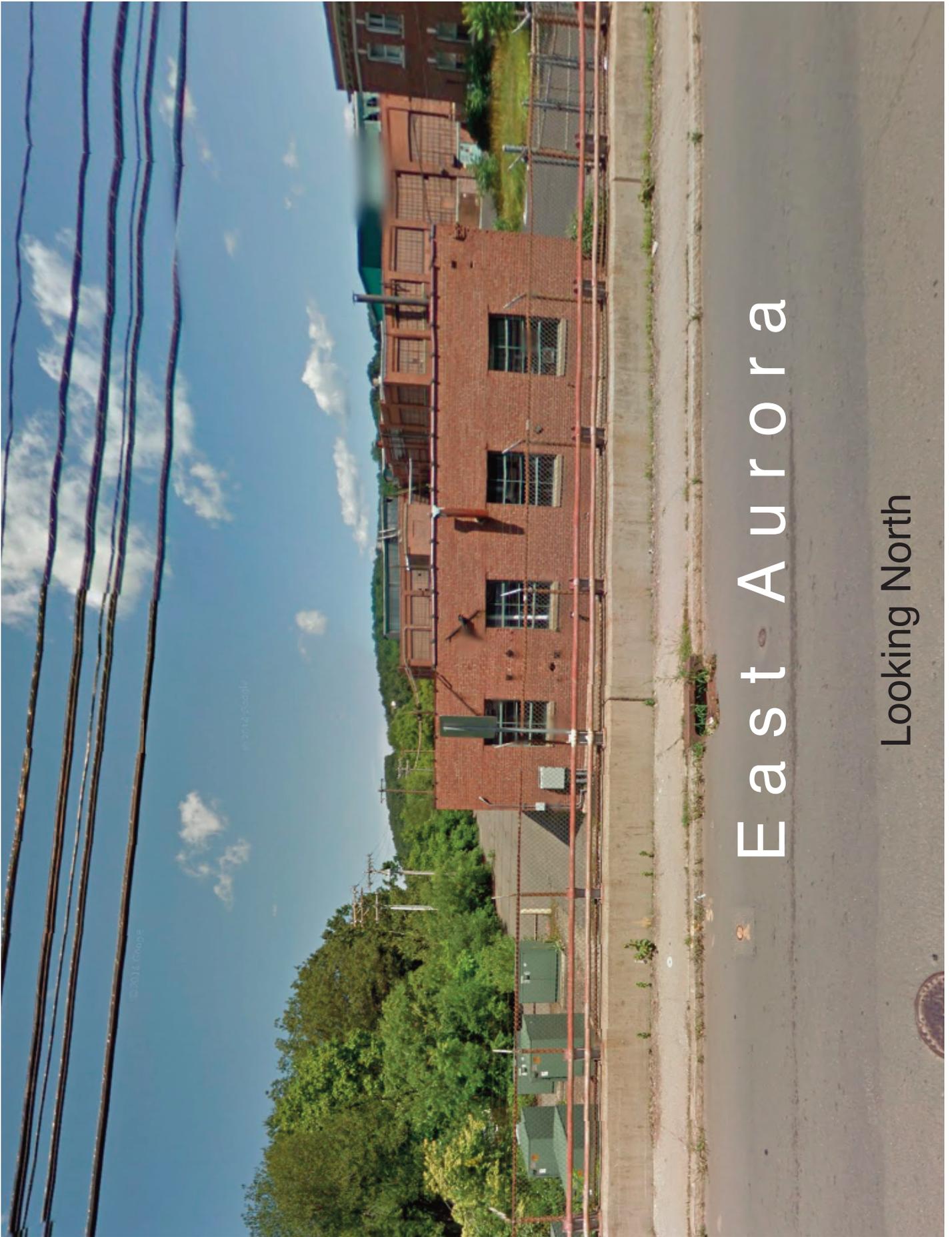
Agreed:  Date: 8/19/15  
Cornerstone Realty, Inc.

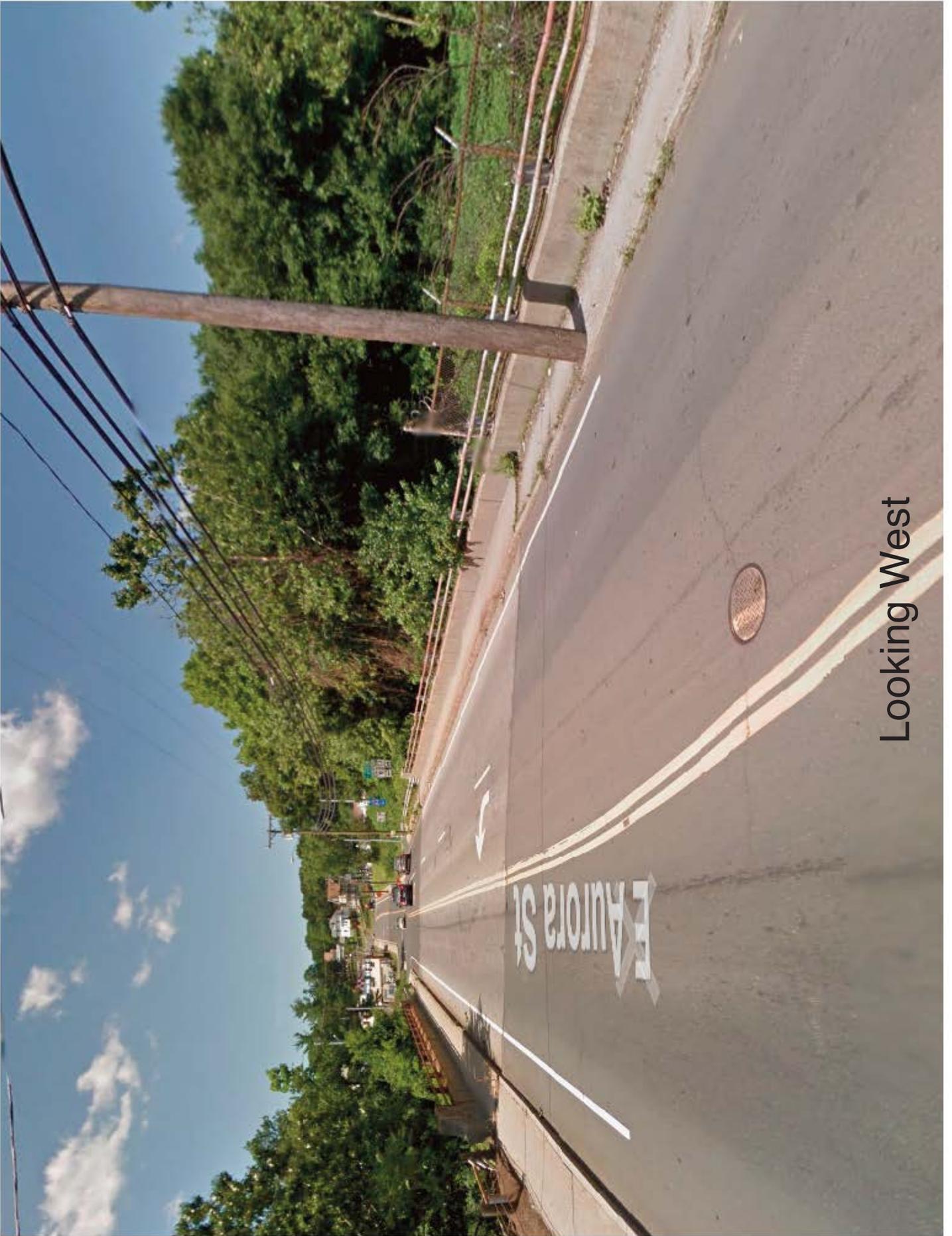




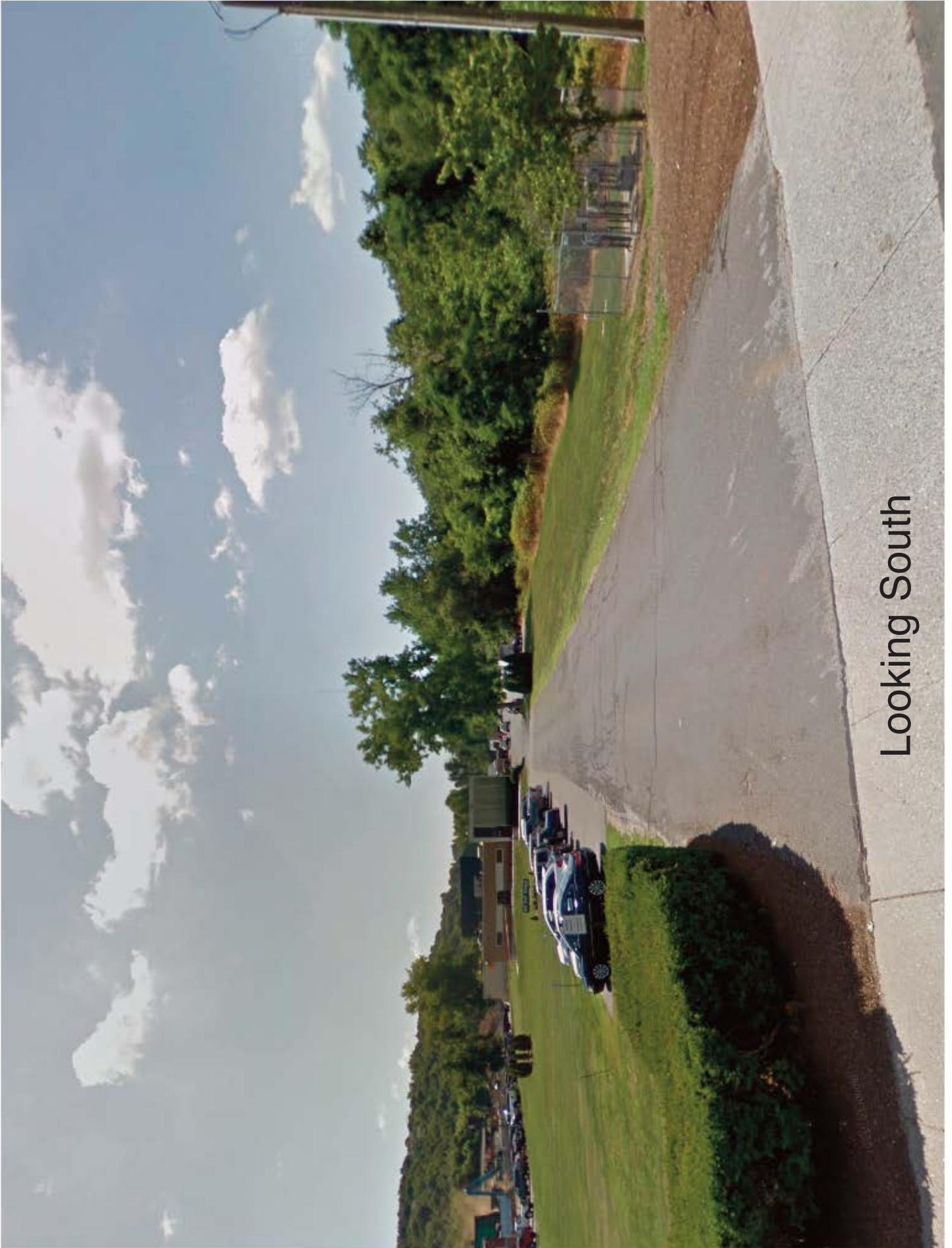


Looking East

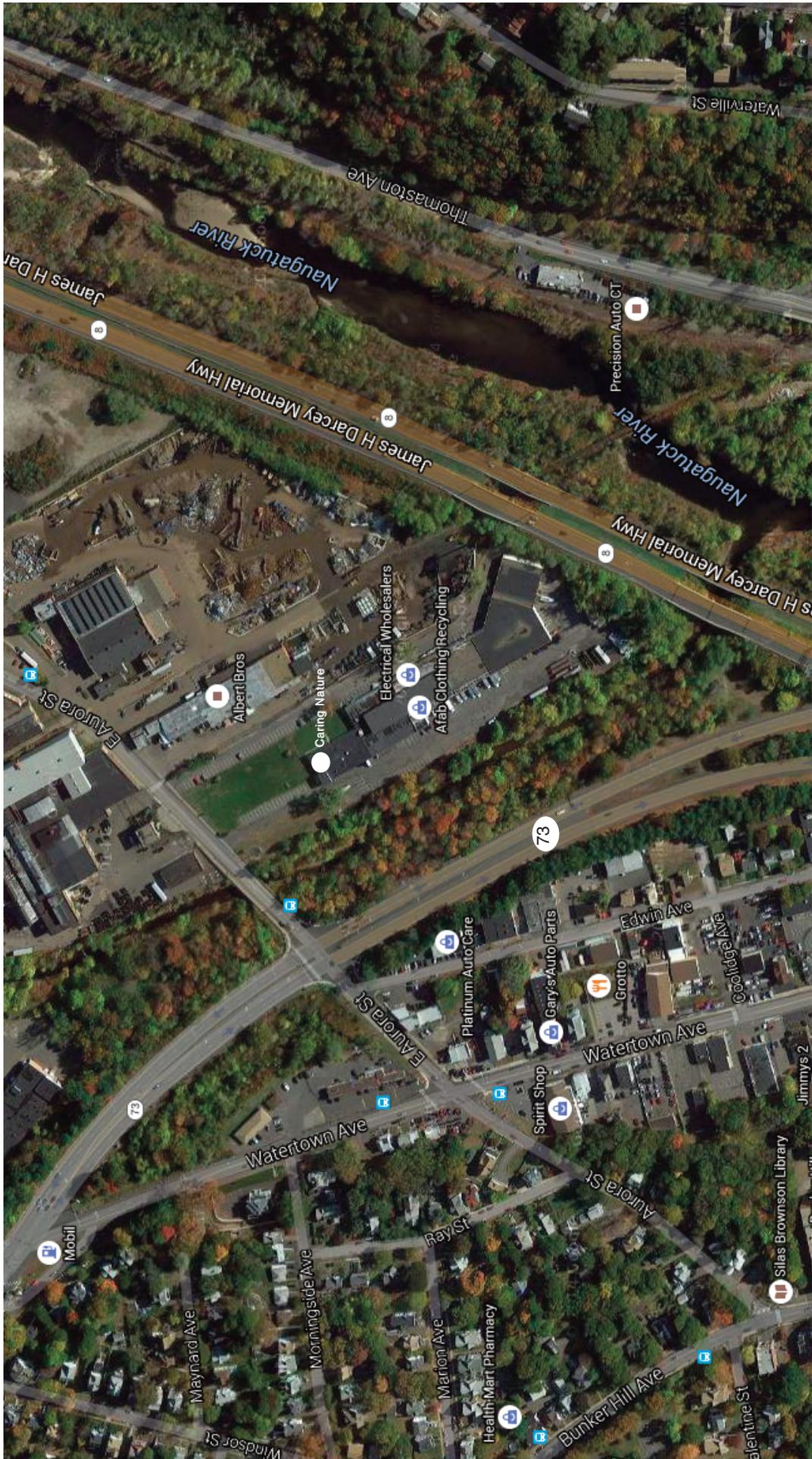




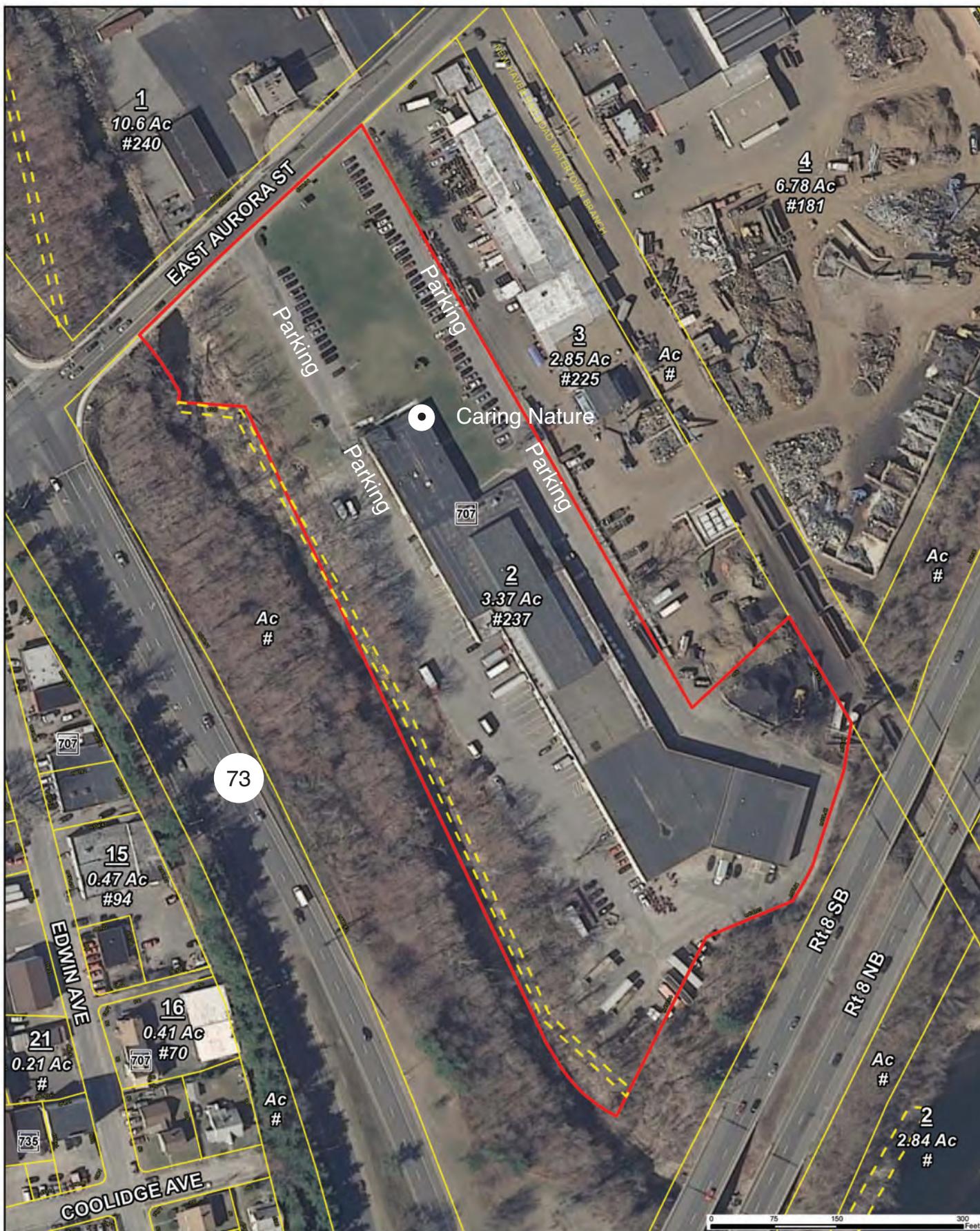
Looking West



Looking South





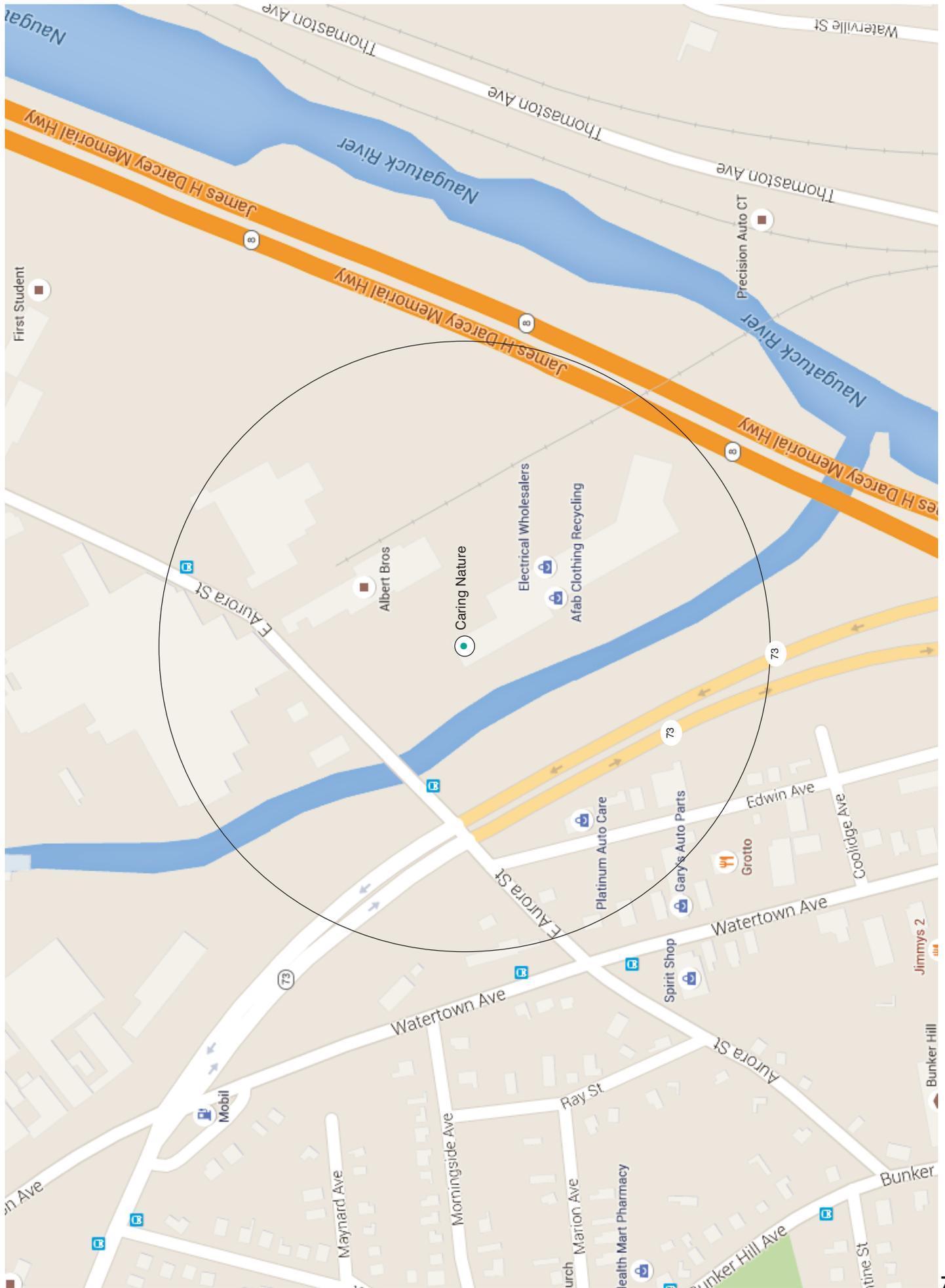


**City of Waterbury**  
Public Works Department

MBL: **0160-0707-0002**  
ADDRESS: **237 EAST AURORA ST**

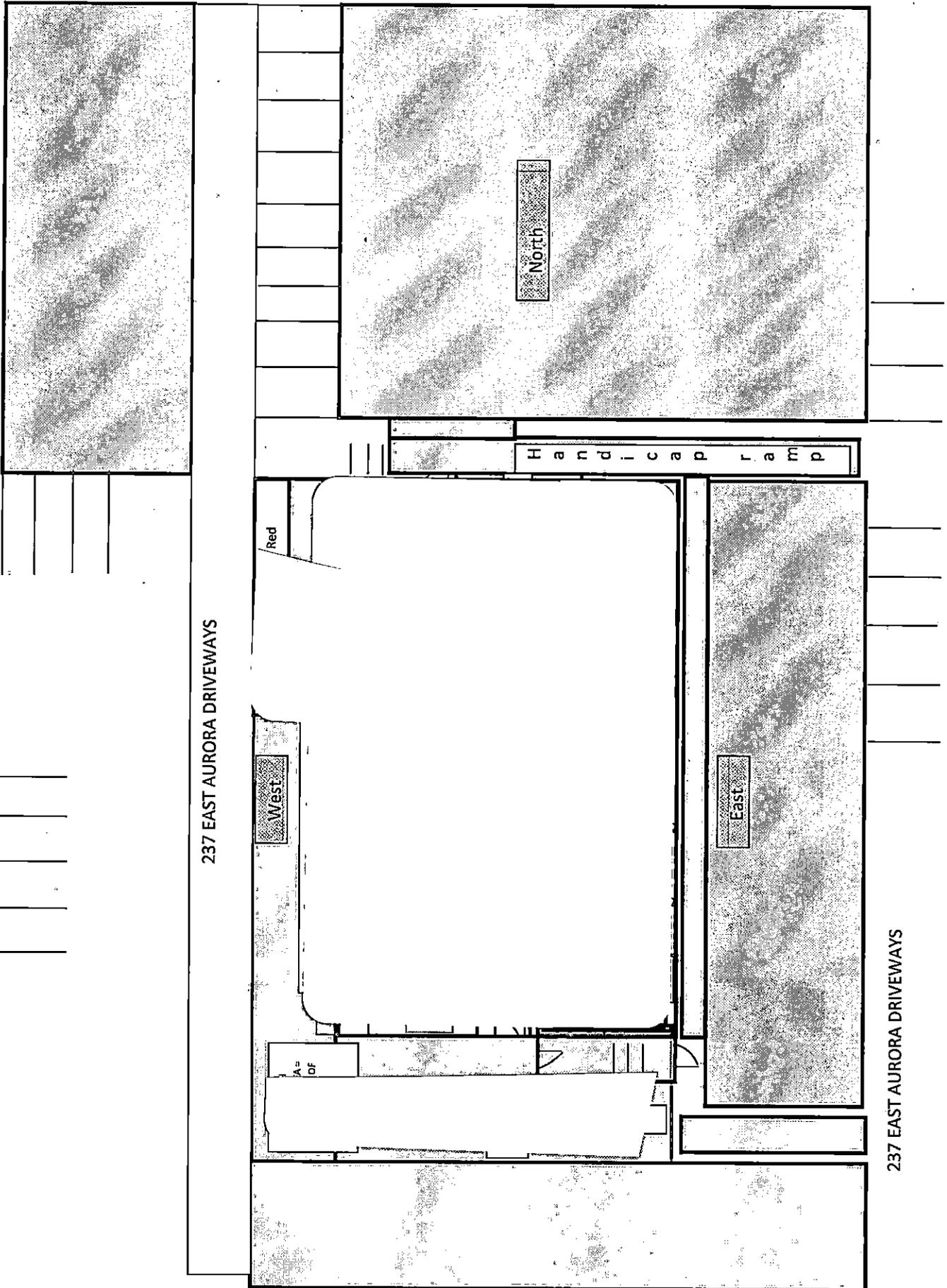
This map is for informational purposes only and has not been prepared for, or suitable for legal, engineering, or surveying purposes. Users of this information should review or consult the primary data and information sources to verify the usability of the information. The City of Waterbury makes no warranties, express or implied, as to the use of the information obtained herein.





Item B - Part 8 - 237 EA Floor Plan open with wordpad

S T R E E T



## C. PROPOSED BUSINESS PLAN

### 1) Products, aside from marijuana and marijuana products:

Caring Nature will make available for purchase an assortment of products that will assist patients in the way they administer their medicines. These include:

- *Vaporizers.* These will be a focal point of patient consultation at Caring Nature, as they provide patients with a healthier, smoke-free method of cannabis delivery. These include "O-pen vape", "EVOD", Pax", and "Medivape".
- *Accessories.* Such as *glassware (pipes), screens, and rolling papers.*  
Paraphernalia will not be a focal point of our business, but will be available for purchase on a limited basis as a convenience to patients
- *Odor reducing candles and sprays.* Such as "Smoke Odor Eliminator".
- *Safes.* Caring Nature will provide patients the opportunity to purchase safes through our security company, Custom Vault. We will stress the importance of keeping medicines safe and secure.

**C. PROPOSED BUSINESS PLAN**

**2) Services:**

- **Personalized patient consultation.** Welcoming patients to Caring Nature with a personal introduction to Connecticut's Medical Marijuana Program. By the time patients can enter through the doors of a dispensary, they have already traveled a long, arduous road. It is here where the Dispensary Pharmacist has the opportunity and the privilege to provide this patient with hope and way to improve their quality of life.
- **Online ordering.** Patients can navigate our informative website and order our medicines from home or by mobile phone for purchase in our dispensary.
- **10% Veterans discount.**
- **Compassionate Need Plan.** Select patients will receive discounts and donated medicines based on medical and financial needs. This program will be described further in Section F on this RFA.
- **Profit Sharing Plan.** Each year, one-half of profits earned will be reinvested into Caring Nature, our employees, and our community. These moneys will be used to fund the following:
  - Employee wage raises, bonuses and benefits.
  - Structural upkeep and aesthetic improvements of our facility.
  - Compassionate Need program
  - Community Benefits plan

Our programs will be outlined further in Section F of this RFA.

## Item C - Part - 2 - Proposed Business Plan, Services

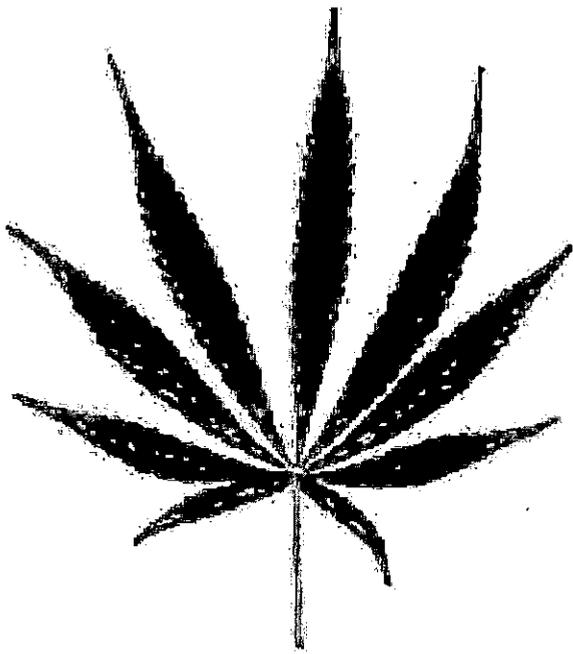
- **Education and training** on safe and effective use of cannabis medicines. Help patients learn the fundamentals of cannabis as medicine:
  - Sativa, Indica, and Hybrid. The differences in medicinal qualities and effects of the cannabis species.
  - Cannabinoids. The compounds found in cannabis such as THC and CBD and their medicinal effects. Knowledge and awareness of cannabidiol (CBD) will be an educational focal point at Caring Nature. The high medicinal qualities along with its absence of psychoactivity make CBD-containing cannabis strains a very important part of patient treatment.
  - Terpenes. The aromatic compounds found in cannabis which, like cannabinoids, have their own beneficial medical qualities. These include Myrcene (relaxant/sleep-aid), Limonene (elevates mood), and Caryophyllene (gastroprotective).
- **Resource center.** Located in the waiting area, patients will have access to a wide variety of educational reading material covering many aspects of holistic wellness. These materials will cover topics such as exercise, nutrition and substance abuse prevention. Caring Nature will inform our patients of the helpful services available from local businesses such as:
  - World Gym, Oakville. Programs include cross fit training, yoga, zumba and spinning.
  - New Morning Market, Woodbury. A health store that specializes in organic, non-GMO produce and humanely raised meats. New Morning routinely offers

## Item C - Part - 2 - Proposed Business Plan, Services

classes and events which educate on sustaining a natural, healthy lifestyle.

These include meditation, detoxification, homeopathy, and massage therapy.

- Local farms. Caring Nature will help raise awareness of the local farming community which produces foods right here in the Greater Waterbury area and northern New Haven County. We will let our patients know where they can visit local farm stands and attend Farmers Markets.
- Connecticut Counseling Centers, Inc., Waterbury. We will have information readily available for patients and their families should they need help with addiction, abuse, and mental illness.



# Sativa vs Indica

energy

stimulating

head high

cerebral

uplifting

creativity

focus

fight depression

couch-lock

chilling

appetite

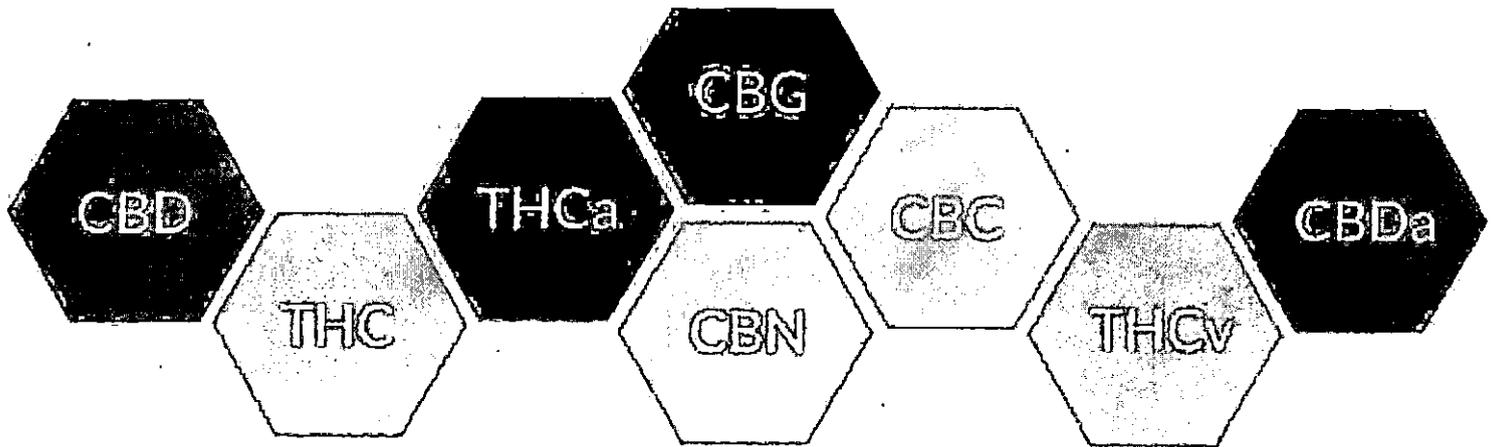
body high

deep relaxation

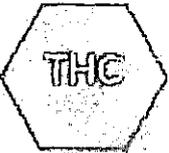
sleep aid

pain + nausea relief

stress + anxiety relief



**Cannabidiol** - With respect to the medical potential of the cannabis, CBD may hold the most promise for many serious conditions. CBD is a non-psychoactive cannabinoid that is believed to reduce the psychoactive effects of THC. Smokers of cannabis with a higher CBD/THC ratio are less likely to experience anxiety. CBD may also inhibit cancer cell growth.



**Tetrahydrocannabinol** - The most abundant and widely known cannabinoid in cannabis, THC is responsible for the main psychoactive effects patients are familiar with. The compound is a mild analgesic and cellular research has shown the compound has antioxidant activity. THC is believed to interact with parts of the brain normally controlled by the endogenous cannabinoid neurotransmitter anandamide.



**Tetrahydrocannabinolic Acid** - The main constituent in raw cannabis, THCA converts to D9-THC when burned, vaporized, or heated for a period of time at a certain temperature. THCA holds much of the anti-inflammatory properties, as well as anti-proliferative (inhibiting the cell-growth in tumors/cancer cells,) as well as anti-spasmodic (suppresses muscle-spasms.)



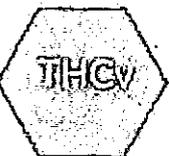
**Cannabigerol** - A non psychoactive cannabinoid, CBG has antibacterial effects, anti-inflammatory and anti-cancer properties. CBG can alter the overall effects of Cannabis.



**Cannabinol** - A mildly-psychoactive cannabinoid that comes about from the degradation of THC, there is usually very little CBN in a fresh plant. CBN potentiates the effects of THC and synergistically adds what has come to be known as the "couch-lock" effect. CBN may also cause drowsiness.



**Cannabichromene** - Research suggests that CBC includes: anti-inflammatory, analgesic, bone stimulant, and anti-cancer properties.



**Tetrahydrocannabivarin** - Found in largest quantities in Cannabis varieties indigenous to central Africa, like certain phenotypes from Malawi. It is currently being researched as a treatment for metabolic disorders including diabetes, as well as serving as a potential appetite suppressant.



**Cannabidiolic Acid** - Similar to THCA, is the main constituent in cannabis that has elevated CBD levels. THCA and CBDA hold most of the anti-inflammatory properties that cannabis has to offer.

## CANNABIS CANNABINOID & TERPENE DISEASE TARGETS

ANALGESIC	DB-THC CBD CBC CBGA DB-THC THCA-C4 THCV CBLA CBNA LINALCOL MYRCENE
ANORETIC	THCV Weight Loss
ANTIBACTERIAL	CBD CBGA CBG Inhibits Bacteria
ANTI-DIABETIC	CBD Lowers Blood Sugar
ANTIDEPRESSANT	LIMONENE Reduces Depression
ANTI-EMETIC	DB-THC CBD Reduces Nausea/Vomiting
ANTI-EPILEPTIC	CBD LINALCOL THCV Inhibits Seizures
ANITFUNGAL	LIMONENE CBGA CARYOPHILLENE Inhibits Fungal Growth
ANTI-INFLAMMATORY	CBD CBC CBGA CBGA CBDA MYRCENE ALPHA-PINENE Reduces Inflammation
ANTI-INSOMNIA	CBG THCA Aids Sleep
ANTI-ISCHEMIC	CBD Reduces Artery Risk Blockage
ANTIPROLIFERATIVE	CBD CBC LIMONENE CBG CBDA THCA Inhibits Cancer Growth
ANTIPSIORATIC	CBD Inhibits Psoriasis
ANTIPSYCHOTIC	CBD LINALCOL MYRCENE Tranquilizing
ANTISPASMODIC	DB-THC CBD MYRCENE THCA Suppresses Muscle Spasms
ANXIOLITIC	CBD LIMONENE LINALCOL Relieves Anxiety
APPETITE STIMULANT	DB-THC Increases Appetite
BONE STIMULANT	CBC THCV CBG CBD Stimulates Bone Growth
Gastro-OESOPHAGEAL REFLUX	LIMONENE Reduces Acid Reflux
IMMUNOSTIMULANT	LIMONENE Immune Response Stimulant
IMMUNOSUPPRESSIVE	CBD Immune Response Reduction
INTESTINAL ANTI-PROKINETIC	CBD Reduces Small Intestine Contractions
NEUROPROTECTANT	CBD Slows Nervous System Degeneration
VASORELAXANT	CBD Reduces Vascular Tension

This is provided for informational purposes and is not to be considered medical advice. Please consult your health care provider for medical advice.

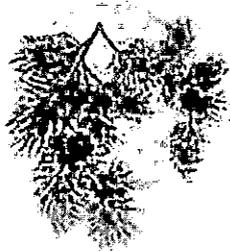
**CannabisNationRadio.com**  
 It's time for an honest conversation about marijuana  
[facebook.com/reformwarrior](https://www.facebook.com/reformwarrior)  
 @KcnnrNetwork

**A-PINENE**



ANTI-INFLAMMATORY  
BRONCHODILATOR  
AIDS MEMORY  
ANTI-BACTERIAL

also found in  
pine needles



**LINALOOL**



ANESTHETIC  
ANTI-CONVULSANT  
ANALGESIC  
ANTI-ANXIETY

also found in  
lavender



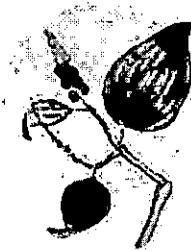
**BETA**

**CARYOPHYLLENE**



ANTI-INFLAMMATORY  
ANALGESIC  
PROTECTS CELLS LINING THE  
DIGESTIVE TRACT

also found in  
black pepper



**MYRCENE**



CONTRIBUTES TO  
SEDATIVE EFFECT OF  
STRONG INDICAS  
SLEEP AID  
MUSCLE RELAXANT

also found in  
hops



**LIMONENE**



TREATS ACID REFLUX  
ANTI-ANXIETY  
ANTIDEPRESSANT

also found in  
citrus



## Mission Statement

Connecticut Counseling Centers, Inc. is a not-for-profit corporation that provides a full range of licensed outpatient substance abuse and mental health prevention, education, and treatment services to assist adults in becoming productive members of society.

### Philosophy

The philosophy of Connecticut Counseling Centers, Inc. is to address the challenges of addiction and mental illness through the provision of licensed substance abuse, mental health, and medical services.

Since its inception in 1984, Connecticut Counseling Centers, Inc. has assisted thousands of people suffering from the effects of substance abuse and mental illness to lead healthy lives and become productive members of society.

### The Road to Recovery

The road to recovery in Connecticut Counseling Centers, Inc. treatment programs begins with a private and confidential review of the applicant's present substance abuse, mental health, employment, education, medical, legal, and family histories.

Based on this data, an assessment and evaluation is made of the person's situation and the severity of his/her problems. A Treatment Plan of Recovery is designed between the individual and one of Connecticut Counseling Centers' Counselors.

Services are provided to men and women over 18 years of age, and are offered in Spanish. A sliding fee scale is used, based on the patient's ability to pay. Some private, public (Medicaid and General Assistance), and managed care health insurance carriers may pay for services.

### Yale Research Affiliate:

Connecticut Counseling Centers, Inc. has been involved with several important research initiatives. In 1998 and 1999, we were instrumental in proving the value of physician office-based narcotic treatment. This research project was performed in collaboration with Yale University - School of Medicine and the Connecticut Department of Mental Health and Addiction Services. This research resulted in a number of national publications.

In 1999, we became a research affiliate of Yale University - School of Medicine as part of the National Institute of Drug Abuse (NIDA) Clinical Trials Network (CTN). We have participated in a number of research projects within the CTN. These include the Baseline Study, Safe Sex survey, and researching Buprenorphine as an addiction medication.

We have also been involved in research with Wayne State University - School of Medicine, University of Michigan, and the University of Georgia, National Treatment Center.

Connecticut Counseling Centers, Inc. also participated with Yale University - School of Medicine on the NIDA funded research project "Training Strategies for Motivational Interviewing".



## Supporting Recovery from Addiction and Mental Illness

*All Services are Licensed  
And Confidential  
HABLAMOS ESPANOL*

60 Beaver Brook Road, Danbury, CT 06810  
(203) 743-7574 Facsimile (203) 743-7393

20 North Main Street, Norwalk, CT 06854  
(203) 838-6508 Facsimile (203) 852-7021

Four Midland Road, Waterbury, CT  
(203) 755-8874 Facsimile (203) 597-9570



Accredited by the Joint Commission on  
Accreditation of Healthcare Organizations

# Substance Abuse and Mental Health Treatment Services

## **Methadone Maintenance Treatment**

Methadone treatment is available to chronic narcotic users who have a documented history of heroin abuse and treatment. Medical and Psychiatric Examinations, HIV/TB and Hepatitis Testing, Counseling, and Education, as well as Individual, Group and Relapse Prevention Counseling are the tools used in achieving the ultimate goal of recovery.

## **Co-Occurring Treatment**

This treatment program is developed to address the needs of patients who in addition to substance abuse suffer from mental health issues.

## **Outpatient Narcotic Withdrawal**

Outpatient narcotic withdrawal is a treatment program for individuals who have been using narcotics for a short period of time. Treatment services, which may last up to six months, include Medical and Psychiatric Examinations, HIV/TB and Hepatitis Counseling, Education and Testing, Individual Counseling and Relapse Prevention Group Therapy.

## **Outpatient Substance Abuse Treatment**

The Outpatient Substance Abuse Treatment Program provides treatment for the abuse of all substances including alcohol, marijuana, LSD, cocaine, and crack. Treatment services are structured to meet the needs of the patient to achieve recovery. Mental illnesses are present in as many as 30% to 40% of all substance abusers. These disorders include depression, anxiety, personality disorders, and post-traumatic stress disorder.

## **HIV, Tuberculosis, and Hepatitis Services**

Our Health Education Staff provide prevention, education, testing, and counseling for HIV, Tuberculosis, and Hepatitis A, B & C. Confidential counseling and materials are supplied to educate patients to eliminate risky behavior and to implement safe sex practices.

## **Pregnant Addicts Care Program**

The Pregnant Addicts Care (PAC) Program offers comprehensive prenatal, postnatal, educational, and medical services to pregnant women who have a history of substance abuse. Our PAC Liaisons partner with our pregnant patients offering them support in maintaining abstinence throughout their pregnancy. This support includes accompanying the moms to prenatal-obstetric examinations through offering their support in the delivery room. Every detail is managed to ensure a healthy baby.

## **Mental Health Services**

Our trained staff consists of Counselors and Psychiatrists who understand the diagnosis and treatment of mental health disorders. Goals for patients in these programs include abstaining from all non-prescribed drugs and alcohol, taking prescribed medications, and recognizing the signs and symptoms of psychiatric disorders and taking active steps to manage mental illness.

## **Partial Hospital Treatment Programs**

This program meets three to five times weekly for five hours daily. Extensive psychotherapy, individual, family, couples counseling, and group therapy are used to re-educate the patient. Patients are assisted in psycho-educational group settings to take responsibility for all aspects of life.

## **Intensive Outpatient Treatment Programs**

A more intensive outpatient program consists of comprehensive individual, family, and group counseling sessions. This program meets three to five times weekly for three hours daily for a period of eight weeks. Patients are assisted in psycho-educational group settings to take responsibility for all aspects of their lives.

## **Women's Centered Treatment Program**

The Women's Centered Treatment Program will meet the needs of female patients experiencing mental health, substance abuse and other problems. This program is structured as an Intensive Outpatient Program / Partial Hospital Program. Skilled counselors assist patients through specific psycho-educational groups targeting the issues applicable to these patients. Individual, family, and couples counseling as well as expressive therapy and psychiatric medications may be utilized.

# New Morning Market & Vitality Center

SEPTEMBER

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	24	25	26	27
28	29	30				

**Saint Mary's Hospital invites women to a Connect Event about Your Digestive System!**  
**Wednesday, September 16th 5:30-7:30pm**  
 Let us help you connect the dots between your digestive health and feeling healthy! Your digestive system has a big job to do – processing and converting food into nutrients for your body's energy, growth and cell repair and then getting rid of what's not needed. In this informative program, Dr. Alexander Palesty will guide you through the inner workings of your hard-working digestive system, as well as explain the risk factors, causes and treatments of common digestive disorders and diseases faced by women and how you can keep your digestive system running smoothly. Executive Chef, Carol Byer-Alcorace will enlighten us about the world of healthy foods. Let's explore the wonderful ways that foods like quinoa, amaranth and kale can liven up our plates and please our palates. Delicious samples will be provided! Admission is free, but pre-registration is required. Visit [strmh.org](http://strmh.org) or call (203) 709-3312 to register.

OTC medications that have proven to be unsafe and especially harmful to children. Learn the basic principles of homeopathy for common acute illnesses. Homeopathy is a proven effective system of medicine that is used by millions of people worldwide. Tickets \$10.00

**Detoxification for Health**  
**Wednesday, September 23rd 5:30-6:30pm**  
**Allison Birks, MS AHG CNS**  
 Join our Nutritionist Allison Birks for an introduction to her Two Week or Four Week Life Changing Detoxification / Cleanse Program that supports a simple, safe and effective path to improved health and vitality. We live in an ever-increasing toxic environment. This fact is difficult to deny. Many of the toxins abundant in the environment today did not exist 30 years ago, including certain pesticides, herbicides, and industrial chemicals that can enter our bodies through the food, water and air supplies. These toxins can become trapped in our body's organs and tissues, which over time can negatively impact health, reduce vitality and eventually may contribute to the development of chronic diseases. A detoxification program should be easy to follow, effective and most importantly, safe to use. By supporting the body's natural two-phase detoxification process, toxins can safely and effectively be removed from the body. Tickets \$5.00

Be on the lookout for our **BRAND NEW WEBSITE** [www.newmorn.com](http://www.newmorn.com)!

**Singer Songwriters Series**  
**Saturday, September 26th, 7:00pm**  
 Come join us for another incredible evening of music with 4 local singer songwriters performing original music upstairs in the handicapped accessible Community Room. Doors open at 7 pm. Snacks will be available for purchase and donations for the performance are graciously accepted. Info: Doug Mahard at 203-266-6688.

**What Can Past Life Regression Do for Me?**  
**Wednesday, September 30th 7:00-8:00pm**  
**Kathleen Deyo**  
 Past lives are mentioned in the Bible and the concept still scares off many people. If you wonder sometimes why you are drawn to certain people and avoid others for seemingly no reason, past life regression may help you understand your patterns in life. Come to this one hour lecture which is both entertaining and informative. Kathleen Deyo is a certified hypnotherapist and Past Life Regressionist and studied under Dr. Brian Weiss author of "Many Lives Many Masters". Tickets \$20.00



**Skin Care Sundays - 12-4pm**  
**Tina Bensavage**  
 Our certified aesthetician Tina Bensavage is here on Sundays! Stop by and see Tina for your FREE professional skin care consultation!

## New Morning Market & Vitality Center



"Goodness Is In"

**Massage Therapy**  
 Byron Eddy LMT  
 By appointment: Call Byron to schedule:  
 203-266-0001

**EFT & Holistic Therapy**  
 Dawyn Cloud-Alter, B.S., M.S.M.F.T., C.F.H., E.F.T. Call to schedule:  
 203-297-4193

**Nutritionist and Clinical Herbalist**  
 Allison Birks, MS (AHG) CNS. Email: Allison.

Birks@gmail.com or call to schedule: 203-263-0673 ext. 355.

**Kundalini Yoga Classes - Anne Novak**  
**Mon & Thurs 6:00pm / Tues & Fri 9:00am**  
 A dynamic combination of movement, postures, breath work practices, meditation, and sound healing with the gong which strengthens the flow of healing energy through the body; improving physical health and fitness; relieving stress and allowing us to deeply relax and enjoy life. Appropriate for all levels of experience and fitness. No registration required! Info: [annenovak@charter.net](mailto:annenovak@charter.net)  
[www.annenovakyoga.com](http://www.annenovakyoga.com)

**COMING SOON! Facials and Waxing**  
 Available by appointment at The Vitality Center with New Morning's own certified aesthetician Tina Bensavage.



Join us on facebook! Over 4600 people have :)

# New Morning Market & Vitality Center



Goodness is in

We know you have many choices when it comes to shopping for the ones you love. New Morning Market has been an integral part of the community for many years- building relationships with local producers for the best in healthy organic products, assisting with special dietary needs, and offering classes and events in collaboration with holistic practitioners so you can live in harmony with the

earth. New Morning believes that people can change the world, one choice at a time. Visit [www.newmorn.com](http://www.newmorn.com) to find out what's new at New Morning.

## Stop in and see us soon:

The freshest organic produce, local when in season

Wild Alaskan salmon, locally pastured beef, free range chickens and eggs

Culinary delights prepared daily at our fresh food counter, The Provender

Farmstead cheeses, yogurts and milks from Connecticut, the Northeast and beyond

Staples by the pound (yes, they're organic): flour, grains, fresh roasted nuts, and dried fruits

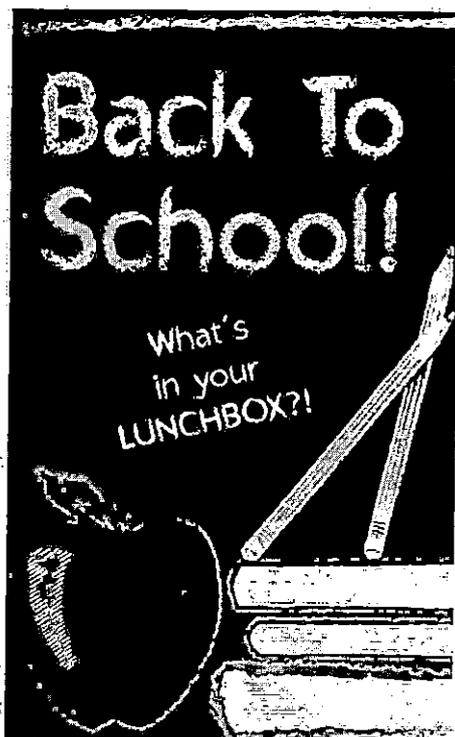
Luxurious natural and organic beauty products items for an organic lifestyle- housewares, gardening and eco-friendly cleaning supplies

203-263-4868 [www.newmorn.com](http://www.newmorn.com)  
129 Main St. North  
Woodbury, Connecticut 06798



# New Morning Market

September Classes & Events



203-263-4868 [www.newmorn.com](http://www.newmorn.com)  
129 Main St. North  
Woodbury, Connecticut 06798



Get Tickets: [www.newmorn.com](http://www.newmorn.com)!

### Gentle Yoga (Great for Seniors!)

Tuesdays, 9/1, 9/8, 9/15, 9/22, 9/29 6:30-7:30 pm

Janine Mangiamele, Certified Yoga Instructor

This Gentle Yoga class is suitable for all ages and fitness levels. It is for those new to yoga and for experienced students that would like a slower more mindful practice. Participants focus on uniting breath and movement to release stress and renew natural energy. A consistent yoga practice can improve flexibility, balance, and strength. Modifications are given throughout each class. Participants are encouraged to bring a yoga mat and wear comfortable clothes. Click on date of class for tickets \$15.00

### Guided Meditation

Wednesday, September 2nd 6:00-7:00 pm

Morgan O'Connell, M.E.d.

Join us for an hour of guided meditation to help encourage a deep sense of peace and stillness. This meditation is great for stress relief and dissolving anxiety. Meditation has been used for hundreds of years to help lower stress levels which can lower blood pressure and increase the immune system. The last 15 minutes of class we will relax even further with the vibrational healing sounds of Tibetan singing bowls and gong. Tickets: \$15.00

*"The breeze taste of apple peel. The air is full of smells to feel. Ripe fruit, old footballs, burning brush, new books, erasers, chalk, and such. The bee, his hive, well-honeyed hum; And Mother cuts chrysanthemums. Like plates washed clean with suds, the days are polished with a morning haze." - John Updike, September*

### Survive To Thrive

Saturday, September 12th 10am-5pm

In collaboration with the Harold Leever Cancer Center, The Salt of the Earth Spa is sponsoring a day of rejuvenation, For Cancer Patients and Survivors. Come to scenic Woodbury and Southbury to relax, relieve stress, and enjoy a special array of free and discounted services. The Salt of the Earth will throw open its doors for free salt cave sessions with Crystal Singing Bowls, salt bed therapy and chair massages.

New Morning Market will host an informative line-up of speakers including: M.C. Jodi Lynn Natale who will show cancer survivors how to live with passion, laughter and love of life. Kim Schmus and Pam Picard "Mind, Body and Spirit" 10-10:30am; Morgan O'Connell, "The Benefits of Yoga for Cancer Patients" 10:30-10:45am; Joe Bentivoglio, "The Benefits of Massage for Cancer Patients and Survivors" 10:45-11am; Sarah Hamilton, Life Coach and Motivational Speaker 11-12pm; Alison Birks "Preventing Cancer with Nutrition" 12-12:45pm; Eugenia Magill, will lead a Guided Self-Healing Meditation 1-2pm; Break for Lunch and New Morning Promotions; Becca Zeretsky will perform original comedic songs 4-4:30pm; Miles Arnell, a homegrown Pop/Soul singer and songwriter will commemorate his own family's challenge with cancer. 4:30-5pm;

Other participants include Brennan Healing Science, DermAesthetics, The Spa Room at DermAesthetics, Lisa's Classic Cuts Organics, Community Accupuncture, Villarina's and many others. Pre-registration is required. Call The Harold Leever Cancer Center or Praxair Cancer Center in Danbury to register!



Item C - Part - 3 - Proposed Business Plan, Access Process

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REDACTED

**C. PROPOSED BUSINESS PLAN**

**4) The American Disabilities Act**

- Caring Nature will consider employing a qualified disabled veteran. We will work with Yuriy Matviyenka, the Department of Labor Veteran Representative on Thomaston Avenue in Waterbury to assist with recruitment. This is an ideal situation that could provide a veteran employment in an industry that can provide his counterparts valuable help. Our facility is equipped with handicap parking and we will consider handicap access when refitting doors and the employee rest room. These need to be done anyway and should be easily accomplishable without much difficulty or expense.
- Our selected space has excellent maneuvering space and when installing shelving for literature, we will keep wheel chair access in mind. We will also make sure our POS counter is no more than 36" above the floor.
- We will work with the Department of Labor and Bureau of Rehabilitative Services to provide our disabled patients with assistance services that a readily available.

**C. PROPOSED BUSINESS PLAN**

**5) Air Treatment System –**

REDACTED	REDACTED	REDACTED

are found. The plasma air system works by providing the following:

- Particle Reduction. Airborne particles of are charged by ions making them easily removable using filters. This helps to decrease bacteria.
- Sterilization. Bacteria and mold are oxidized and destroyed.
- Odor Neutralization. Odors are oxidized on contact and quickly eliminated. This will reduce medicinal odors both inside the facility and off-site.
- VOC Control. Volatile Organic Compounds (VOCs) are emitted as gases where there is carpeting, furniture, or office equipment. Ions break down the molecular structure of VOCs making them less harmful.

Item C - Part - 5 - Proposed Business Plan, Air treatment system

- Health Benefits. Oxygen is absorbed into the lungs more efficiently through clean, ionized air. This enhances general health and well-being and improves alertness and concentration.\*\*

*\*\*Note: Much of this information was obtained from [REDACTED] and through [REDACTED]*

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

- All quality will also be considered during the construction phase of the dispensary. Low VOC paint and carpeting will be used.



Item C - Part - 6 - Marijuana and marijuana product delivery process and protocols

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REDACTED

## C. PROPOSED BUSINESS PLAN

### 7) Training and Continuing Education

Training will be an integral part of everyday operations at Caring Nature. Our experience working in a Connecticut dispensary has shown that changes happen regularly and that continuing education is necessary to keep our staff informed of the latest products, treatments, laws and regulations, daily operational procedures, and safety measures. Prior to the opening of *Caring Nature*, all employees will receive the following trainings.

- **Safety and Security.** All employees will become familiar with our dispensary layout and then receive extensive and ongoing training on the utilization of our security system, use of cameras and video surveillance, and various distress alarms. All employees will have access to and know the location of such alarms in the event of an emergency.
- **Laws and Regulations.** All employees will become familiar with state statutes concerning palliative use of marijuana, and the HIPAA Privacy Rule. Technicians and employees will understand that only the dispensary may consult patients and give medical advice.
- **Theft and Loss Prevention.** Instruction will be provided to advise facility, dispensary and safe room access for themselves, delivery personnel and patients and caregivers. Caring Nature will have a zero tolerance policy for theft or misuse of marijuana. Employees will be made clearly aware that such actions are reason for dismissal and prosecution by law.

**Item C - Part - 7 - Proposed Business Plan, Employee training and continuing education**

- **Service and Care.** Courteous, friendly patient service and professional conduct will be mandatory. Caring Nature employees will be continuously instructed on how to politely accommodate our patient's needs.
- **Operational Procedure.** Routine training on proficient use of our computer

REDACTED

REDACTED

REDACTED

- **Prevention of Dispensing Errors.** We will stress organized workflow, reduction of disruption and distraction, and identifying look-a-like and sound-a-like brand names. Good communication and proper patient counseling will often identify discrepancies and catch errors.
- **Dispensary technician training.** Prior to opening, the dispensary facility manager will assure dispensary technicians are registered as a dispensary technician with the department. The dispensary facility manager will assure continuing competency through in-service trainings to supplement initial trainings.
- The dispensary manager will maintain written records of this training. Records will include the name of the person receiving the training, date of training, training content, training supervisor, and signature of the trainee. Employees will be encouraged to asked questions and display a willingness to learn new tasks and responsibilities.





Item C - Part - 8 - Proposed Business Plan, Processes and controls to prevent diversion, theft or loss

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REDACTED	REDACTED	REDACTED

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REDACTED	REDACTED	REDACTED



## Item D - Proposed Marketing Plan

- **About Us.**
  - An introduction about who we are and our passion and commitment to caring for the people of Greater Waterbury and northern New Haven County.
- **Contact Information.**
  - All ways patients can reach us, such as by phone, email and social media integration.
  - Detailed maps and directions so patients can easily find our conveniently located facility just of the I-84 and Route 8 interchange.
- **Patient information.**
  - Instruction on how to register and become a patient.
  - List of qualifying debilitating medical conditions.
  - Transferring and designating Caring Nature as patient's dispensary.
  - Forms required for becoming a patient at Caring Nature.
    - Self-assessment
    - Privacy policies
    - Medical history
  - Scheduling your free initial consultation with a dispensary pharmacist.
- **Physician Information.**
  - Information and Internet Links where physicians can learn about the patient certification process.
- **Products/Menu.**
  - Full list of medicines available with descriptions and pricing.

## Item D - Proposed Marketing Plan

- Online pre-order form where patients may select and add medicines into a virtual shopping cart for purchase in the dispensary.
- **Educational Information.**
  - How cannabis as medicine may help improve quality of life.
  - Medicinal cannabis basics: Sativa vs. Indica, Cannabinoids & Terpenes.
  - Laws & Regulations and the responsibilities that come with being a certified patient.
- **Substance Abuse Prevention.**
  - Links to drug and alcohol addiction treatment centers in the Waterbury area.  
Caring Nature wishes to promote awareness to the help that is available for themselves and their families.
    - Central Naugatuck Valley Help Inc.
    - Connecticut Counseling Center Inc.



## E. FINANCIAL STATEMENTS AND ORGANIZATIONAL STRUCTURE

### 1. The legal structure of applicant.

- David Sullivan is the sole owner and his Father, Raymond Sullivan is the backer with indirect financial interest in the company of
- Caring Nature, LLC. article of organization

### 2. Organizational Chart / Resumes

- No positions have been filled. Discussions have begun with two individuals who have agreed to have their information on this application. Attached is;
- Organizational Chart
- Resumes of the Dispensary manager, the backer, a potential per diem dispensary pharmacist, and a potential dispensary technician.

### 3. Person responsible for all information security requirements, including the requirement that patient information remain confidential; David Sullivan

- David Sullivan is owner of Caring Nature and Dispensary Manager
- Resume of David Sullivan

### 4. Compensation Agreements

- The only agreement within the structure of Caring Nature is an agreement that the backer will be paid interest for the amount invested. A preliminary promissory note to pay interest to Backer is attached.

### 5. Description of debt regarding opening and operating the proposed dispensary.

- This enterprise is being supported in full by the Backer, Raymond Sullivan.
- All application costs and organizational costs will be paid in cash.
- There is no need for bonds, loans, mortgages, trust deeds, pledges, lines of credit, notes, debentures or other forms of indebtedness issued or executed, or to be issued or executed, in connection with the opening of the proposed dispensary facility.

## Item E - Financial Statements and Organizational Structure

- We expect zoning and application approval. When received, the backer, Raymond Sullivan will obtain a fully secured loan to support the operations of the business. We expect this amount to be \$100,000. The loan will be executed so as not to disrupt other investments.
6. Audited financial statements for Caring Nature LLC.
- Caring Nature has no income, debts, assets or cash flow.
  - As a start-up business, audited financial statements for the previous fiscal year, including an income statement, balance sheet, statement of retained earnings or owners' equity, statement of cash flows, are minimal and are attached.
  - The Backer will provide funding for application costs.
7. Pro Forma Statement for planning purposes
- Please find attached Pro Forma Income Statements, Balance Sheets, Cash Flow statements and break even analysis prepared by Joseph C. Bissonnette & Co., LLC. Certified Public Accountants.
8. Federal and State tax returns of applicant.
- Attached are Federal and State 2012 tax returns for David Sullivan
  - Attached are Federal and State 2013 tax returns for David Sullivan
  - Attached are Federal and State 2014 tax returns for David Sullivan
9. Most recently filed Federal and State tax returns of backer.
- Attached are Federal and State 2014 tax returns for David Sullivan
  - Attached are Federal and State 2014 tax returns for Raymond Sullivan

Item E - Part 1 - Articles of Organization



**SECRETARY OF THE STATE OF CONNECTICUT**

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P.O. BOX 150470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: [www.concord-sots.ct.gov](http://www.concord-sots.ct.gov)

**ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY - DOMESTIC**

C.G.S. §§34-120; 34-121

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.

<b>FILING PARTY (CONFIRMATION WILL BE SENT TO THIS ADDRESS):</b> NAME: <b>David M. Sullivan</b> ADDRESS: <b>28 Blueberry Lane</b>  CITY: <b>Woodbury</b> STATE: <b>CT</b> ZIP: <b>06798</b>		<b>FILING FEE: \$120</b> MAKE CHECKS PAYABLE TO "SECRETARY OF THE STATE"
<b>1. NAME OF LIMITED LIABILITY COMPANY - REQUIRED: (MUST INCLUDE BUSINESS DESIGNATION I.E. LLC, L.L.C., ETC.)</b> <b>Caring Nature, LLC</b>		
<b>2. DESCRIPTION OF BUSINESS TO BE TRANSACTED OR PURPOSE TO BE PROMOTED - REQUIRED:</b> ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.  To engage in any lawful act or activity for which a limited liability company may be formed under the Connecticut Limited Liability Company Act.		
<b>3. LLC'S PRINCIPAL OFFICE ADDRESS - REQUIRED: (NO P.O. BOX) PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.</b> ADDRESS: <b>28 Blueberry Lane</b>  CITY: <b>Woodbury</b> STATE: <b>CT</b> ZIP: <b>06798</b>		
<b>4. MAILING ADDRESS, IF DIFFERENT THAN #3: PROVIDE FULL ADDRESS. "SAME AS ABOVE" NOT ACCEPTABLE.</b> ADDRESS:  CITY:  STATE: ZIP:		
<b>5. APPOINTMENT OF STATUTORY AGENT FOR SERVICE OF PROCESS - REQUIRED: (COMPLETE A OR B NOT BOTH)</b> <input checked="" type="checkbox"/> <b>A. IF AGENT IS AN INDIVIDUAL.</b> PRINT OR TYPE FULL LEGAL NAME:  <b>Carole A. Sullivan, Esq.</b>		
<b>BUSINESS ADDRESS</b> (P.O. BOX NOT ACCEPTABLE) IF NONE, MUST STATE "NONE"		<b>CONNECTICUT RESIDENCE ADDRESS</b> (P.O. BOX NOT ACCEPTABLE)
ADDRESS: <b>37 Torrington Road</b>  CITY: <b>Litchfield</b> STATE: <b>CT</b> ZIP: <b>06759</b>		ADDRESS: <b>37 Torrington Road</b>  CITY: <b>Litchfield</b> STATE: <b>CT</b> ZIP: <b>06759</b>
<b>SIGNATURE ACCEPTING APPOINTMENT:</b> 		

**Item E - Part 1 - Articles of Organization**

**B. IF AGENT IS A BUSINESS:**

**PRINT OR TYPE NAME OF BUSINESS AS IT APPEARS ON OUR RECORDS:**

**CT BUSINESS ADDRESS (P.O. BOX UNACCEPTABLE)**

ADDRESS:

CITY:

STATE:

ZIP:

**SIGNATURE ACCEPTING APPOINTMENT ON BEHALF OF AGENT:**

**PRINT NAME & TITLE OF PERSON SIGNING:**

**6. MANAGER OR MEMBER INFORMATION-REQUIRED: (MUST LIST AT LEAST ONE MANAGER OR MEMBER OF THE LLC.)  
ATTACH 8 1/2 X 11 SHEETS IF NECESSARY.**

NAME	TITLE	BUSINESS ADDRESS (No. P.O Box) IF NONE, MUST STATE "NONE"	RESIDENCE ADDRESS: (No. P.O Box)
David M. Sullivan	Owner/Pharmacy Manager	28 Blueberry Lane Woodbury, CT 06798	28 Blueberry Lane Woodbury, CT 06798

**7. MANAGEMENT - PLACE A CHECK NEXT TO THE FOLLOWING STATEMENT ONLY IF IT APPLIES**

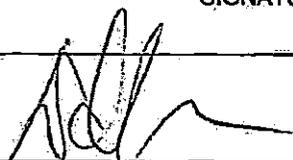
MANAGEMENT OF THE LIMITED LIABILITY COMPANY SHALL BE VESTED IN A MANAGER OR MANAGERS

**8. ENTITY EMAIL ADDRESS-REQUIRED: (IF NONE, MUST STATE "NONE.")**

David@CaringNatureDispensary.com

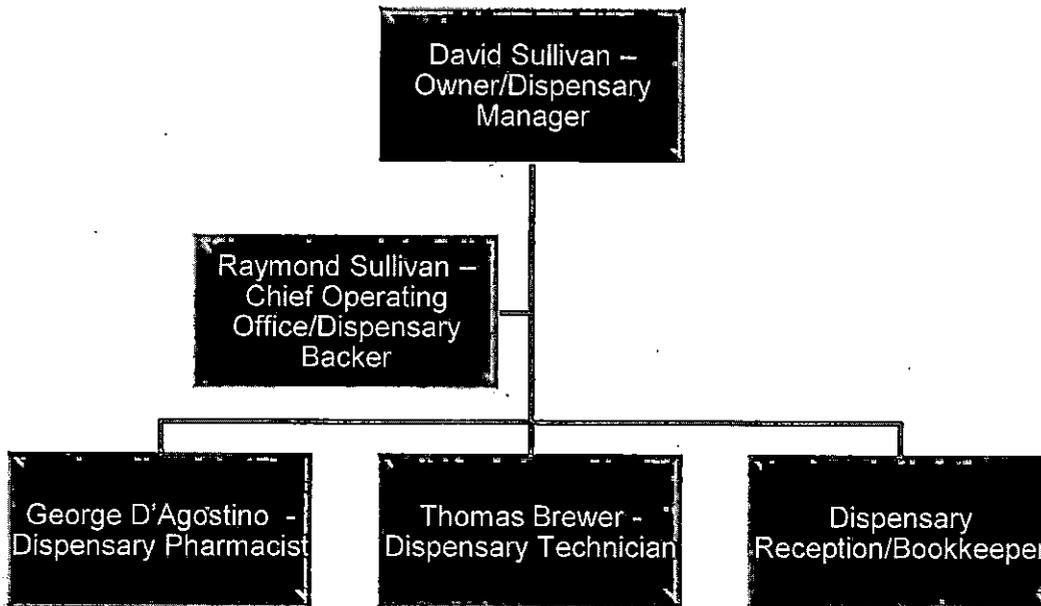
**9. EXECUTION: (SUBJECT TO PENALTY OF FALSE STATEMENT)**

DATED THIS 5 DAY OF July, 2015

NAME OF ORGANIZER (PRINT OR TYPE)	SIGNATURE
David M. Sullivan	

AN ANNUAL REPORT WILL BE DUE YEARLY IN THE ANNIVERSARY MONTH THAT THE ENTITY WAS FORMED/REGISTERED AND CAN BE EASILY FILED ONLINE @ [www.concord-sofs.ct.gov](http://www.concord-sofs.ct.gov)  
CONTACT YOUR TAX ADVISOR OR THE TAXPAYER SERVICE CENTER AT THE DEPARTMENT OF REVENUE SERVICES AS TO ANY POTENTIAL TAX LIABILITY RELATING TO YOUR BUSINESS, INCLUDING QUESTIONS ABOUT THE BUSINESS ENTITY TAX.  
TAX PAYER SERVICE CENTER: (800) 382-9463 OR (860) 297-5962 OR GO TO [www.ct.gov/drs](http://www.ct.gov/drs)

# CARING NATURE ORGANIZATIONAL CHART



# David Sullivan

Woodbury, CT

dave7676@sbcglobal.net - 203-217-0408

Authorized to work in the US for any employer

## WORK EXPERIENCE

### **Dispensary Pharmacist**

Compassionate Care Center - Bethel, CT - April 2015 to Present

#### Responsibilities

Dispense medicinal cannabis to patients.

Patient consultation, including intake of new patients, advising patients on cannabis use and dosage, and recommendations on various forms of cannabis treatments.

Supervise day-to-day operations, including those performed by dispensary technicians and other employees.

#### Accomplishments

Complimented on customer service on several occasions for providing friendly, personal patient care.

Though on-the-job training and also reading and research on my own time, I learned much about different types and strains of cannabis, all its different dosage forms and routes of administration, various compounds found in cannabis and how they help patients.

#### Skills Used

As one who excels in the area of patient care and customer service, I quickly learned how to relate to patients and help them learn how to use cannabis medicinally and improve quality of life. I help patients learn proper dosing and administration of the medicine so they can treat their condition. For example decrease frequency of seizures in epileptics, and lower reliance on harmful opiate prescription drugs.

### **Pharmacy Manager**

Stop & Shop Pharmacy - Waterbury, CT - 1994 to Present

#### Responsibilities

Directly oversee all day-to-day pharmacy operations.

Fill prescriptions.

Vaccinations, including flu, shingles, pneumonia, tetanus, diphtheria, and pertussis.

Manager to all staff pharmacists and technicians working in store.

Provide customer service, answer any questions they may have and help in any way.

Manage inventory.

Ensure all federal, state and local laws, rules and guidelines are strictly followed.

#### Accomplishments

I began working at Stop & Shop as a grocery bagger in high school over 20 years ago. In that time, I graduated from the University of Connecticut with a BS Pharmacy, and was promoted to Pharmacy Technician, Staff Pharmacist, and eventually Pharmacy Manager, a position I have held for 9 years. I have always shown great dedication, even walking to work as a teenager before I owned a car.

My greatest accomplishment is my record of great customer service that I provide, which includes many compliments. I care greatly for the people of my community and have developed strong relationships with

## Item E - Part 2 - B - David-Sullivan resume

them. I feel that this level of trust and close patient care is the most important virtue a community pharmacist can have.

### Skills Used

Excels at customer service and patient care.

Fills prescriptions efficiently and accurately.

Can perform and manage all aspects of the pharmacy trade, from flu shots to ringing a cash register.

Works very well with others.

Shows great dedication to my profession and a willingness to help people in any way.

### EDUCATION

#### **BS in Pharmacy**

University of Connecticut - Storrs, CT

1994 to 1999

Item E - Part 2 - C - George D'Agostino resume

75 TUCKER HILL RD • MIDDLEBURY, CT 06762  
PHONE H: 203-527-4117 C: 203-437-1040 • E-MAIL SONGIORGIORX@AOL.COM

# GEORGE D'AGOSTINO

## PROFESSIONAL SUMMARY

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Highly qualified pharmacist with more than 15 years of pharmacy services, bringing management, administrative and medical experience to retail and institutional settings.

## LICENSES

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- Licensed Registered Pharmacist in Connecticut
- Certified Immunizing Pharmacist

## EDUCATION

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[ 1994-1999 ] University of Connecticut Storrs, CT  
*Bachelor of Science in Pharmacy*

## PROFESSIONAL EXPERIENCE

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[8/09-] Rite Aid Wolcott, CT  
*Pharmacy Manager*

- Pharmacy Manager of retail pharmacy

[4/08 - 7/09] Haven HealthCare Middletown, CT  
*Clinical Care Coordinator*

- Consultant pharmacist for 25 nursing homes in 4 states. Primary function of cost control through formulary management for facility responsible patients.

[9/06 - 4/08] Walmart Naugatuck, CT  
*Pharmacy Manager*

- Pharmacy Manager of retail pharmacy

[7/99 - 9/06] Omnicare of CT Cheshire, CT  
*Pharmacy Manager*

- Pharmacy Manager of high volume long term care pharmacy. Direct supervision of 25 pharmacists and 70 technicians.

**Item E - Part 2 - D - Thomas Brewer, Pharm Tech**

Thomas S. Brewer, Pharmacy Technician  
63 Celentano Dr. Naugatuck, CT 06770 (203) 841-9623 • [911ems@gmail.com](mailto:911ems@gmail.com)

**OBJECTIVE**

Seeking a position as a Pharmacy technician. Ability to follow orders, be punctual, adapt to protocol and be a team player. Possess qualifications of an ideal candidate for the field.

**EDUCATION**

Naugatuck Valley Community College Waterbury, CT EMT. 2000

**CERTIFICATIONS**

- CT EMT-B
- CPR/AED Instructor
- CT Driver License †
- Pharmacy Technician

**WORK EXPERIENCE**

- Stop & Shop CT  
Pharmacy Tech April 1997 – Present  
Pharmacy Technician  
Fill prescriptions. Answer telephones, call doctors. Respond to emergencies within the store. Inventory management, training coordinator.
- Heritage Village Ambulance Association Southbury, CT  
EMT-Basic Dec 2001– Present  
Part-Time EMT-B answering roughly 2-3 calls per shift in a primarily geriatric community and providing mutual aid to the rest of Southbury, CT.
- Best Buy Danbury, CT  
Computer repair technician for the Geek Squad Dec 2001-Dec 2004

**VOLUNTEER**

Master Mason Seymour, CT Morning Star Lodge No. 47 Nov 2010 – Present  
Southbury Ambulance Jan 2000 - Dec 2001  
Sent from my iPhone  
Thomas S. Brewer  
63 Celentano Drive  
Naugatuck, CT 06770

## Raymond Sullivan

79 Old Farms Road  
Watertown, CT 06795

(H) 860-417-3246  
ray.sullivan@hotmail.com

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### SUMMARY OF QUALIFICATIONS

General Manager and packaging professional recognized for being hands on and passionate. A fair and principled leader committed to communicating systematically and broadly, utilizing the power of teams and trouble shooting with a rational approach. A driver of bottom line results through the proper alignment of strategy, people and operations. Credentials include:

P &L Management	Competitive Strategy	Relationship Management
Strategic Planning	Capital Planning	Change Management
Union/Labor/Employee Management	Green Building- Leed Green Associate Certified	

### PROFESSIONAL EXPERIENCE

#### **NORTHWEST REGION WORKFORCE INVESTMENT BOARD, Waterbury, CT**

*Program Manager* 2008 – Current

Direct efforts of a public grant funnel program for the Waterbury Construction Career Initiative and the State Energy Sector Partnership. Provide recruitment, education, and case work to encourage Waterbury residents towards apprenticeships and employment in the construction industry.

#### **SHOREWOOD PACKAGING CORPORATION, Waterbury, CT** 1994 – 2007

Shorewood Packaging is a subsidiary of International Paper

*Manager of U.S. and Asian Rigid Operation,* 2005 – 2007

Spearhead leadership for over 200 employees. \$15mm - \$20mm packaging business servicing the Cosmetic and Music / Home Entertainment industries. Administer all product development, estimating, customer service, production, safety, quality and financial functions in progressive goal oriented environment.

- Achieved improvement goals including: 20 % increase in design output; reduced estimating turn time 35%, improved on time delivery from 93% to 99%; reduced cost of quality from 10% to .25 %.
- Extensive exploration of Chinese packaging industry led to complete marketing, operational and financial roadmap to enter Asian cosmetic packaging market for Shorewood Packaging Corporation.
- Planned and implemented plant closure assuring transition continuity of people, equipment and customers.

*General Manager* 1994 – 2005

Redesign equipment, process, and business structure of century old manufacturing facility to a modern industry leader in the Cosmetic, Music and Home Entertainment packaging industries.

- Orchestrated Three million dollar EBIT turn around from 1994 to 1995.
- “The fastest return on investment in my career.” Marc Shore, President and CEO of Shorewood Packaging Corp. in response to the plant turn around.
- Increased Sales from \$5mm to \$22mm in ten years with consistent 10 – 12 % EBIT per year. Successes attributable to building excellent management team, implementing Work System culture to improve operational excellence and providing proper leadership.

## Item E - Part 2 - E - Raymond Sullivan Resume

2

- Improved information response time to the customer by 50% through manpower and resource planning re-design and elevating communication and relationships with all customers.
- Helped to develop "EZ Pak" manufacturing system. Obtained \$1mm – \$4mm/yr. Elizabeth Arden Sales.
- Invented "Collectors Pak" (e.g... Pearl Harbor DVD package) that led to millions in MHE sales.
- Implemented safety systems that reduced total incident rate 81% and ergonomic injuries 50%.
- Avoided Unionization in two highly emotional Union card signing campaigns. The State Labor Commission sided with Management on both occasions.

### **HEMINWAY PACKAGING CORPORATION, Waterbury, CT**

#### ***Operations Manager***

1990 – 1994

Manage all manufacturing and plant operations for a privately held company where focus on cost and cash flow was very important. Negotiated all labor contracts, controlled manufacturing labor and material costs, oversaw quality functions and assured timely delivery of product to customer.

- Created win/win solution in union contract negotiations resulting in fair contracts and improved employee/ management harmony and zero work stoppages. Also negotiated a change in contract dates to improve strategic leverage.
- Redesigned costing and estimating systems to better reflect competitive bidding and market pricing.
- Introduced improved line lay outs and production time saving techniques that resulted in over \$500,000 annual labor savings. Implemented Lean Manufacturing techniques.
- Introduced and instituted proper purchasing practices, installed safety programs that reduced accident rate, while working successfully with local OSHA authorities to improve equipment safety and environmental reporting requirements.

### **ADDITIONAL RELEVANT EXPERIENCE**

Rigid Box Division Manager  
Customer Service Representative

Rigid Box Division Supervisor  
Purchasing Manager

### **EDUCATION**

Bachelor of Science Degree - Business Administration, University of Connecticut  
History education program course work - Sacred Heart University, University of Connecticut, Naugatuck Valley Community College, Western Connecticut State University  
Leed Green Associate Training, NVCC, Waterbury, Ct.

### **PROFESSIONAL TRAINING**

Diversity Training – Certified Leader; Work Systems Immersion Training – Certified; Six Sigma Champions Training - Understanding Variation; Art of Negotiation – Nierenberg Institute

### **TECHNICAL SKILLS**

MS Word, Excel, PowerPoint, Lotus Notes, ETO data base system, MAS 2000

# David Sullivan

Woodbury, CT  
dave7676@sbcglobal.net - 203-217-0408

Authorized to work in the US for any employer

## WORK EXPERIENCE

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Ensure all federal, state and local laws, rules and guidelines are strictly followed.

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I began working at Stop & Shop as a grocery bagger in high school over 20 years ago. In that time, I graduated from the University of Connecticut with a BS Pharmacy, and was promoted to Pharmacy Technician, Staff Pharmacist, and eventually Pharmacy Manager, a position I have held for 9 years. I have always shown great dedication, even walking to work as a teenager before I owned a car.

My greatest accomplishment is my record of great customer service that I provide, which includes many compliments. I care greatly for the people of my community and have developed strong relationships with

**Item E - Part 3 - David Sullivan, Dispensary Manager, responsible for security information**

them. I feel that this level of trust and close patient care is the most important virtue a community pharmacist can have.

**Skills Used**

Excels at customer service and patient care.

Fills prescriptions efficiently and accurately.

Can perform and manage all aspects of the pharmacy trade, from flu shots to ringing a cash register.

Works very well with others.

Shows great dedication to my profession and a willingness to help people in any way.

**EDUCATION**

**BS in Pharmacy**

University of Connecticut - Storrs, CT

1994 to 1999

## PROMISSORY NOTE

- Loan:

In consideration for monies invested in the formation and operations of Caring Nature, LLC ("the Business") in the principal amount of \_\_\_\_\_ the undersigned David M. Sullivan ("Borrower") promises to pay to the order of Raymond Sullivan ("Lender") interest only on such sum. Interest shall accrue on the unpaid principal at the rate \_\_\_\_\_ per annum commencing 12 months following the start of business, defined as the date of the Business' first consumer sale.

- Payments:

Payments in the amount of Approximately \_\_\_\_\_ per month shall commence 12 months following the start of business as defined herein, and continue monthly in perpetuity or until principle has been re-paid. Payments are due by the first day of each month. All payments are rendered to Backer at Backers's residential address.

- Entire Agreement:

This note represents the entire agreement between Borrower and Lender. Any modifications must be in writing and signed by both Borrower and the Lender.

- Security:

This is an unsecured note.

- Default:

Failure to make payment of said installments of interest for a period of ten (10) days after any of the same become due and payable shall constitute default, in which event Lender may

**Item E - Part 4 - Preliminary promissory note**

pursue legal proceedings to collect thereon. Borrower agrees to pay all costs, charges and expenses, including reasonable attorney's fees incurred by Lender in any legal proceedings for collection of the debt.

- Governing Law:

This Note shall be governed by and construed in accordance with the laws of the State of Connecticut.

\_\_\_\_\_  
David M. Sullivan  
Borrower

\_\_\_\_\_  
Dated:

**Certificate of Acknowledgment**

On \_\_\_\_\_ before me, \_\_\_\_\_ personally appeared David M. Sullivan, known to me or proved to me to be the person subscribed to the within document and acknowledged that he executed the same in his authorized capacity, and that by his signature, knowingly and voluntarily executed the instrument.

I certify under penalty of perjury under the laws of the state of Connecticut that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
\_\_\_\_\_

**Item E - Part 6 - Audited Financial Statements**

**CARING NATURE, LLC  
FINANCIAL STATEMENTS  
AS OF SEPTEMBER 3, 2015**

*Joseph C. Bissonnette, L.L.C.*

Certified Public Accountant



The CPA. Never Underestimate The Value.

102 Wolcott Road • Wolcott, CT 06716

Phone (203) 879-4329

Fax (203) 879-7842

## INDEPENDENT AUDITOR'S REPORT

David & Raymond Sullivan  
Caring Nature LLC  
Waterbury, CT

I have audited the accompanying financial statements of Caring Nature LLC which comprise the balance sheet as of September 3, 2015, and the related statements of income, member's equity and cash flows for the period then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that I plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

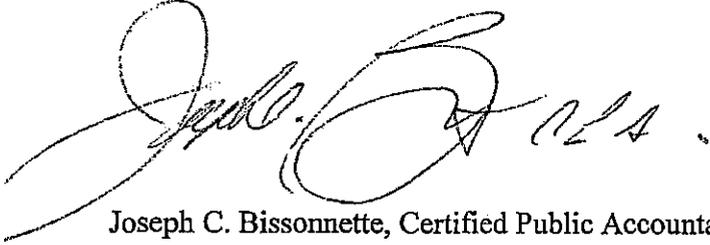
An audit includes performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Item E - Part 6 - Audited Financial Statements

**Opinion**

In my opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Caring Nature LLC as of September 3, 2015, and the results of its operations and its cash flows for the period then ended in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink, appearing to read "Joseph C. Bissonnette", written in a cursive style.

Joseph C. Bissonnette, Certified Public Accountant  
Wolcott, CT  
September 9, 2015

Item E - Part 6 - Audited Financial Statements

CARING NATURE, LLC  
BALANCE SHEET  
AS OF SEPTEMBER 3, 2015

ASSETS

9/3/2015

CURRENT ASSETS

Cash

\$

TOTAL CURRENT ASSETS:

\$

FIXED ASSETS

Equipment

\$

Total Cost:

\$

Less Accumulated Depreciation:

TOTAL FIXED ASSETS:

\$

**TOTAL ASSETS:**

\$

LIABILITIES & CAPITAL ACCOUNTS

CURRENT LIABILITIES

Accounts Payable

\$

TOTAL CURRENT LIABILITIES:

\$

TOTAL LIABILITIES:

\$

CAPITAL ACCOUNTS

Member's Capital

\$

TOTAL CAPITAL ACCOUNTS:

\$

**TOTAL LIABILITIES & CAPITAL ACCOUNTS:**

\$

\* See Independent Accountant's Audit Report and Notes.

Item E - Part 6 - Audited Financial Statements

CARING NATURE, LLC  
STATEMENT OF INCOME & MEMBERS CAPITAL  
FOR THE PERIOD 7/7/2015 THROUGH 9/3/2015

	<u>7/7/2015 -</u> <u>9/3/2015</u>
<b>SALES:</b>	\$
<b>COST OF GOODS SOLD:</b>	\$
<b>OPERATING COSTS</b>	
Legal Fees	\$
Accounting	
Permits & Fees	
Printing Costs	
Web Template	
Supplies	
<b>TOTAL OPERATING COSTS:</b>	\$
<b>OPERATING INCOME:</b>	\$
<b><u>OTHER INCOME &amp; (EXPENSE)</u></b>	
Interest Income	\$
Interest Expense	
<b>TOTAL OTHER INCOME &amp; EXPENSE:</b>	\$
<b>NET INCOME:</b>	\$
<b>BEGINNING MEMBER'S CAPITAL:</b>	\$
Net Income (Loss)	
Members Withdrawals	
Members Contributions	
<b>ENDING MEMBER'S CAPITAL:</b>	\$

\* See Independent Accountant's Audit Report and Notes.

Item E - Part 6 - Audited Financial Statements

CARING NATURE, LLC  
**STATEMENT OF CASH FLOWS**  
 FOR THE PERIOD 7/7/2015 THROUGH 9/3/2015

	<b><u>7/7/2015 -</u></b> <b><u>9/3/2015</u></b>
<b>OPERATING ACTIVITIES:</b>	
Net Profit for the year	\$
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities:	
Depreciation	\$
Change in Accounts Payable	_____
<b>NET CASH PROVIDED BY OPERATING ACTIVITIES</b>	_____
<b>INVESTING ACTIVITIES:</b>	
Purchase of Fixed Assets	\$
Disposal of Fixed Assets	_____
<b>NET CASH USED BY INVESTING ACTIVITIES</b>	\$ _____
<b>FINANCING ACTIVITIES:</b>	
Proceeds from New Long-term Debt	\$
Member's Contributions	_____
Member's Draws	_____
<b>NET CASH USED BY FINANCING ACTIVITIES</b>	\$ _____
<b>(DECREASE)/INCREASE IN CASH</b>	\$ _____
<b>BEGINNING CASH</b>	\$ _____
<b>ENDING CASH</b>	\$ _____
Interest paid to date:	\$ _____

\* See Independent Accountant's Audit Report and Notes.

Item E - Part 6 - Audited Financial Statements

CARING NATURE LLC  
NOTES TO FINANCIAL STATEMENTS  
FOR THE PERIOD ENDED 9/3/2015

Note 1). **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

- 1). **Operation** – Caring Nature LLC will serve as a retail point from which medical marijuana and marijuana related products will be sold to qualifying patients and primary caregivers. This is a Father and Son start-up business with David Sullivan as the major partner and dispensary manager. Raymond Sullivan, David's father, is a minor partner and financial backer. The company will be located in Waterbury CT to better serve Northern New Haven County patients. David is a certified State of CT Pharmacist and licensed Medical Marijuana Dispensary. The Caring Nature mission statement is "Healing each patient naturally and individually," and intends to partner with area health service providers to encompass a holistic approach to wellness.
- 2). **Organization** - The company was incorporated on July 7, 2015 as a Limited Liability Company and utilizes a calendar year-end.
- 3). **Accounting Method** - The transactions of the company are recorded on the accrual basis of accounting for book purposes. Taxes are paid on a cash basis.
- 4). **Use of Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may vary from these estimates.
- 5). **Income Tax** - No income taxes have been computed. Taxes will be paid by individual partners based on their share of earnings. The LLC pays only the State of Connecticut business entity tax of every other year. Management of the Company does not believe it maintains any uncertain tax positions as described under FASB Accounting Standard Codification 740.

Note 2). **SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 9, 2015, the date on which the financial statements were available to be issued.

*Joseph C. Bissonnette & Co., L.L.C.*  
Certified Public Accountants



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102 Wolcott Road • Wolcott, CT 06716  
info@jcbcpa.com

Phone (203) 879-4329  
Fax (203) 879-7842

Caring Nature LLC  
Waterbury, CT

We have compiled the accompanying Projected Balance Sheet, Statements of Projected Profit and Loss, Member's Capital and Cash Flows of Caring Nature LLC for the 5 years ending December 31, 2020, in accordance with attestation standards established by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of projected information that is the representation of management and does not include evaluation of the support for the assumptions underlying the projection. We have not examined the projection and, accordingly, do not express an opinion or any other form of assurance on the accompanying statements or assumptions. Furthermore, there will usually be differences between the projected and actual results because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

A handwritten signature in black ink, appearing to read "Joseph C. Bissonnette", written in a cursive style.

Joseph C. Bissonnette, Certified Public Accountant  
August 31, 2015

**NOTE A – SUMMARY OF SIGNIFICANT PROJECTION ASSUMPTIONS**

This financial projection presents, to the best of management's knowledge and belief, the Company's expected financial position, results of operations and cash flows for the forecast period. Accordingly, the projection reflects management's judgment as of August 31, 2015, the date of this projection, of the expected conditions and their expected course of action. The assumptions disclosed herein are those that management believes are significant to the projection. There will usually be differences between the projected and actual results, because events and circumstances frequently do not occur as expected and those differences may be material.

**Net Sales and Product Costs**

Management developed the gross sales projection by estimating the actual number of clients to be serviced per month and multiplying that times the expected amount of spending by each client. This was done from research performed by management to determine what the proper levels should be at each monthly interval. Sales volumes were increased from the first month of 2016 through the 12th month of 2017 on a steady basis. The company utilizes a simple cost of goods formula of 55% of gross sales based on industry histories and research performed by management.

**Operating Costs**

The projected operating costs for the five-year period were compiled utilizing information available from various sources (i.e. leases, contracts, etc) More specifically, payrolls were based on hourly and daily employee requirements including one full-time dispensary person throughout the budget period and a number of part-time pharmacists, technicians and receptionists throughout the periods. The company will be implementing employee benefits by the middle of the third year (2018) once profits begin to solidify.

**Insurance, Utilities and Rent**

Insurance is based on quotes received and industry estimates obtained by management and have been applied across the board. Utilities (electric, water and gas) are estimated based on the size of the building and estimated usage of utilities in the area. Rent is based on the information received from the potential landlord of the building in which the company will preside. This lease will be a triple net (NNN) lease which will include costs for rented space as well as common area space.

## Item E - Part 7 - Pro Forma Financials for Business Planning

### Inventory

The company estimates that it will hold approximately the equivalent of one month's (30 days) purchases of product in inventory at any given time.

### Depreciation

Depreciation and amortization are based on generally accepted accounting principles utilizing MACRS method for furniture, fixtures, equipment and software etc. The company expects to have the following purchases of fixed assets: (a) a security alarm system (b) inventory cash management system (c) various pieces of furniture (d) computers modems and phone systems and (f) various dollars spent on leasehold improvements to the building. These items are depreciated over a five-year period, with the exception of Leasehold Improvements, which will utilize a 15 year spread.

### Bank Borrowings and Interest Expense

The projection assumes that the company will not be borrowing from outside sources during the first five years of its existence and will be utilizing loans from the members only. Interest will be paid starting in year two at the rate of 5% per year. The payment of principal will not take place until after the fifth year and the members may decide to convert these loans to capital dollars at any given time, instead of returning the funds.

### Income taxes

There are no projected federal income taxes since the income tax liability essentially belongs to the members not to the LLC itself. The limited liability company is a pass-through entity which transfers its profits to its members to be taxed at the individual or members level.

### Owners Capital

Management projects a minimal amount of owner's capital in the equity section and a large amount of owner's loans to the company at the outset. Owner's draws for the five-year period will consist only of draws paid to members in order to cover the amount of tax liability the members will have based on the flow-through income from this LLC. As indicated above decisions will be made in the future to possibly convert the officer's loans to additional capital dollars.

Caring Nature LLC  
 Projected Profit and Loss  
 Year 1 (monthly)

Caring Nature LLC

		month	Totals											
	Details of Expense	1	2	3	4	5	6	7	8	9	10	11	12	
CUSTOMER COUNT		30				175	190	225	275	300	320	330	340	450
Sales														
Flower														
Edibles														
Oils and Concentrates														
Vapes and Cartridges														
Topicals and balms	REDACTED													
Miscellaneous Sales														
Gross revenues:														
Gross CGS	REDACTED													
Gross Profit	REDACTED													
Operating Costs:														
Full Time Dispensary	REDACTED													
Part time Pharmacist														
Part Time Tech														
Reception/Bookkeeper	REDACTED													
Payroll Taxes														
Employee Benefits														
Training Costs	REDACTED													
Outside/Bank Services														
Bldg Maintenance	REDACTED													
Equip Maintenance														
Security-Bldg														
Computer/Web Maint	REDACTED													
Small Hardware														
Software expense														
Vehicle expense														
Lease costs	REDACTED													
Office supplies	REDACTED													
Insurance Workcomp	REDACTED													
Insurance Liability														
Insurance Cyber														
Insurance professional	REDACTED													
Personal Prop. Tax														
Utilities-Elec														
Utilities-Water	REDACTED													
Utilities-Gas														
Bonding costs	REDACTED													
Professional fees														
Dues/Registrations														
Rent and NNN costs	REDACTED													
Telephone Expense														
Internet expense														
Total Operating costs	REDACTED													
Operating income(loss)	REDACTED													

See Summary of Significant Assumptions and Accountants Report



Caring Nature LLC  
 Projected Profit and Loss  
 Year 2 (monthly)

**Caring Nature LLC**

Year 2		month	month	month	month	month	month	month	month	month	month	month	month	Totals
	Details of Expense	1	2	3	4	5	6	7	8	9	10	11	12	
<b>CUSTOMER COUNT</b>		460	475	490	505	520	535	550	565	580	590	600	600	
<b>Sales</b>														
Flower														
Edibles														
Oils and Concentrates														
Vapes and Cartridges														
Topicals and balms	REDACTED				REDACTED					REDACTED				
Miscellaneous Sales														
<b>Gross revenues:</b>														
<b>Gross CGS</b>	REDACTED				REDACTED					REDACTED				
<b>Gross Profit</b>	REDACTED				REDACTED					REDACTED				
<b>Operating Costs:</b>														
Full Time Dispensary	REDACTED				REDACTED					REDACTED				
Part time Pharmacist														
Part Time Tech	REDACTED				REDACTED					REDACTED				
Reception/Bookkeeper														
Payroll Taxes														
Employee Benefits														
Training Costs	REDACTED				REDACTED					REDACTED				
Outside/Bank Services	REDACTED				REDACTED					REDACTED				
Bldg Maintenance														
Equip Maintenance														
Security-Bldg														
Computer Maintenance	REDACTED				REDACTED					REDACTED				
Small Hardware														
Software expense														
Vehicle expense	REDACTED				REDACTED					REDACTED				
Lease costs														
Office supplies	REDACTED				REDACTED					REDACTED				
Insurance Workcomp														
Insurance Liability														
Insurance Cyber	REDACTED				REDACTED					REDACTED				
Insurance professional														
Personal Prop Tax														
Utilities-Elec														
Utilities-Water	REDACTED				REDACTED					REDACTED				
Utilities-Gas	REDACTED				REDACTED					REDACTED				
Bonding costs														
Professional fees														
Dues/Registrations														
Rent and NNN costs	REDACTED				REDACTED					REDACTED				
Telephone Expense														
Internet expense	REDACTED				REDACTED					REDACTED				
<b>Total Operating costs</b>	REDACTED				REDACTED					REDACTED				
<b>Operating Income(loss)</b>	REDACTED				REDACTED					REDACTED				

Item E - Part 7 - Pro Forma Financials for Business Planning

See Summary of Significant Assumptions and Accountants Report.

Caring Nature LLC  
 Projected Profit and Loss  
 Year 2 (monthly)

Other income/Expense	REDACTED					REDACTED								REDACTED
Interest expense	REDACTED					REDACTED								REDACTED
Depreciation														
Amortization	REDACTED					REDACTED								REDACTED
Total Other														
Net income	REDACTED					REDACTED								REDACTED

Item E - Part 7 - Pro Forma Financials for Business Planning

See Summary of Significant Assumptions and Accountants Report

*Joseph C. Bissonnette & Co., L.L.C.*  
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Caring Nature LLC  
Waterbury, CT

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A handwritten signature in black ink, appearing to read "Joseph C. Bissonnette, CPA".

Joseph C. Bissonnette, Certified Public Accountant  
August 31, 2015

Caring Nature LLC  
 Projected Balance Sheet  
 5 Years ended 12/31/2020

Caring Nature LLC

Assets:

Current:

	2016	2017	2018	2019	2020
Cash on Hand	REDACTED		REDACTED		REDACTED
Checking Account	REDACTED		REDACTED		REDACTED
Inventory Product	REDACTED		REDACTED		REDACTED
Inventory Supplies	REDACTED		REDACTED		REDACTED
Net Current	REDACTED		REDACTED		REDACTED
<u>Fixed Assets:</u>	REDACTED		REDACTED		REDACTED
Furniture/Equipment	REDACTED		REDACTED		REDACTED
Leasehold Imp.	REDACTED		REDACTED		REDACTED
Total Costs	REDACTED		REDACTED		REDACTED
Accum. Depr.	REDACTED		REDACTED		REDACTED
Net Fixed Assets	REDACTED		REDACTED		REDACTED
<u>Non operating assets:</u>	REDACTED		REDACTED		REDACTED
Startup Costs	REDACTED		REDACTED		REDACTED
Accum. Amort	REDACTED		REDACTED		REDACTED
Bldg Lease dep.	REDACTED		REDACTED		REDACTED
Net Non Operating	REDACTED		REDACTED		REDACTED
Total Assets	REDACTED		REDACTED		REDACTED

See Summary of Significant Assumptions and Accountants Report

Caring Nature LLC  
 Projected Balance Sheet  
 5 Years ended 12/31/2020

<u>Liabilities and Member Capital:</u>	2016	2017	2018	2019	2020
<u>Liabilities:</u>					
<u>Current:</u>					
Accounts payable	REDACTED		REDACTED		REDACTED
Total Current	REDACTED		REDACTED		REDACTED
<u>Long Term:</u>					
Note Due Members	REDACTED		REDACTED		REDACTED
Total long term	REDACTED		REDACTED		REDACTED
Total liabilities	REDACTED		REDACTED		REDACTED
<u>Member Accounts:</u>					
Members investments	REDACTED		REDACTED		REDACTED
Member Draws	REDACTED		REDACTED		REDACTED
Member Earnings	REDACTED		REDACTED		REDACTED
Total member accounts	REDACTED		REDACTED		REDACTED
Total Liability and Member Accounts	REDACTED		REDACTED		REDACTED

See Summary of Significant Assumptions and Accountants Report.

Caring Nature LLC  
 Projected Profit and Loss  
 5 Years ended 12/31/2020

**Caring Nature LLC**

	2016	%%	2017	%%	2018	%%	2019	%%	2020	%%
<u>Gross revenues:</u>										
<u>Cost of Sales</u>	REDACTED				REDACTED				REDACTED	
Gross Profit	REDACTED				REDACTED				REDACTED	
<u>Operating Costs:</u>										
Full Time Payroll	REDACTED				REDACTED				REDACTED	
Part Time Payroll	REDACTED				REDACTED				REDACTED	
Payroll Taxes	REDACTED				REDACTED				REDACTED	
Employee Benefits	REDACTED				REDACTED				REDACTED	
Compassionate Care Co	REDACTED				REDACTED				REDACTED	
Training Costs	REDACTED				REDACTED				REDACTED	
Outside /Bank Services	REDACTED				REDACTED				REDACTED	
Bldg Maintenance	REDACTED				REDACTED				REDACTED	
Equip Maintenance	REDACTED				REDACTED				REDACTED	
Security-Bldg	REDACTED				REDACTED				REDACTED	
Computer/Web Maint	REDACTED				REDACTED				REDACTED	
Small Hardware	REDACTED				REDACTED				REDACTED	
Software expense	REDACTED				REDACTED				REDACTED	
Vehicle expense	REDACTED				REDACTED				REDACTED	
Lease costs	REDACTED				REDACTED				REDACTED	
Office supplies	REDACTED				REDACTED				REDACTED	
Insurance Workcomp	REDACTED				REDACTED				REDACTED	

See Summary of Significant Assumptions and Accountants Report

Caring Nature LLC  
 Projected Profit and Loss  
 5 Years ended 12/31/2020

	REDACTED	REDACTED	REDACTED
Insurance Liability	REDACTED	REDACTED	REDACTED
Insurance Cyber	REDACTED	REDACTED	REDACTED
Insurance professional	REDACTED	REDACTED	REDACTED
Property Tax	REDACTED	REDACTED	REDACTED
Utilities-Elec	REDACTED	REDACTED	REDACTED
Utilities-Water	REDACTED	REDACTED	REDACTED
Utilities-Gas	REDACTED	REDACTED	REDACTED
Bonding costs	REDACTED	REDACTED	REDACTED
Professional Fees	REDACTED	REDACTED	REDACTED
Dues Registrations	REDACTED	REDACTED	REDACTED
Rent and NNN costs	REDACTED	REDACTED	REDACTED
Telephone Expense	REDACTED	REDACTED	REDACTED
Internet Expense	REDACTED	REDACTED	REDACTED
<b>Total Operating costs</b>	REDACTED	REDACTED	REDACTED
<b>Operating Income(loss)</b>	REDACTED	REDACTED	REDACTED
	REDACTED	REDACTED	REDACTED
<u>Other income/Expense</u>			
Interest expense	REDACTED	REDACTED	REDACTED
Depreciation	REDACTED	REDACTED	REDACTED
Amortization	REDACTED	REDACTED	REDACTED
	REDACTED	REDACTED	REDACTED
<b>Total Other</b>	REDACTED	REDACTED	REDACTED
	REDACTED	REDACTED	REDACTED
<b>Net income</b>	REDACTED	REDACTED	REDACTED

See Summary of Significant Assumptions and Accountants Report

Caring Nature LLC  
 Projected Profit and Loss  
 5 Years ended 12/31/2020

Other Statistics:	REDACTED	REDACTED	REDACTED
Cash Break even sales	REDACTED	REDACTED	REDACTED
Profit break even sales	REDACTED	REDACTED	REDACTED
	REDACTED	REDACTED	REDACTED
Yearly:			
Cash break even units	REDACTED	REDACTED	REDACTED
Profit break even units	REDACTED	REDACTED	REDACTED
Monthly:			
Cash Break even units	REDACTED	REDACTED	REDACTED
Profit break even units	REDACTED	REDACTED	REDACTED
	REDACTED	REDACTED	REDACTED

Item E - Part 7 - Pro Forma Financials for Business Planning

See Summary of Significant Assumptions and Accountants Report

Item E - Part 8 - Fed State tax returns of applicant, 2012

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

Your first name and initial **david M** Last name **Sullivan** Your social security number

If a joint return, spouse's first name and initial **amy P** Last name **Sullivan** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **28 blueberry lane** Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **woodbury CT 06798**

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

**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.  
 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  Yourself. If someone can claim you as a dependent, do not check box 6a.  
 b  Spouse  
 c **Dependents:**  
 (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 (see instructions)

colin D	sullivan		Son	<input checked="" type="checkbox"/>
darrèn P	sullivan		Son	<input checked="" type="checkbox"/>
Michael F	Sullivan		Son	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

**d** Total number of exemptions claimed **5**

**Income**

7	Wages, salaries, tips, etc. Attach Form(s) W-2	8a	
8a	Taxable interest. Attach Schedule B if required	8a	
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). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13	
14	Other gains or (losses). Attach Form 4797	14	
15a	IRA distributions	15a	
		b Taxable amount	15b
16a	Pensions and annuities	16a	
		b Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17	
18	Farm income or (loss). Attach Schedule F	18	
19	Unemployment compensation	19	
20a	Social security benefits	20a	
		b Taxable amount	20b
21	Other income. List type and amount	21	
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22	

**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	
31a	Alimony paid b Recipient's SSN	31a	
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	

Item E - Part 8 - Fed State tax returns of applicant, 2012

Form 1040 (2012)

Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)		38
	39a	Check <input type="checkbox"/> You were born before January 2, 1948, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1948, <input type="checkbox"/> Blind. checked ▶ 39a		
<b>Standard Deduction for—</b> • 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	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40
	41	Subtract line 40 from line 38		41
	42	Exemptions. Multiply \$3,800 by the number on line 6d.		42
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> 962 election		44
	45	Alternative minimum tax (see instructions). Attach Form 6251		45
	46	Add lines 44 and 45		46
	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 <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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	
<b>Other Taxes</b>	56	Self-employment tax. Attach Schedule SE		56
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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	
<b>Payments</b>	62	Federal income tax withheld from Forms W-2 and 1099	62	
	63	2012 estimated tax payments and amount applied from 2011 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 <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> 8801 d <input type="checkbox"/> 8885	71		
72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72	
<b>Refund</b>	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 ▶ <input type="checkbox"/>		74a
	b	Routing number ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Direct deposit? See instructions.	d	Account no. 9		
75	Amount of line 73 you want applied to your 2013 estimated tax ▶	75		
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions ▶		76
	77	Estimated tax penalty (see instructions)	77	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	
<b>Sign Here</b>	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	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.)
			homemaker	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶	Firm's EIN ▶		
	Firm's address ▶	Phone no.		
	SELF PREPARED			

Item E - Part 8 - Fed State tax returns of applicant, 2012

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2012**

Attachment  
Sequence No. **07**

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.

Name(s) shown on Form 1040

Your social security number

David M & Amy P Sullivan

<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 <b>2</b>		
	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-		4
<b>Taxes You Paid</b>	5: State and local (check only one box):			
	a	<input checked="" type="checkbox"/> Income taxes, or	5	
	b	<input type="checkbox"/> General sales taxes		
	6	Real estate taxes (see instructions)	6	
	7	Personal property taxes	7	
	8	Other taxes. List type and amount ►	8	
	9	Add lines 5 through 8		9
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098	10	
	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)	13	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	
	15	Add lines 10 through 14		15
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.	16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
	18	Carryover from prior year	18	
	19	Add lines 16 through 18		19
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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>		
	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
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ►		28
<b>Total Itemized Deductions</b>	29	Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40		29
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here <input type="checkbox"/>		



**Charitable Contributions Summary**

2012

Keep for your records

Name(s) Shown on Return: David M & Amy P Sullivan Social Security Number: \_\_\_\_\_

**Part I Cash Contributions Summary**

Name of Charitable Organization	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) RESERVED for future use
Our lady of loreto				
Totals:				

**Part II Non-Cash Contributions Summary**

Name of Charitable Organization	Total	Other Property		Capital Gain Property	
	(a) Total	(b) 50% Limit	(c) 30% Limit	(d) 30% Limit	(e) 20% Limit
Totals:					

**Part III Contribution Carryovers to 2013**

	Total	Cash and Other Non-Capital Gain Property			Capital Gain Property	
	(a) Total	(b) RESERVED	(c) 50% Limit	(d) 30% Limit	(e) 30% Limit	(f) 20% Limit
1 2012 contributions . . . . .						
2 2012 contributions allowed						
3 Carryovers from:						
a 2011 tax year . . . . .						
b 2010 tax year . . . . .						
c 2009 tax year . . . . .						
d 2008 tax year . . . . .						
e 2007 tax year . . . . .						
4 Carryovers allowed in 2012						
5 Carryovers disallowed in 2012						
6 Carryovers to 2013:						
a From 2012 . . . . .						
b From 2011 . . . . .						
c From 2010 . . . . .						
d From 2009 . . . . .						
e From 2008 . . . . .						
f From 2007 (expired)						

**Part IV Special Situations in Your Return for Current Year Donations**

- Was the entire interest given for all property donated to all charities?  Yes  No
- Were restrictions attached to any charities's right to use or dispose of any property donated to any charity?  Yes  No
- Did you give to anyone other than the charity the right to income from any of the donated property or to possession of any of the donated property?  Yes  No
- Was any charity other than a 50% charity?  Yes  No

**Item E - Part 8 - Fed State tax returns of applicant, 2012**

**Form 1040  
Line 33**

**Student Loan Interest Deduction Worksheet**

**2012**

▶ Keep for your records

Name(s) Shown on Return <b>David M &amp; Amy P Sullivan</b>	Social Security Number
--	------------------------

**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Student loan interest (Box 1)
Total student loan interest. . . . .			

**Part II Computation of Student Loan Interest Deduction**

1 Enter the total interest you paid in 2012 on qualified student loans . . . . . (see Form 1040 instructions).	1	
2 Enter the smaller of line 1 or \$2,500. . . . .	2	
3 Modified AGI . . . . . <b>Note:</b> If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$155,000 or more if married filing jointly, stop here. You cannot take the deduction.	3	
4 Enter: \$60,000 if single, head of household, or qualifying widow(er); \$125,000 if married filing jointly. . . . .	4	
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	5	
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	6	
7 Multiply line 2 by line 6 . . . . .	7	
8 <b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	8	

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Item E - Part 8 - Fed State tax returns of applicant, 2012

Federal Carryover Worksheet

2012

► Keep for your records

Name(s) Shown on Return David M & Amy P Sullivan	Social Security Number
---	------------------------

2011 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CT						
Totals . .						

Other Tax and Income Information

Other Tax and Income Information		2011	2012
1	Filing status . . . . .	1	
2	Number of exemptions for blind or over 65 (0 - 4): . . . . .	2	
3	Itemized deductions . . . . .	3	
4	Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>
5	Adjusted gross income . . . . .	5	
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	
7	Alternative minimum tax . . . . .	7	
8	Federal overpayment applied to next year estimated tax . . . . .	8	

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions

Excess Contributions		2011	2012
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b	
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a	
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b	

Loss and Expense Carryovers

Note: Enter all entries as a positive amount

Loss and Expense Carryovers		2011	2012
12 a	Short-term capital loss . . . . .	12 a	
b	AMT Short-term capital loss . . . . .	b	
13 a	Long-term capital loss . . . . .	13 a	
b	AMT Long-term capital loss . . . . .	b	
14 a	Net operating loss available to carry forward . . . . .	14 a	
b	AMT Net operating loss available to carry forward . . . . .	b	
15 a	Investment interest expense disallowed . . . . .	15 a	
b	AMT Investment interest expense disallowed . . . . .	b	
16	Nonrecaptured net Section 1231 losses from:	16 a	
	a 2012 . . . . .	a	
	b 2011 . . . . .	b	
	c 2010 . . . . .	c	
	d 2009 . . . . .	d	
	e 2008 . . . . .	e	
	f 2007 . . . . .	f	

**Item E - Part 8 - Fed State tax returns of applicant, 2012**

Federal Carryover Worksheet page 2.

**2012**

David M & Amy P Sullivan

Loss and Expense Carryovers (cont'd)				2011	2012
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2012 . . .	17 a	
		b	2011 . . .	b	
		c	2010 . . .	c	
		d	2009 . . .	d	
		e	2008 . . .	e	
		f	2007 . . .	f	

Credit Carryovers				2011	2012
18	General business credit . . . . .			18	
19	Adoption credit from: a 2012 . . . . .			19 a	
20	Mortgage interest credit from:	a	2012 . . . . .	20 a	
		b	2011 . . . . .	b	
		c	2010 . . . . .	c	
		d	2009 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	

Other Carryovers				2011	2012
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
		b	Taxpayer (Form 2555, line 48) . . . . .	b	
		c	Spouse (Form 2555, line 46) . . . . .	c	
		d	Spouse (Form 2555, line 48) . . . . .	d	

Charitable Contribution Carryovers						
26	2011 Carryover of charitable contributions from:	Other Property		Capital Gain		
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	
		a	2011 . . . . .			
		b	2010 . . . . .			
		c	2009 . . . . .			
		d	2008 . . . . .			
27	2012 Carryover of charitable contributions from:	Other Property		Capital Gain		
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	
		a	2012 . . . . .			
		b	2011 . . . . .			
		c	2010 . . . . .			
		d	2009 . . . . .			

28 Amount overpaid less earned income credit . . . . .

2011 State Capital Loss Carryovers (For users not transferring from the prior year)						
State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

**ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING**

---

Taxpayer: david M & amy P Sullivan  
Primary SSN: \_\_\_\_\_

Federal Return Submitted: January 25, 2013 07:02 PM PST  
Federal Return Acceptance Date: \_\_\_\_\_

---

Your return was electronically transmitted on 01/25/2013

---

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

**1. THE INTUIT ELECTRONIC POSTMARK.**

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

**TIMELY FILING:**

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2013. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2013, your Intuit electronic postmark will indicate April 15, 2013, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2013, and a corrected return is submitted and accepted before April 20, 2013. If your return is submitted after April 20, 2013, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2013. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2013, and the corrected return is submitted and accepted by October 20, 2013.

**2. THE ACCEPTANCE DATE.**

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

20

Form CT-1040 - 2012, Page 1 of 4  
Connecticut Resident Income Tax Return.

Other taxable year, beginning: 2012 and ending:

N S Y FJFC N FJC N FSFC N FSC N HH N QW

[REDACTED]

DAVID M SULLIVAN N Dec.

AMY P SULLIVAN N Dec.

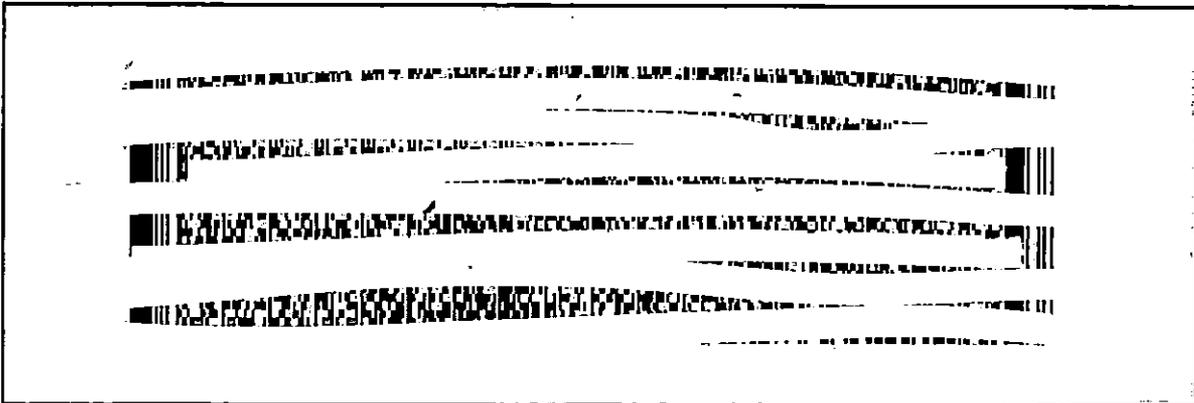
28 BLUEBERRY LN N CT-2210

N CT-8379 N CT-1040CRC

WOODBURY CT 06798

- 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 1.
- 2. Additions to federal adjusted gross income (from Schedule 1, Line 39) 2.
- 3. Add Line 1 and Line 2 3.
- 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 4.
- 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. 5.
- 6. Income tax 6.
- 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) 7.
- 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. 8.
- 9. Connecticut alternative minimum tax (from Form CT-6251) 9.
- 10. Add Line 8 and Line 9. 10.
- 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) 11.
- 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. 12.
- 13. Total allowable credits (from Schedule CT-JT Credit, Part 1, Line 11) 13.
- 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. 14.
- 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. 15.
- 16. Total tax: Add Line 14 and Line 15. 16.

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



Item E - Part 8 - Fed State tax returns of applicant, 2012

Form CT-1040, Page 2 of 4

17. Amount from Line 16

17. 6497

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.    
 18b.    
 18c.    
 18d.    
 18e.    
 18f.    
 18g.

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

18. Total Connecticut income tax withheld: Amounts in Column C. 18.   
 19. All 2012 estimated tax payments and any overpayments applied from a prior year 19.   
 20. Payments made with Form CT-1040 EXT 20.   
 20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a.   
 21. Total payments: Add Lines 18, 19, 20, and 20a. 21.   
 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22.   
 23. Amount of Line 22 you want applied to your 2013 estimated tax **23.**

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

25. Refund: Lines 23 and 24 subtracted from Line 22. **25.**

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type  Y  Ck.  N  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.

27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27.

28. If late: Interest entered. 28.

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.

30. Total amount due: Add Lines 26 through 29. **30.**

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
<input type="checkbox"/>		<input type="checkbox"/>	(203) 2664874
Spouse's signature (if joint return)		Date	Daytime telephone number
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Paid preparer's signature		Date	Telephone number
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Firm's name, address, and ZIP code			FEIN
<b>SELF-PREPARED</b>			

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)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1201215553

1201215553

Sign Here  
Keep a copy for your records.

Item E - Part 8 - Fed State tax returns of applicant, 2012

Form CT-1040, Page 3 of 4

Schedule 1 - Modifications to Federal Adjusted Gross Income

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

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	
	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.	
54. Line 53 divided by Line 51	54.	
55. Income tax liability: Line 11 subtracted from Line 6.	55.	
56. Line 54 multiplied by Line 55	56.	
57. Income tax paid to a qualifying jurisdiction	57.	
58. Lesser of Line 56 or Line 57	58.	
59. Total credit: Add Line 58, all columns.	59.	

Item E - Part 8 - Fed State tax returns of applicant, 2012

Form CT-1040, Page 4 of 4

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• WOODBURY	• WOODBURY	• WOODBURY
Description of Property	• 28 BLUEBE	• 06FORDEXP	• 03VOLKJET
Date(s) Paid	• 01302012	• 07112012	• 07112012
	• 07302012		
Amount Paid	60.	61.	62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63.
64. Maximum property tax credit allowed			64. •
65. Lesser of Line 63 or Line 64.			65. •
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. •
67. Line 65 multiplied by Line 66.			67. •
68. Line 67 subtracted from Line 65.			68.

Schedule 4 - Individual Use Tax

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

Schedule 5 - Contributions to Designated Charities

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

Taxpayer email

Item E - Part 8 - Fed State tax returns of applicant, 2013

For the year Jan. 1–Dec. 31, 2013, or other tax year beginning 2013, ending 2013, ending 20 See separate instructions.

Your first name and initial Last name Your social security number  
 david M. Sullivan

If a joint return, spouse's first name and initial Last name Spouse's social security number  
 amy P Sullivan

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **▲ Make sure the SSN(s) above and on line 6c are correct.**  
 28 blueberry lane

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). Presidential Election Campaign  
 woodbury CT 06798

Foreign country name Foreign province/state/county Foreign postal code  
 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 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: **▶**  
 2  Married filing jointly (even if only one had income)  
 3  Married filing separately. Enter spouse's SSN above and full name here: **▶** 5  Qualifying widow(er) with dependent child

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. . . . . Boxes checked on 6a and 6b **2**  
 b  Spouse . . . . . No. of children on 6c who:  
 • lived with you **3**  
 • did not live with you due to divorce or separation (see instructions)  
 • Dependents on 6c not entered above  
**c Dependents:**  
 (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 (see instructions)  
 colin D sullivan Son   
 darren P sullivan Son   
 Michael F Sullivan Son   
 d Total number of exemptions claimed **5**  
 Add numbers on lines above: **▶**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**  
 8a Taxable interest. Attach Schedule B if required **8a**  
 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). Attach Schedule D if required. If not required, check here  **13**  
 14 Other gains or (losses). Attach Form 4797 **14**  
 15a IRA distributions **15a** b Taxable amount **15b**  
 16a Pensions and annuities **16a** b Taxable amount **16b**  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**  
 18 Farm income or (loss). Attach Schedule F **18**  
 19 Unemployment compensation **19**  
 20a Social security benefits **20a** b Taxable amount **20b**  
 21 Other income. List type and amount **21**  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶** **22**

**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**  
 31a Alimony paid b Recipient's SSN **▶** **31a**  
 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**

Item E - Part 8 - Fed State tax returns of applicant, 2013

Form 1040 (2013)

Page 2

<b>Tax and Credits</b>	38	Amount from line 37 (adjusted gross income)		38
	39a	Check <input type="checkbox"/> You were born before January 2, 1949, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1949, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
<b>Standard Deduction for—</b>	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	41	Subtract line 40 from line 38		41
• All others: Single or Married filing separately, \$6,100	42	Exemptions. If line 38 is \$150,000 or less, multiply \$3,900 by the number on line 6d. Otherwise, see instructions		42
Married filing jointly or Qualifying widow(er), \$12,200	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43
Head of household, \$8,950	44	Tax (see instructions): Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>		44
	45	Alternative minimum tax (see instructions), Attach Form 6251		45
	46	Add lines 44 and 45		46
	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	1,900.
	52	Residential energy credits. Attach Form 5695	52	
	53	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	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
<b>Other Taxes</b>	56	Self-employment tax. Attach Schedule SE		56
	57	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 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 <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)		60
	61	Add lines 55 through 60. This is your total tax		61
<b>Payments</b>	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 <input type="checkbox"/> 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 <input type="checkbox"/> 2439 b <input checked="" type="checkbox"/> Reserved c <input type="checkbox"/> 8885 d <input type="checkbox"/>	71	
	72	Add lines 62, 63, 64a, and 65 through 71. These are your total payments		72
<b>Refund</b>	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 <input type="checkbox"/>		74a
Direct deposit? See instructions.	b	Routing number		
	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number		
	75	Amount of line 73 you want applied to your 2014 estimated tax	75	
<b>Amount You Owe</b>	76	Amount you owe. Subtract line 72 from line 61. For details on how to pay, see instructions		76
	77	Estimated tax penalty (see instructions)	77	
<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below. <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
<b>Sign Here</b>	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 pharmacy manager	Daytime phone number (203) 266-4874
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation homemaker	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Self-Prepared		Firm's EIN
	Firm's address	Phone no.		

Item E - Part 8 - Fed State tax returns of applicant, 2013

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2013**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

David M & Amy P Sullivan

<b>Medical and Dental Expenses</b>		<b>Caution. Do not include expenses reimbursed or paid by others.</b>			
1	Medical and dental expenses (see instructions)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1949, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5			
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ▶	8			
9	Add lines 5 through 8	9			
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>			
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		10			
		11			
		12			
		13			
		14			
		15			
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.</b>			
If you made a gift and got a benefit for it, see instructions.		16			
		17			
		18			
		19			
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>			
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶</b>			
		21			
		22			
		23			
		24			
		25			
		26			
		27			
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ▶</b>			
		28			
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$150,000?</b>			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b> <input type="checkbox"/>			



**Item E - Part 8 - Fed State tax returns of applicant, 2013**

**Form 1040**  
**Line 33**

**Student Loan Interest Deduction Worksheet**

**2013**

▶ Keep for your records

Name(s) Shown on Return <u>David M &amp; Amy P Sullivan</u>	Social Security Number _____
--	---------------------------------

**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan interest (Box 1)
Total student loan interest . . . . .				

**Part II Computation of Student Loan Interest Deduction**

1 Enter the total interest you paid in 2013 on qualified student loans . . . . . (see Form 1040 instructions).	1	
2 Enter the smaller of line 1 or \$2,500. . . . .	2	
3 Modified AGI . . . . . <b>Note:</b> If line 3 is \$75,000 or more if single, head of household, or qualifying widow(er) or \$155,000 or more if married filing jointly, stop here. You cannot take the deduction.	3	
4 Enter: \$60,000 if single, head of household, or qualifying widow(er); \$125,000 if married filing jointly. . . . .	4	
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	5	
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	6	
7 Multiply line 2 by line 6 . . . . .	7	
8 <b>Student loan interest deduction:</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	8	

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Item E - Part 8 - Fed State tax returns of applicant, 2013

Federal Carryover Worksheet

2013

► Keep for your records

Name(s) Shown on Return David M & Amy P Sullivan	Social Security Number
---	------------------------

2012 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
Totals . . .						

Other Tax and Income Information		2012	2013
1	Filing status . . . . .		
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .	2	
3	Itemized deductions . . . . .	3	
4	Check box if required to itemize deductions . . . . .	4	
5	Adjusted gross income . . . . .	5	
6	Tax liability for Form 2210 or Form 2210-F . . . . .	6	
7	Alternative minimum tax . . . . .	7	
8	Federal overpayment applied to next year estimated tax . . . . .	8	

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2012	2013
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a	
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b	
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a	
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b	
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a	
b	Spouse's excess HSA contributions as of 12/31 . . . . .	b	

Loss and Expense Carryovers		2012	2013
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .	12 a	
b	AMT Short-term capital loss . . . . .	b	
13 a	Long-term capital loss . . . . .	13 a	
b	AMT Long-term capital loss . . . . .	b	
14 a	Net operating loss available to carry forward . . . . .	14 a	
b	AMT Net operating loss available to carry forward . . . . .	b	
15 a	Investment interest expense disallowed . . . . .	15 a	
b	AMT Investment interest expense disallowed . . . . .	b	
16	Nonrecaptured net Section 1231 losses from:	a	2013 . . . . .
		b	2012 . . . . .
		c	2011 . . . . .
		d	2010 . . . . .
		e	2009 . . . . .
		f	2008 . . . . .

**Item E - Part 8 - Fed State tax returns of applicant, 2013**

Federal Carryover Worksheet page 2

**2013**

David M & Amy P Sullivan

Loss and Expense Carryovers (cont'd)				2012	2013
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2013 . . .	17 a	
		b	2012 . . .	b	
		c	2011 . . .	c	
		d	2010 . . .	d	
		e	2009 . . .	e	
		f	2008 . . .	f	
Credit Carryovers				2012	2013
18	General business credit . . . . .		18		
19	Adoption credit from:	a	2013 . . . . .	19 a	
		b	2012 . . . . .	b	
20	Mortgage interest credit from:	a	2013 . . . . .	20 a	
		b	2012 . . . . .	b	
		c	2011 . . . . .	c	
		d	2010 . . . . .	d	
21	Credit for prior year minimum tax . . . . .		21		
22	District of Columbia first-time homebuyer credit . . . . .		22		
23	Residential energy efficient property credit . . . . .		23		
Other Carryovers				2012	2013
24	Section 179 expense deduction disallowed . . . . .		24		
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
		b	Taxpayer (Form 2555, line 48) . . . . .	b	
		c	Spouse (Form 2555, line 46) . . . . .	c	
		d	Spouse (Form 2555, line 48) . . . . .	d	

**Charitable Contribution Carryovers**

26	2012 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2012 . . . . .				
b	2011 . . . . .				
c	2010 . . . . .				
d	2009 . . . . .				
e	2008 . . . . .				
27	2013 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2013 . . . . .				
b	2012 . . . . .				
c	2011 . . . . .				
d	2010 . . . . .				
e	2009 . . . . .				

28 Amount overpaid less earned income credit . . . . .

**2012 State Capital Loss Carryovers (For users not transferring from the prior year)**

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Item E - Part 8 - Fed State tax returns of applicant, 2013

□ □ □ □ 20 □ □

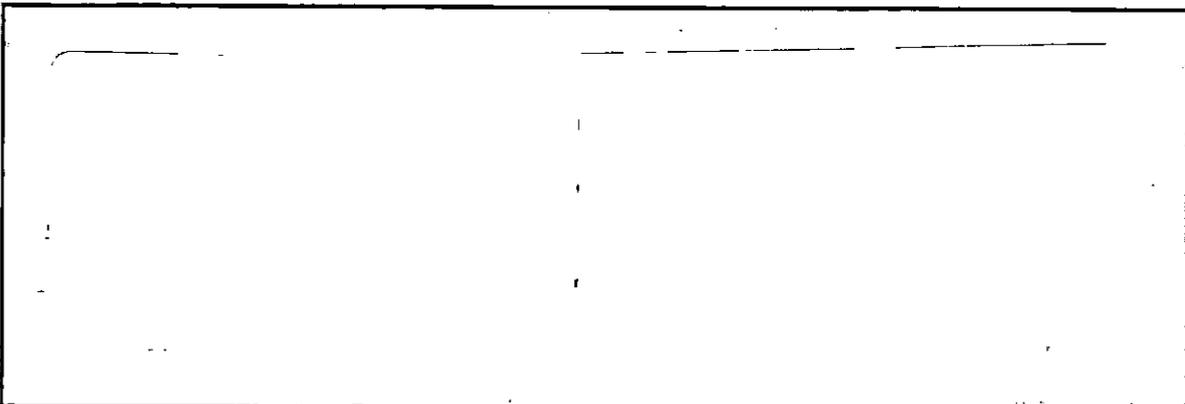
**Form CT-1040 - 2013, Page 1 of 4**  
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2013 and ending:  
 N S Y FJ N FS N HH N QW

DAVID M SULLIVAN N Dec.  
 AMY P SULLIVAN N Dec.  
 28 BLUEBERRY LN N CT-2210  
 N CT-8379 N CT-1040CRC  
 WOODBURY CT 06798

1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 1.
2. Additions to federal adjusted gross income (from Schedule 1, Line 39) 2.
3. Add Line 1 and Line 2 3.
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 4.
5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. 5.
6. Income tax 6.
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) 7.
8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. 8.
9. Connecticut alternative minimum tax (from Form CT-6251) 9.
10. Add Line 8 and Line 9. 10.
11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) 11.
12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. 12.
13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) 13.
14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. 14.
15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. 15.
16. Total tax: Add Line 14 and Line 15. 16.

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



Item E - Part 8 - Fed State tax returns of applicant, 2013

Form CT-1040, Page 2 of 4

17. Amount from Line 16

17.

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.  
18b.  
18c.  
18d.  
18e.  
18f.  
18g.

•  
•  
•  
•  
•  
•  
•

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

18. Total Connecticut income tax withheld: Amounts in Column C.

18.

19. All 2013 estimated tax payments and any overpayments applied from a prior year

19.

20. Payments made with Form CT-1040 EXT

20.

20a. Earned income tax credit (from Schedule CT-EITC, Line 16)

20a.

21. Total payments: Add Lines 18, 19, 20, and 20a.

21.

22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.

22.

23. Amount of Line 22 you want applied to your 2014 estimated tax

23.

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

24.

25. Refund: Lines 23 and 24 subtracted from Line 22.

25.

If you have not elected to direct deposit, the refund may be issued by debit card or check.

25a. Acct. type Y Ck. N Sv. 25b. Rout. #

25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. N

25e. Debit card

25e.

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.

26.

27. If late: Penalty entered. Line 26 multiplied by 10% (.10):

27.

28. If late: Interest entered.

Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).

28.

29. Interest on underpayment of estimated tax (from Form CT-2210)

29.

30. Total amount due: Add Lines 26 through 29.

30.

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
•		•	2032664874
Spouse's signature (if joint return)		Date	Daytime telephone number
•		•	•
Paid preparer's signature		Date	Telephone number
•		•	•
Firm's name, address, and ZIP code			FEIN
SELF - PREPARED			

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)
•	•	•

Sign Here  
Keep a copy for your records.

Item E - Part 8 - Fed State tax returns of applicant, 2013

Form CT-1040, Page 3 of 4

Schedule 1 - Modifications to Federal Adjusted Gross Income

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

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.		
		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.		
54. Line 53 divided by Line 51	54.		
55. Income tax liability: Line 11 subtracted from Line 6.	55.		
56. Line 54 multiplied by Line 55	56.		
57. Income tax paid to a qualifying jurisdiction	57.		
58. Lesser of Line 56 or Line 57	58.		
59. Total credit: Add Line 58, all columns.	59.		

Item E - Part 8 - Fed State tax returns of applicant, 2013

Form CT-1040, Page 4 of 4

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• WOODBURY	• WOODBURY	• WOODBURY
Description of Property	• 28 BLUEBE	• 2006FORDE	• 2003VOLKJ
Date(s) Paid	• 09122013	• 09122013	• 09122013
Amount Paid	60.	61.	62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63.
64. Maximum property tax credit allowed			64. •
65. Lesser of Line 63 or Line 64.			65. •
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. •
67. Line 65 multiplied by Line 66.			67. •
68. Line 67 subtracted from Line 65.			68.

Schedule 4 - Individual Use Tax

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

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.
70b. OT	70b.
70c. ESAW	70c.
70d. BCR	70d.
70e. SNS	70e.
70f. MERF	70f.
70. Total Contributions: Add Lines 70a through 70f.	70. •

Taxpayer email

Item E - Part 8 - Fed State tax returns of applicant, 2014

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending 20, See separate instructions.

Your first name and initial: david M Last name: Sullivan Your social security number: \_\_\_\_\_

If a joint return, spouse's first name and initial: amy P Last name: Sullivan Spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. 28 blueberry lane APT. no. \_\_\_\_\_

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). woodbury CT 06798

Foreign country name: \_\_\_\_\_ Foreign province/state/county: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_

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

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. ▶  
 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  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) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
colin D	sullivan		Son	<input checked="" type="checkbox"/>
darren P	sullivan		Son	<input checked="" type="checkbox"/>
Michael F	Sullivan		Son	<input checked="" type="checkbox"/>

If more than four dependents, see instructions and check here

Boxes checked on 6a and 6b: 2  
 No. of children on 6c who:  
 • lived with you: 3  
 • did not live with you due to divorce or separation (see instructions): \_\_\_\_\_  
 Dependents on 6c not entered above: \_\_\_\_\_  
 Add numbers on lines above: 5

d Total number of exemptions claimed: 5

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 7  
 8a Taxable interest. Attach Schedule B if required 8a  
 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). Attach Schedule D if required. If not required, check here  13  
 14 Other gains or (losses). Attach Form 4797 14  
 15a IRA distributions 15a b Taxable amount 15b  
 16a Pensions and annuities 16a b Taxable amount 16b  
 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17  
 18 Farm income or (loss). Attach Schedule F 18  
 19 Unemployment compensation 19  
 20a Social security benefits 20a b Taxable amount 20b  
 21 Other income. List type and amount 21  
 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22

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.

**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  
 31a Alimony paid b Recipient's SSN ▶ 31a  
 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

Item E - Part 8 - Fed State tax returns of applicant, 2014

38. Amount from line 37 (adjusted gross income)		38	
<b>Tax and Credits</b>	39a Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. checked <input type="checkbox"/> 39a		
	b If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b		
	40 Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
	41 Subtract line 40 from line 38	41	
	42 Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	
	43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
	44 Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
	45 Alternative minimum tax (see instructions). Attach Form 6251	45	
	46 Excess advance premium tax credit repayment. Attach Form 8962	46	
47 Add lines 44, 45, and 46	47		
48 Foreign tax credit. Attach Form 1116 if required	48		
49 Credit for child and dependent care expenses. Attach Form 2441	49		
50 Education credits from Form 8863, line 19	50		
51 Retirement savings contributions credit. Attach Form 8880	51		
52 Child tax credit. Attach Schedule 8812, if required	52		
53 Residential energy credits. Attach Form 5695	53		
54 Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54		
55 Add lines 48 through 54. These are your total credits	55		
56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56		
57 Self-employment tax. Attach Schedule SE	57		
58 Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58		
59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59		
60a Household employment taxes from Schedule H	60a		
b First-time homebuyer credit repayment. Attach Form 5405 if required	60b		
61 Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61		
62 Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62		
63 Add lines 56 through 62. This is your total tax	63		
<b>Payments</b>	64 Federal income tax withheld from Forms W-2 and 1099	64	
	65 2014 estimated tax payments and amount applied from 2013 return	65	
	66a Earned income credit (EIC)	66a	
	b Nontaxable combat pay election <input type="checkbox"/> 66b		
	67 Additional child tax credit. Attach Schedule 8812	67	
	68 American opportunity credit from Form 8863, line 8	68	
	69 Net premium tax credit. Attach Form 8962	69	
	70 Amount paid with request for extension to file	70	
	71 Excess social security and tier 1 RRTA tax withheld	71	
	72 Credit for federal tax on fuels. Attach Form 4136	72	
73 Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73		
74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74		
<b>Refund</b>	75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a		
Direct deposit? See instructions.	b Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d Account number			
77 Amount of line 75 you want applied to your 2015 estimated tax	77		
<b>Amount You Owe</b>	78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
79 Estimated tax penalty (see instructions)	79		

**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: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Personal identification number (PIN): \_\_\_\_\_

**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 pharmacy manager	Daytime phone number (203) 266-4874
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation homemaker	If the IRS sent you an Identity Protection PIN, enter it here (see inst)

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name: <b>Self-Prepared</b>			Firm's EIN	
Firm's address			Phone no.	

Item E - Part 8 - Fed State tax returns of applicant, 2014

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. **07**

Department of the Treasury  
Internal Revenue Service (99)

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

Name(s) shown on Form 1040

Your social security number

david M & amy P Sullivan

<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)	1			
2	Enter amount from Form 1040, line 38	2			
3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead	3			
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4			
<b>Taxes You Paid</b>		<b>5 State and local (check only one box):</b>			
a	<input checked="" type="checkbox"/> Income taxes, or	5			
b	<input type="checkbox"/> General sales taxes				
6	Real estate taxes (see instructions)	6			
7	Personal property taxes	7			
8	Other taxes. List type and amount ►	8			
9	Add lines 5 through 8	9			
<b>Interest You Paid</b>		<b>10 Home mortgage interest and points reported to you on Form 1098</b>			
<b>Note.</b> Your mortgage interest deduction may be limited (see instructions).		10			
		11			
		12			
		13			
		14			
		15			
<b>Gifts to Charity</b>		<b>16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions.</b>			
If you made a gift and got a benefit for it, see instructions.		16			
		17			
		18			
		19			
<b>Casualty and Theft Losses</b>		<b>20 Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>			
<b>Job Expenses and Certain Miscellaneous Deductions</b>		<b>21 Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ►</b>			
		21			
		22			
		23			
		24			
		25			
		26			
		27			
<b>Other Miscellaneous Deductions</b>		<b>28 Other—from list in instructions. List type and amount ►</b>			
		28			
<b>Total Itemized Deductions</b>		<b>29 Is Form 1040, line 38, over \$152,525?</b>			
		<input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			
		<input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			
		<b>30 If you elect to itemize deductions even though they are less than your standard deduction, check here</b>			

Item E - Part 8 - Fed State tax returns of applicant, 2014

Form **8889**

**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).  
▶ Attach to Form 1040 or Form 1040NR.

**2014**  
Attachment  
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR  
**david M Sullivan**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions).	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others, see the instructions for the amount to enter.	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter.	6	
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions).	7	
8	Add lines 6 and 7	8	
9	Employer contributions made to your HSAs for 2014	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	
13	<b>HSA deduction.</b> Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2014 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.	17b	

**Item E - Part 8 - Fed State tax returns of applicant, 2014**

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

<b>18</b>	Last-month rule . . . . .	<b>18</b>	
<b>19</b>	Qualified HSA funding distribution . . . . .	<b>19</b>	
<b>20</b>	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	<b>20</b>	
<b>21</b>	<b>Additional tax.</b> Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HDHP" and the amount . . . . .	<b>21</b>	

Item E - Part 8 - Fed State tax returns of applicant, 2014

Form **5695**

**Residential Energy Credits**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

► Information about Form 5695 and its separate instructions is at [www.irs.gov/form5695](http://www.irs.gov/form5695).  
► Attach to Form 1040 or Form 1040NR.

**2014**  
Attachment  
Sequence No. 158

Name(s) shown on return

Your social security number

David M & Amy P Sullivan

**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)

**Note.** Skip lines 1 through 11 if you only have a credit carryforward from 2013.

1	Qualified solar electric property costs	1	
2	Qualified solar water heating property costs	2	
3	Qualified small wind energy property costs	3	
4	Qualified geothermal heat pump property costs	4	
5	Add lines 1 through 4	5	
6	Multiply line 5 by 30% (.30)	6	
7a	Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ► <b>Caution:</b> If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.	7a	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b	Print the complete address of the main home where you installed the fuel cell property.		
	Number and street	Unit No.	
	City, State, and ZIP code.		
8	Qualified fuel cell property costs	8	
9	Multiply line 8 by 30% (.30)	9	
10	Kilowatt capacity of property on line 8 above ► x \$1,000	10	
11	Enter the smaller of line 9 or line 10	11	
12	Credit carryforward from 2013. Enter the amount, if any, from your 2013 Form 5695, line 16	12	
13	Add lines 6, 11, and 12	13	
14	Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	14	
15	Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50	15	
16	Credit carryforward to 2015. If line 15 is less than line 13, subtract line 15 from line 13	16	

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

REV 01/08/15 TTD

Form 5695 (2014)

Item E - Part 8 - Fed State tax returns of applicant, 2014

**Part II Nonbusiness Energy Property Credit**

<p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p>	<p><b>17a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p>	
<p><b>b</b> Print the complete address of the main home where you made the qualifying improvements.</p>	
<p><b>Caution:</b> You can only have one main home at a time.</p>	
<p>28 blueberry lane</p>	
<p>Number and street Unit No.</p>	
<p>woodbury CT 06798</p>	
<p>City, State, and ZIP code</p>	
<p><b>c</b> Were any of these improvements related to the construction of this main home? ▶</p>	<p><b>17c</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	
<p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>	<p><b>18</b></p>
<p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>	
<p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>	<p><b>19a</b></p>
<p><b>b</b> Exterior doors that meet or exceed the Energy Star program requirements . . . . .</p>	<p><b>19b</b></p>
<p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>	<p><b>19c</b></p>
<p><b>d</b> Exterior windows and skylights that meet or exceed the Energy Star program requirements . . . . .</p>	<p><b>19d</b></p>
<p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>	<p><b>19e</b></p>
<p><b>f</b> If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, or 2013, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>	<p><b>19f</b></p>
<p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>	<p><b>19g</b></p>
<p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>	<p><b>19h</b></p>
<p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>	<p><b>20</b></p>
<p><b>21</b> Multiply line 20 by 10% (.10) . . . . .</p>	<p><b>21</b></p>
<p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>	
<p><b>a</b> Energy-efficient building property. Do not enter more than \$300 . . . . .</p>	<p><b>22a</b></p>
<p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . . .</p>	<p><b>22b</b></p>
<p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . . . .</p>	<p><b>22c</b></p>
<p><b>23</b> Add lines 22a through 22c . . . . .</p>	<p><b>23</b></p>
<p><b>24</b> Add lines 21 and 23 . . . . .</p>	<p><b>24</b></p>
<p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>	<p><b>25</b></p>
<p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>	<p><b>26</b></p>
<p><b>27</b> Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit . . . . .</p>	<p><b>27</b></p>
<p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>	<p><b>28</b></p>
<p><b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .</p>	<p><b>29</b></p>
<p><b>30</b> Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50 . . . . .</p>	<p><b>30</b></p>

Item E - Part 8 - Fed State tax returns of applicant, 2014

**Tax History Report**

**2014**

Keep for your records

Name(s) Shown on Return  
 david M & amy P Sullivan

Five Year Tax History:					
	2010	2011	2012	2013	2014
Filing status . . . . .	MFJ	MFJ	MFJ	MFJ	MFJ
Total income . . . . .					
Adjustments to income	REDACTED			REDACTED	
Adjusted gross income	REDACTED			REDACTED	
Tax expense . . . . .	REDACTED			REDACTED	
Interest expense . . .	REDACTED			REDACTED	
Contributions . . . . .	REDACTED			REDACTED	
Miscellaneous deductions . . . . .	REDACTED			REDACTED	
Other Itemized Deductions . . . . .	REDACTED			REDACTED	
Total itemized/standard deduction . .	REDACTED			REDACTED	
Exemption amount . .	REDACTED			REDACTED	
Taxable income . . . .	REDACTED			REDACTED	
Tax . . . . .	REDACTED			REDACTED	
Alternative min tax . .	REDACTED			REDACTED	
Total credits . . . . .	REDACTED			REDACTED	
Other taxes . . . . .	REDACTED			REDACTED	
Payments . . . . .	REDACTED			REDACTED	
Form 2210 penalty . .	REDACTED			REDACTED	
Amount owed . . . . .	REDACTED			REDACTED	
Applied to next year's estimated tax .	REDACTED			REDACTED	
Refund . . . . .	REDACTED			REDACTED	
Effective tax rate % . .	REDACTED			REDACTED	
**Tax bracket % . . . .	REDACTED			REDACTED	

\*\*Tax bracket % is based on Taxable income.

---

**Consent to Use of Tax Return Information**

---

Federal law requires this consent form be provided to you. Unless authorized by law we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

The following statements apply:

I authorize Intuit, the maker of TurboTax, to use the 2014 tax return information to determine if I am eligible for certain payment options and benefits beyond my refund.

Sign this agreement by entering your name and the date below.

david

First Name

sullivan

Last Name

02/04/2015

Date

---

► Keep for your records

- QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . . .
- QuickZoom to Form 1095-B, Health Coverage . . . . .
- QuickZoom to Form 1095-C, Employer-Provided Health Insurance Offer and Coverage . . . . .
- QuickZoom to Form 1095, Worksheet . . . . .
- QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . . .
- QuickZoom to Form 8965, Health Coverage Exemptions . . . . .

**Health Insurance Coverage for Individuals** - This form may be used to report health insurance coverage information for each individual whose health coverage is NOT reported on a Form 1095-A. If reporting an individual's periods of coverage from Form 1095-B or Form 1095-C, that individual's health coverage information should not be reported below.

Check the box to populate the Name, SSN, and DOB for everyone listed on the return below.  
 Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual:			Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
a. Name of covered individual(s)	b. SSN	c. DOB													
17	david	07/06/76	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
18	amy	09/15/78	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
19	colin sullivan	09/08/08	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
20	darren sullivan	02/11/10	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
21	Michael Sullivan	07/25/12	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
22			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Item E - Part 8 - Fed State tax returns of applicant, 2014**

**Form 1040  
Line 33**

**Student Loan Interest Deduction Worksheet**

**2014**

▶ Keep for your records

Name(s) Shown on Return <b>David M &amp; Amy P Sullivan</b>	Social Security Number
--	------------------------

**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan Interest (Box 1)
Total student loan interest . . . . .				

**Part II Computation of Student Loan Interest Deduction**

1 Enter the total interest you paid in 2014 on qualified student loans . . . . . (see Form 1040 instructions).	<b>1</b>	
2 Enter the smaller of line 1 or \$2,500. . . . .	<b>2</b>	
3 Modified AGI . . . . . <b>Note:</b> If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here. You cannot take the deduction.	<b>3</b>	
4 Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. . . . .	<b>4</b>	
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	<b>5</b>	
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	<b>6</b>	
7 Multiply line 2 by line 6 . . . . .	<b>7</b>	
8 Student loan interest deduction. Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	<b>8</b>	

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Item E - Part 8 - Fed State tax returns of applicant, 2014

Federal Carryover Worksheet

2014

Keep for your records

Name(s) Shown on Return David M & Amy P Sullivan	Social Security Number
---	------------------------

2013 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmnts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CT						
<b>Totals . . .</b>						

Other Tax and Income Information		2013	2014
1	Filing status . . . . .	2 MFJ	2 MFJ
2	Number of exemptions for blind or over 65 (0 - 4) . . . . .		
3	Itemized deductions . . . . .		
4	Check box if required to itemize deductions . . . . .		
5	Adjusted gross income . . . . .		
6	Tax liability for Form 2210 or Form 2210-F . . . . .		
7	Alternative minimum tax . . . . .		
8	Federal overpayment applied to next year estimated tax . . . . .		

QuickZoom to the IRA Information Worksheet for IRA information

Excess Contributions		2013	2014
9 a	Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .		
b	Spouse's excess Archer MSA contributions as of 12/31 . . . . .		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .		
b	Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .		
11 a	Taxpayer's excess HSA contributions as of 12/31 . . . . .		
b	Spouse's excess HSA contributions as of 12/31 . . . . .		

Loss and Expense Carryovers		2013	2014
Note: Enter all entries as a positive amount			
12 a	Short-term capital loss . . . . .		
b	AMT Short-term capital loss . . . . .		
13 a	Long-term capital loss . . . . .		
b	AMT Long-term capital loss . . . . .		
14 a	Net operating loss available to carry forward . . . . .		
b	AMT Net operating loss available to carry forward . . . . .		
15 a	Investment interest expense disallowed . . . . .		
b	AMT Investment interest expense disallowed . . . . .		
16	Nonrecaptured net Section 1231 losses from:		
	a 2014 . . . . .		
	b 2013 . . . . .		
	c 2012 . . . . .		
	d 2011 . . . . .		
	e 2010 . . . . .		
	f 2009 . . . . .		

**Item E - Part 8 - Fed State tax returns of applicant, 2014**

Federal Carryover Worksheet page 2

2014

David M & Amy P Sullivan

Loss and Expense Carryovers (cont'd)				2013	2014
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2014 . . .	17 a	
		b	2013 . . .	b	
		c	2012 . . .	c	
		d	2011 . . .	d	
		e	2010 . . .	e	
		f	2013 . . .	f	
<b>Credit Carryovers</b>				<b>2013</b>	<b>2014</b>
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2014 . . . . .	19 a	
		b	2013 . . . . .	b	
		c	2012 . . . . .	c	
20	Mortgage interest credit from:	a	2014 . . . . .	20 a	
		b	2013 . . . . .	b	
		c	2012 . . . . .	c	
		d	2011 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
<b>Other Carryovers</b>				<b>2013</b>	<b>2014</b>
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
		b	Taxpayer (Form 2555, line 48) . . . . .	b	
		c	Spouse (Form 2555, line 46) . . . . .	c	
		d	Spouse (Form 2555, line 48) . . . . .	d	

**Charitable Contribution Carryovers**

26	2013 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2013 . . . . .				
b	2012 . . . . .				
c	2011 . . . . .				
d	2010 . . . . .				
e	2009 . . . . .				
27	2014 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014 . . . . .				
b	2013 . . . . .				
c	2012 . . . . .				
d	2011 . . . . .				
e	2010 . . . . .				
28	Amount overpaid less earned income credit . . . . .				12,981.

**2013 State Capital Loss Carryovers (For users not transferring from the prior year)**

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

Item E - Part 8 - Fed State tax returns of applicant, 2014

20

Form CT-1040 - 2014, Page 1 of 4  
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

N S Y FJ N FS N HH N QW

[REDACTED]

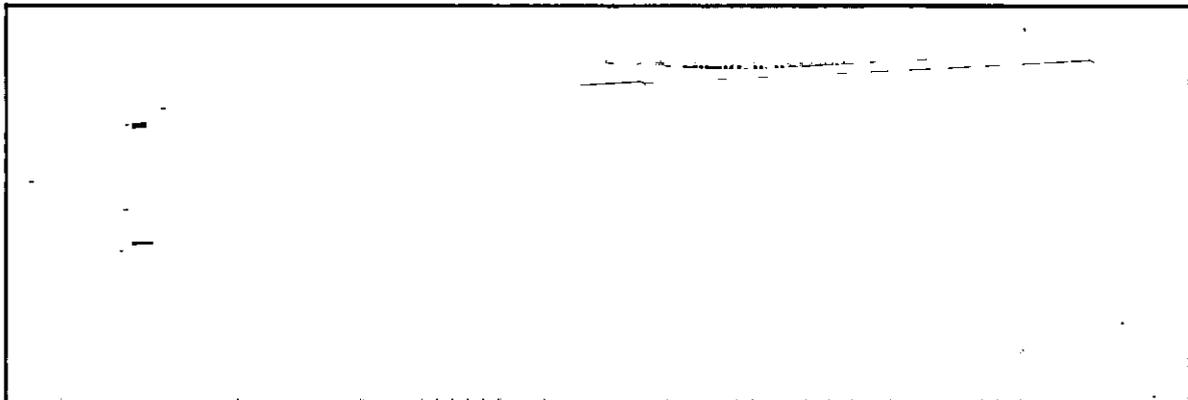
DAVID M SULLIVAN N Dec.  
AMY P SULLIVAN N Dec.

28 BLUEBERRY LN N CT-2210  
N CT-8379 N CT-1040CRC

WOODBURY CT 06798

- 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 1.
- 2. Additions to federal adjusted gross income (from Schedule 1, Line 39) 2.
- 3. Add Line 1 and Line 2 3.
- 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 4.
- 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. 5.
- 6. Income tax 6.
- 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) 7.
- 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. 8.
- 9. Connecticut alternative minimum tax (from Form CT-6251) 9.
- 10. Add Line 8 and Line 9. 10.
- 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) 11.
- 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. 12.
- 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) 13.
- 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. 14.
- 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. 15.
- 16. Total tax: Add Line 14 and Line 15. 16.

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



Item E - Part 8 - Fed State tax returns of applicant, 2014

Form CT-1040, Page 2 of 4

17. Amount from Line 16

17.

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.  
18b.  
18c.  
18d.  
18e.

•  
•  
•  
•  
•

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

18. Total Connecticut income tax withheld: Amounts in Column C. 18.  
 19. All 2014 estimated tax payments and any overpayments applied from a prior year 19.  
 20. Payments made with Form CT-1040 EXT 20.  
 20a. Earned income tax credit (from Schedule CT-EITC, Line 16) 20a.  
 20b. Claim of right credit (from Form CT-1040CRC, Line 6) 20b.  
 21. Total payments: Add Lines 18, 19, 20, 20a, and 20b. 21.  
 22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21. 22.

23. Amount of Line 22 you want applied to your 2015 estimated tax 23.  
 24. CHET contribution (from Schedule CT-CHET, Line 4) 24.  
 24a. Total contributions of refund to designated charities (from Schedule 5, Line 7D) 24a.

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

25a. Acct. type    Y    Ck.    N    Sv.    25b. Rout. #      25c. Acct. #

25d. Refund going to a bank account outside the U.S. 25d. N      25e. Debit card

26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17. 26.  
 27. If late: Penalty entered. Line 26 multiplied by 10% (.10). 27.  
 28. If late: Interest entered.

Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01). 28.

29. Interest on underpayment of estimated tax (from Form CT-2210) 29.  
 30. Total amount due: Add Lines 26 through 29. 30.

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
Firm's name, address, and ZIP code		Preparer's SSN or PTIN	
• SELF - PREPARED		FEIN:	

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)
•	•	•

Sign Here  
Keep a copy for your records.

Item E - Part 8 - Fed State tax returns of applicant, 2014

Form CT-1040, Page 3 of 4

Schedule 1 - Modifications to Federal Adjusted Gross Income

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

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

51. Modified Connecticut adjusted gross income	51.	
	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.	
54. Line 53 divided by Line 51	54.	
55. Income tax liability: Line 11 subtracted from Line 6.	55.	
56. Line 54 multiplied by Line 55	56.	
57. Income tax paid to a qualifying jurisdiction	57.	
58. Lesser of Line 56 or Line 57	58.	
59. Total credit: Add Line 58, all columns:	59.	

Item E - Part 8 - Fed State tax returns of applicant, 2014

Form CT-1040, Page 4 of 4

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• WOODBURY •	•	•
Description of Property	• 28 BLUEBE •	•	•
Date(s) Paid	• 08042014 •	•	•
Amount Paid	60.	61.	0 62.
63. Total property tax paid: Add Lines 60, 61, and 62:			63.
64. Maximum property tax credit allowed			64. •
65. Lesser of Line 63 or Line 64.			65. •
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 68.			66. •
67. Line 65 multiplied by Line 66.			67. •
68. Line 67 subtracted from Line 65.			68.

Schedule 4 - Individual Use Tax

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

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.
70b. OT	70b.
70c. ES/W	70c.
70d. BCR	70d.
70e. SNS	70e.
70f. MR	70f.
70g. CBS	70g.
70. Total Contributions: Add Lines 70a through 70g.	70. •
Taxpayer email	

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning , 2014, ending , 20 See separate instructions.

Your first name and initial **David M** Last name **Sullivan** Your social security number

If a joint return, spouse's first name and initial **amy P.** Last name **Sullivan** Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **28 blueberry lane** 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). **woodbury CT 06798** Presidential Election Campaign

Foreign country name Foreign province/state/country Foreign postal code 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 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. **2**  Married filing jointly (even if only one had income) 5  Qualifying widow(er) with dependent child  
3  Married filing separately. Enter spouse's SSN above and full name here. **▶**

**Exemptions** 6a  Yourself. If someone can claim you as a dependent, do not check box 6a. **Boxes checked on 6a and 6b 2**  
b  Spouse **No. of children on 6c who:  
• lived with you 3  
• did not live with you due to divorce or separation (see instructions)  
Dependents on 6c not entered above  
Add numbers on lines above 5**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
colin D	sullivan		Son	<input checked="" type="checkbox"/>
darren P	sullivan		Son	<input checked="" type="checkbox"/>
Michael F	Sullivan		Son	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **5**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**  
8a Taxable interest. Attach Schedule B if required **8a**  
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). Attach Schedule D if required. If not required, check here  **13**  
14 Other gains or (losses). Attach Form 4797 **14**  
15a IRA distributions **15a** b Taxable amount **15b**  
16a Pensions and annuities **16a** b Taxable amount **16b**  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E **17**  
18 Farm income or (loss). Attach Schedule F **18**  
19 Unemployment compensation **19**  
20a Social security benefits **20a** b Taxable amount **20b**  
21 Other income. List type and amount **21**  
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **▶ 22**

**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**  
31a Alimony paid b Recipient's SSN **▶ 31a**  
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**

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

Form 1040 (2014)

Page 2

38		Amount from line 37 (adjusted gross income)	38	
Tax and Credits	39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes checked ▶ '39a		
		if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind.		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b <input type="checkbox"/>		
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, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	
	41	Subtract line 40 from line 38	41	
	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42	
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44	
	45	Alternative minimum tax (see instructions). Attach Form 6251	45	
	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
	47	Add lines 44, 45, and 46	47	
	48	Foreign tax credit. Attach Form 1116 if required	48	
	49	Credit for child and dependent care expenses. Attach Form 2441	49	
	50	Education credits from Form 8863, line 19	50	
	51	Retirement savings contributions credit. Attach Form 8880	51	
	52	Child tax credit. Attach Schedule 8812, if required	52	
	53	Residential energy credits. Attach Form 5695	53	
	54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
	55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56		
Other Taxes	57	Self-employment tax. Attach Schedule SE	57	
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	
		b First-time homebuyer credit repayment. Attach Form 5405 if required	60b	
	61	Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	61	
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62	
63	Add lines 56 through 62. This is your total tax	63		
Payments	64	Federal income tax withheld from Forms W-2 and 1099	64	
	65	2014 estimated tax payments and amount applied from 2013 return	65	
	66a	Earned income credit (EIC)	66a	
		b Nontaxable combat pay election <input type="checkbox"/> 66b		
	67	Additional child tax credit. Attach Schedule 8812	67	
	68	American opportunity credit from Form 8863, line 8	68	
	69	Net premium tax credit. Attach Form 8962	69	
	70	Amount paid with request for extension to file	70	
	71	Excess social security and tier 1 RRTA tax withheld	71	
	72	Credit for federal tax on fuels. Attach Form 4136	72	
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73		
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74		
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a	
		b Routing number <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d Account number			
77	Amount of line 75 you want applied to your 2015 estimated tax	77		
Amount You Owe	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	
	79	Estimated tax penalty (see instructions)	79	
Third Party Designee	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete below: <input checked="" type="checkbox"/> No			
	Designee's name	Phone no.	Personal identification number (PIN)	
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	Daytime phone number
			pharmacy manager	(203) 266-4874
	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.)
		homemaker		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
				PTIN
	Firm's name	Self-Prepared		Firm's EIN
	Firm's address			Phone no.

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

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

**Itemized Deductions**

OMB No. 1545-0074

**2014**

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No. 07

Name(s) shown on Form 1040

Your social security number

david M & amy P Sullivan

		1	2	3	4
<b>Caution:</b> Do not include expenses reimbursed or paid by others.					
<b>Medical and Dental Expenses</b>	1	Medical and dental expenses (see instructions)		1	
	2	Enter amount from Form 1040, line 38	2		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1950, multiply line 2 by 7.5% (.075) instead		3	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4
<b>Taxes You Paid</b>	5	State and local (check only one box): a <input checked="" type="checkbox"/> Income taxes, or b <input type="checkbox"/> General sales taxes		5	
	6	Real estate taxes (see instructions)		6	
	7	Personal property taxes		7	
	8	Other taxes. List type and amount ▶		8	
	9	Add lines 5 through 8			9
<b>Interest You Paid</b>	10	Home mortgage interest and points reported to you on Form 1098		10	
	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)		13	
	14	Investment interest. Attach Form 4952 if required. (See instructions.)		14	
	15	Add lines 10 through 14			15
<b>Gifts to Charity</b>	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions.		16	
	17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500		17	
	18	Carryover from prior year		18	
	19	Add lines 16 through 18			19
<b>Casualty and Theft Losses</b>	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20
<b>Job Expenses and Certain Miscellaneous Deductions</b>	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	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	
<b>Other Miscellaneous Deductions</b>	28	Other—from list in instructions. List type and amount ▶			28
<b>Total Itemized Deductions</b>	29	Is Form 1040, line 38, over \$152,525? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.			29
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here			

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

Form **8889**

**Health Savings Accounts (HSAs)**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

Information about Form 8889 and its separate instructions is available at [www.irs.gov/form8889](http://www.irs.gov/form8889).  
Attach to Form 1040 or Form 1040NR.

**2014**  
Attachment  
Sequence No. **53**

Name(s) shown on Form 1040 or Form 1040NR  
**David M Sullivan**

Social security number of HSA beneficiary. If both spouses have HSAs, see instructions ▶

**Before you begin:** Complete Form 8853, Archer MSAs and Long-Term Care Insurance Contracts, if required.

**Part I HSA Contributions and Deduction.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part I for each spouse.

1	Check the box to indicate your coverage under a high-deductible health plan (HDHP) during 2014 (see instructions).	<input type="checkbox"/> Self-only	<input checked="" type="checkbox"/> Family
2	HSA contributions you made for 2014 (or those made on your behalf), including those made from January 1, 2015, through April 15, 2015, that were for 2014. Do not include employer contributions, contributions through a cafeteria plan, or rollovers (see instructions).	2	
3	If you were under age 55 at the end of 2014, and on the first day of every month during 2014, you were, or were considered, an eligible individual with the same coverage, enter \$3,300 (\$6,550 for family coverage). All others, see the instructions for the amount to enter.	3	
4	Enter the amount you and your employer contributed to your Archer MSAs for 2014 from Form 8853, lines 1 and 2. If you or your spouse had family coverage under an HDHP at any time during 2014, also include any amount contributed to your spouse's Archer MSAs.	4	
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	
6	Enter the amount from line 5. But if you and your spouse each have separate HSAs and had family coverage under an HDHP at any time during 2014, see the instructions for the amount to enter.	6	
7	If you were age 55 or older at the end of 2014, married, and you or your spouse had family coverage under an HDHP at any time during 2014, enter your additional contribution amount (see instructions).	7	
8	Add lines 6 and 7	8	
9	Employer contributions made to your HSAs for 2014	9	
10	Qualified HSA funding distributions	10	
11	Add lines 9 and 10	11	
12	Subtract line 11 from line 8. If zero or less, enter -0-	12	
13	<b>HSA deduction.</b> Enter the smaller of line 2 or line 12 here and on Form 1040, line 25, or Form 1040NR, line 25.	13	

**Caution:** If line 2 is more than line 13, you may have to pay an additional tax (see instructions).

**Part II HSA Distributions.** If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part II for each spouse.

14a	Total distributions you received in 2014 from all HSAs (see instructions)	14a	
b	Distributions included on line 14a that you rolled over to another HSA. Also include any excess contributions (and the earnings on those excess contributions) included on line 14a that were withdrawn by the due date of your return (see instructions)	14b	
c	Subtract line 14b from line 14a	14c	
15	Qualified medical expenses paid using HSA distributions (see instructions)	15	
16	<b>Taxable HSA distributions.</b> Subtract line 15 from line 14c. If zero or less, enter -0-. Also, include this amount in the total on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to line 21, enter "HSA" and the amount.	16	
17a	If any of the distributions included on line 16 meet any of the <b>Exceptions to the Additional 20% Tax</b> (see instructions), check here <input type="checkbox"/>		
b	<b>Additional 20% tax</b> (see instructions). Enter 20% (.20) of the distributions included on line 16 that are subject to the additional 20% tax. Also include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HSA" and the amount.	17b	

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

REV 11/14/14 TTO

Form **8889** (2014)

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

Form 8889 (2014)

Page 2

**Part III** **Income and Additional Tax for Failure To Maintain HDHP Coverage.** See the instructions before completing this part. If you are filing jointly and both you and your spouse each have separate HSAs, complete a separate Part III for each spouse.

18	Last-month rule . . . . .	18	
19	Qualified HSA funding distribution . . . . .	19	
20	<b>Total income.</b> Add lines 18 and 19. Include this amount on Form 1040, line 21, or Form 1040NR, line 21. On the dotted line next to Form 1040, line 21, or Form 1040NR, line 21, enter "HSA" and the amount . . . . .	20	
21	<b>Additional tax.</b> Multiply line 20 by 10% (.10). Include this amount in the total on Form 1040, line 62, or Form 1040NR, line 60. On the dotted line next to Form 1040, line 62, or Form 1040NR, line 60, enter "HDHP" and the amount . . . . .	21	

REV 11/14/14 TTD

Form 8889 (2014)

Form **5695**

**Residential Energy Credits**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 5695 and its separate instructions is at [www.irs.gov/form5695](http://www.irs.gov/form5695).  
▶ Attach to Form 1040 or Form 1040NR.

**2014**  
Attachment  
Sequence No. **158**

Name(s) shown on return: **David M & Amy P Sullivan** Your social security number: \_\_\_\_\_

**Part I Residential Energy Efficient Property Credit** (See instructions before completing this part.)

**Note.** Skip lines 1 through 11 if you only have a credit carryforward from 2013.

<b>1</b> Qualified solar electric property costs . . . . .	<b>1</b>	
<b>2</b> Qualified solar water heating property costs . . . . .	<b>2</b>	
<b>3</b> Qualified small wind energy property costs . . . . .	<b>3</b>	
<b>4</b> Qualified geothermal heat pump property costs . . . . .	<b>4</b>	
<b>5</b> Add lines 1 through 4 . . . . .	<b>5</b>	
<b>6</b> Multiply line 5 by 30% (.30) . . . . .	<b>6</b>	
<b>7a</b> Qualified fuel cell property. Was qualified fuel cell property installed on or in connection with your main home located in the United States? (See instructions) ▶	<b>7a</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>Caution: If you checked the "No" box, you cannot take a credit for qualified fuel cell property. Skip lines 7b through 11.</i>		
<b>b.</b> Print the complete address of the main home where you installed the fuel cell property.		
Number and street. _____ Unit No. _____		
City, State, and ZIP code. _____		
<b>8</b> Qualified fuel cell property costs . . . . .	<b>8</b>	
<b>9</b> Multiply line 8 by 30% (.30) . . . . .	<b>9</b>	
<b>10</b> Kilowatt capacity of property on line 8 above ▶ _____ x \$1,000	<b>10</b>	
<b>11</b> Enter the smaller of line 9, or line 10 . . . . .	<b>11</b>	
<b>12</b> Credit carryforward from 2013. Enter the amount, if any, from your 2013 Form 5695, line 16	<b>12</b>	
<b>13</b> Add lines 6, 11, and 12 . . . . .	<b>13</b>	
<b>14</b> Limitation based on tax liability. Enter the amount from the Residential Energy Efficient Property Credit Limit Worksheet (see instructions)	<b>14</b>	
<b>15</b> Residential energy efficient property credit. Enter the smaller of line 13 or line 14. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50 . . . . .	<b>15</b>	
<b>16</b> Credit carryforward to 2015. If line 15 is less than line 13, subtract line 15 from line 13 . . . . .	<b>16</b>	

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

**Part II Nonbusiness Energy Property Credit**

<p><b>17a</b> Were the qualified energy efficiency improvements or residential energy property costs for your main home located in the United States? (see instructions) ▶</p> <p><b>Caution:</b> If you checked the "No" box, you cannot claim the nonbusiness energy property credit. Do not complete Part II.</p>	<p><b>17a</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><b>b</b> Print the complete address of the main home where you made the qualifying improvements.</p> <p><b>Caution:</b> You can only have one main home at a time.</p> <p>28 blueberry lane</p> <p>Number and street Unit No.</p> <p>woodbury Ct 06798</p> <p>City, State, and ZIP code</p>	
<p><b>c</b> Were any of these improvements related to the construction of this main home? ▶</p> <p><b>Caution:</b> If you checked the "Yes" box, you can only claim the nonbusiness energy property credit for qualifying improvements that were not related to the construction of the home. Do not include expenses related to the construction of your main home, even if the improvements were made after you moved into the home.</p>	<p><b>17c</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p><b>18</b> Lifetime limitation. Enter the amount from the Lifetime Limitation Worksheet (see instructions) . . . . .</p>	<p><b>18</b></p>
<p><b>19</b> Qualified energy efficiency improvements (original use must begin with you and the component must reasonably be expected to last for at least 5 years; do not include labor costs) (see instructions).</p>	
<p><b>a</b> Insulation material or system specifically and primarily designed to reduce heat loss or gain of your home that meets the prescriptive criteria established by the 2009 IECC . . . . .</p>	<p><b>19a</b></p>
<p><b>b</b> Exterior doors that meet or exceed the Energy Star program requirements . . . . .</p>	<p><b>19b</b></p>
<p><b>c</b> Metal or asphalt roof that meets or exceeds the Energy Star program requirements and has appropriate pigmented coatings or cooling granules which are specifically and primarily designed to reduce the heat gain of your home . . . . .</p>	<p><b>19c</b></p>
<p><b>d</b> Exterior windows and skylights that meet or exceed the Energy Star program requirements . . . . .</p>	<p><b>19d</b></p>
<p><b>e</b> Maximum amount of cost on which the credit can be figured . . . . .</p>	<p><b>19e</b></p>
<p><b>f</b> If you claimed window expenses on your Form 5695 for 2006, 2007, 2009, 2010, 2011, 2012, or 2013, enter the amount from the Window Expense Worksheet (see instructions); otherwise enter -0- . . . . .</p>	<p><b>19f</b></p>
<p><b>g</b> Subtract line 19f from line 19e. If zero or less, enter -0- . . . . .</p>	<p><b>19g</b></p>
<p><b>h</b> Enter the smaller of line 19d or line 19g . . . . .</p>	<p><b>19h</b></p>
<p><b>20</b> Add lines 19a, 19b, 19c, and 19h . . . . .</p>	<p><b>20</b></p>
<p><b>21</b> Multiply line 20 by 10% (.10) . . . . .</p>	<p><b>21</b></p>
<p><b>22</b> Residential energy property costs (must be placed in service by you; include labor costs for onsite preparation, assembly, and original installation) (see instructions).</p>	
<p><b>a</b> Energy-efficient building property. Do not enter more than \$300 . . . . .</p>	<p><b>22a</b></p>
<p><b>b</b> Qualified natural gas, propane, or oil furnace or hot water boiler. Do not enter more than \$150 . . . . .</p>	<p><b>22b</b></p>
<p><b>c</b> Advanced main air circulating fan used in a natural gas, propane, or oil furnace. Do not enter more than \$50 . . . . .</p>	<p><b>22c</b></p>
<p><b>23</b> Add lines 22a through 22c . . . . .</p>	<p><b>23</b></p>
<p><b>24</b> Add lines 21 and 23 . . . . .</p>	<p><b>24</b></p>
<p><b>25</b> Maximum credit amount. (If you jointly occupied the home, see instructions) . . . . .</p>	<p><b>25</b></p>
<p><b>26</b> Enter the amount, if any, from line 18 . . . . .</p>	<p><b>26</b></p>
<p><b>27</b> Subtract line 26 from line 25. If zero or less, stop; you cannot take the nonbusiness energy property credit . . . . .</p>	<p><b>27</b></p>
<p><b>28</b> Enter the smaller of line 24 or line 27 . . . . .</p>	<p><b>28</b></p>
<p><b>29</b> Limitation based on tax liability. Enter the amount from the Nonbusiness Energy Property Credit Limit Worksheet (see instructions) . . . . .</p>	<p><b>29</b></p>
<p><b>30</b> Nonbusiness energy property credit. Enter the smaller of line 28 or line 29. Also include this amount on Form 1040, line 53, or Form 1040NR, line 50 . . . . .</p>	<p><b>30</b></p>

**Tax History Report**

**2014**

G. Keep for your records.

Name(s) Shown on Return  
 david M & amy P Sullivan

	Five Year Tax History:				
	2010	2011	2012	2013	2014
Filing status.....	MFJ	MFJ	MFJ	MFJ	MFJ
Total income .....					
Adjustments to income					
Adjusted gross income	REDACTED			REDACTED	
Tax expense .....	REDACTED			REDACTED	
Interest expense ...	REDACTED			REDACTED	
Contributions .....	REDACTED			REDACTED	
Miscellaneous deductions.....	REDACTED			REDACTED	
Other Itemized Deductions .....	REDACTED			REDACTED	
Total itemized/standard deduction ..	REDACTED			REDACTED	
Exemption amount ..	REDACTED			REDACTED	
Taxable income.....	REDACTED			REDACTED	
Tax.....	REDACTED			REDACTED	
Alternative min tax ..	REDACTED			REDACTED	
Total credits .....	REDACTED			REDACTED	
Other taxes .....	REDACTED			REDACTED	
Payments .....	REDACTED			REDACTED	
Form 2210 penalty ..	REDACTED			REDACTED	
Amount owed .....	REDACTED			REDACTED	
Applied to next year's estimated tax ..	REDACTED			REDACTED	
Refund.....	REDACTED			REDACTED	
Effective tax rate % ..	REDACTED			REDACTED	
**Tax bracket % .....	REDACTED			REDACTED	
	REDACTED			REDACTED	

\*\*Tax bracket % is based on Taxable income.

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**Consent to Use of Tax Return Information**

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Federal law requires this consent form be provided to you. Unless authorized by law we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you are requesting use of personal information from a joint return, you are representing that we have consent for both parties on the return.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at [complaints@tigta.treas.gov](mailto:complaints@tigta.treas.gov).

The following statements apply:

I authorize Intuit, the maker of TurboTax, to use the 2014 tax return information to determine if I am eligible for certain payment options and benefits beyond my refund.

Sign this agreement by entering your name and the date below.

David

First Name

Sullivan

Last Name

02/04/2015

Date

---

Form **1095-OTH**

**Health Insurance Coverage**

**2014**

▶ Keep for your records

- QuickZoom to Form 1095-A, Health Insurance Marketplace Statement . . . . . ▶ \_\_\_\_\_
- QuickZoom to Form 1095-B, Health Coverage . . . . . ▶ \_\_\_\_\_
- QuickZoom to Form 1095-C, Employer-Provided Health Insurance Offer and Coverage . . . . . ▶ \_\_\_\_\_
- QuickZoom to Form 1095, Worksheet. . . . . ▶ \_\_\_\_\_
- QuickZoom to Form 8962, Premium Tax Credit (PTC) . . . . . ▶ \_\_\_\_\_
- QuickZoom to Form 8965, Health Coverage Exemptions . . . . . ▶ \_\_\_\_\_

**Health Insurance Coverage for Individuals** - This form may be used to report health insurance coverage information for each individual whose health coverage is NOT reported on a Form 1095-A. If reporting an individual's periods of coverage from Form 1095-B or Form 1095-C, that individual's health coverage information should not be reported below.

Check the box to populate the Name, SSN, and DOB for everyone listed on the return below.  
 Note: Checking this box again will repopulate the information below and overwrite existing entries.

Covered Individual:			Covered all												
a. Name of covered individual(s)	b. SSN	c. DOB	12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
17 david		07/06/76	<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X
18		09/15/78	<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X
19 COLIN SULLIVAN		09/08/08	<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X
20 darren sullivan		02/11/10	<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X
21 Michael Sullivan		07/25/12	<input type="checkbox"/>	X	X	X	X	X	X	X	X	X	X	X	X
22			<input type="checkbox"/>												



Form 1040  
Line 33

**Student Loan Interest Deduction Worksheet**

2014

► Keep for your records

Name(s) Shown on Return David M & amy P Sullivan	Social Security Number
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**Part I Information from Form(s) 1098-E, Student Loan Interest Statement**

(a) Lender's name	(b) Borrower (Taxpayer, Spouse)	(c) Borrower's social security number	(d) Prior Year Student Loan Interest	(e) Student loan Interest (Box 1)
Total student loan interest. . . . .				

**Part II Computation of Student Loan Interest Deduction**

1 Enter the total interest you paid in 2014 on qualified student loans . . . . . (see Form 1040 instructions).	1	
2 Enter the smaller of line 1 or \$2,500. . . . .	2	
3 Modified AGI . . . . . <b>Note:</b> If line 3 is \$80,000 or more if single, head of household, or qualifying widow(er) or \$160,000 or more if married filing jointly, stop here. You cannot take the deduction.	3	
4 Enter: \$65,000 if single, head of household, or qualifying widow(er); \$130,000 if married filing jointly. . . . .	4	
5 Subtract line 4 from line 3. If zero or less, enter -0- here and on line 7, skip line 6, and go on to line 8 . . . . .	5	
6 Divide line 5 by \$15,000 or \$30,000 if married filing jointly. Enter the result as a decimal (rounded to at least three places) . . . . .	6	
7 Multiply line 2 by line 6 . . . . .	7	
8 <b>Student loan interest deduction.</b> Subtract line 7 from line 2. Enter the result here and on Form 1040, line 33. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.) . . . . .	8	

\* **Modified AGI** is the amount from Form 1040, line 22, increased by any excludable income from Puerto Rico, or of bona fide residents of American Samoa, Guam, or the Commonwealth of the Northern Mariana Islands, and foreign earned income/housing exclusion, and decreased by amounts on Form 1040, lines 23 through 32 and any write-in amount next to line 36, not including the Foreign housing deduction on line A of the Other Adjustments to Income Smart Worksheet.

Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014

Federal Carryover Worksheet

2014

► Keep for your records

Name(s) Shown on Return David M & Amy P Sullivan	Social Security Number
---	------------------------

2013 State and Local Income Tax Information (See Tax Help)

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
CT						
Totals . . .						

Other Tax and Income Information		2013	2014
1 Filing status . . . . .	1	2 MFJ	2 MFJ
2 Number of exemptions for blind or over 65 (0 - 4) . . . . .	2		
3 Itemized deductions . . . . .	3		
4 Check box if required to itemize deductions . . . . .	4	<input type="checkbox"/>	<input type="checkbox"/>
5 Adjusted gross income . . . . .	5		
6 Tax liability for Form 2210 or Form 2210-F . . . . .	6		
7 Alternative minimum tax . . . . .	7		
8 Federal overpayment applied to next year estimated tax . . . . .	8		

QuickZoom to the IRA Information Worksheet for IRA information . . . . . ►

Excess Contributions		2013	2014
9 a Taxpayer's excess Archer MSA contributions as of 12/31 . . . . .	9 a		
b Spouse's excess Archer MSA contributions as of 12/31 . . . . .	b		
10 a Taxpayer's excess Coverdell ESA contributions as of 12/31 . . . . .	10 a		
b Spouse's excess Coverdell ESA contributions as of 12/31 . . . . .	b		
11 a Taxpayer's excess HSA contributions as of 12/31 . . . . .	11 a		
b Spouse's excess HSA contributions as of 12/31 . . . . .	b		

Loss and Expense Carryovers		2013	2014
Note: Enter all entries as a positive amount			
12 a Short-term capital loss . . . . .	12 a		
b AMT Short-term capital loss . . . . .	b		
13 a Long-term capital loss . . . . .	13 a		
b AMT Long-term capital loss . . . . .	b		
14 a Net operating loss available to carry forward . . . . .	14 a		
b AMT Net operating loss available to carry forward . . . . .	b		
15 a Investment interest expense disallowed . . . . .	15 a		
b AMT Investment interest expense disallowed . . . . .	b		
16 Nonrecaptured net Section 1231 losses from:	16 a		
a 2014 . . . . .	a		
b 2013 . . . . .	b		
c 2012 . . . . .	c		
d 2011 . . . . .	d		
e 2010 . . . . .	e		
f 2009 . . . . .	f		

**Item E - Part 9 - Fed State tax returns of Backer, David Sullivan, 2014**

Federal Carryover Worksheet page 2

**2014**

David M & Amy P Sullivan

Loss and Expense Carryovers (cont'd)				2013	2014
17	AMT Nonrecap'd net Sec 1231 losses from:	a	2014 . . . . .	17 a	
		b	2013 . . . . .	b	
		c	2012 . . . . .	c	
		d	2011 . . . . .	d	
		e	2010 . . . . .	e	
		f	2013 . . . . .	f	
Credit Carryovers				2013	2014
18	General business credit . . . . .			18	
19	Adoption credit from:	a	2014 . . . . .	19 a	
		b	2013 . . . . .	b	
		c	2012 . . . . .	c	
20	Mortgage interest credit from:	a	2014 . . . . .	20 a	
		b	2013 . . . . .	b	
		c	2012 . . . . .	c	
		d	2011 . . . . .	d	
21	Credit for prior year minimum tax . . . . .			21	
22	District of Columbia first-time homebuyer credit . . . . .			22	
23	Residential energy efficient property credit . . . . .			23	
Other Carryovers				2013	2014
24	Section 179 expense deduction disallowed . . . . .			24	
25	Excess foreign housing deduction:	a	Taxpayer (Form 2555, line 46) . . . . .	25 a	
		b	Taxpayer (Form 2555, line 48) . . . . .	b	
		c	Spouse (Form 2555, line 46) . . . . .	c	
		d	Spouse (Form 2555, line 48) . . . . .	d	

**Charitable Contribution Carryovers**

26	2013 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2013 . . . . .				
b	2012 . . . . .				
c	2011 . . . . .				
d	2010 . . . . .				
e	2009 . . . . .				
27	2014 Carryover of charitable contributions from:	Other Property		Capital Gain	
		(a) 50%	(b) 30%	(c) 30%	(d) 20%
a	2014 . . . . .				
b	2013 . . . . .				
c	2012 . . . . .				
d	2011 . . . . .				
e	2010 . . . . .				

28 Amount overpaid less earned income credit . . . . .

**2013 State Capital Loss Carryovers (For users not transferring from the prior year)**

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

20

**Form CT-1040 - 2014**, Page 1 of 4  
Connecticut Resident Income Tax Return

Other taxable year, beginning: 2014 and ending:

N S Y FJ N FS N HH N QW

██████████ - ██████████ - ██████████ - ██████████ - ██████████ - ██████████

DAVID M SULLIVAN N Dec.

AMY P SULLIVAN N Dec.

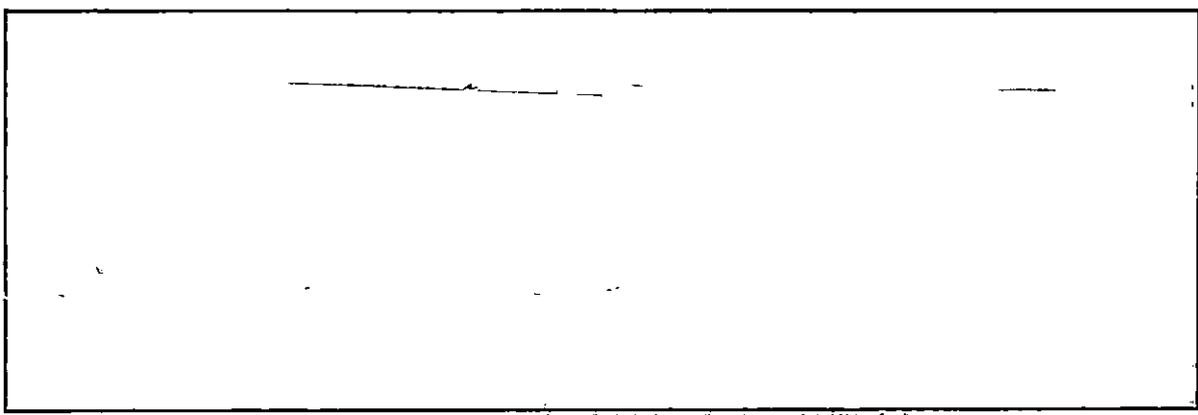
28 BLUEBERRY LN N CT-2210

N CT-8379 N CT-1040CRC

WOODBURY CT 06798

- 1. Federal adjusted gross income (from federal Form 1040, Line 37; Form 1040A, Line 21; or Form 1040EZ, Line 4) 1.
- 2. Additions to federal adjusted gross income (from Schedule 1, Line 39) 2.
- 3. Add Line 1 and Line 2 3.
- 4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50) 4.
- 5. Connecticut adjusted gross income: Line 4 subtracted from Line 3. 5.
- 6. Income tax 6.
- 7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59) 7.
- 8. Line 7 subtracted from Line 6. If Line 7 is greater than Line 6, "0" is entered. 8.
- 9. Connecticut alternative minimum tax (from Form CT-6251) 9.
- 10. Add Line 8 and Line 9. 10.
- 11. Credit for property taxes paid on your primary residence, motor vehicle, or both (from Schedule 3, Line 68) 11.
- 12. Line 11 subtracted from Line 10. If less than zero, "0" is entered. 12.
- 13. Total allowable credits (from Schedule CT-IT Credit, Part 1, Line 11) 13.
- 14. Connecticut income tax: Line 13 subtracted from Line 12. If less than zero, "0" is entered. 14.
- 15. Individual use tax (from Schedule 4, Line 69). If no tax is due, "0" is entered. 15.
- 16. Total tax: Add Line 14 and Line 15. 16.

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



Form CT-1040, Page 2 of 4

17. Amount from Line 16		17.	
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.	o	
18b.	-	o	1
18c.	-	o	)
18d.	-	o	)
18e.	-	o	)
18f. Additional Connecticut withholding (from Supplemental Schedule CT-1040WH, Line 3)		18f.	)
18. Total Connecticut income tax withheld: Amounts in Column C.		18.	3 7
19. All 2014 estimated tax payments and any overpayments applied from a prior year		19.	1
20. Payments made with Form CT-1040 EXT		20.	1
20a. Earned income tax credit (from Schedule CT-EITC, Line 16)		20a.	
20b. Claim of right credit (from Form CT-1040CRC, Line 6)		20b.	
21. Total payments: Add Lines 18, 19, 20, 20a, and 20b.		21.	7
22. Overpayment: If Line 21 is more than Line 17, Line 17 subtracted from Line 21.		22.	
23. Amount of Line 22 you want applied to your 2015 estimated tax		23.	
24. CHET contribution (from Schedule CT-CHET, Line 4)		24.	
24a. Total contributions of refund to designated charities (from Schedule 5, Line 70)		24a.	
25. Refund: Lines 23, 24, and 24a subtracted from Line 22. If you have not elected to direct deposit, the refund may be issued by debit card or check.		25.	
25a. Acct. type	Y Ck. N Sv.	25b. Rot	25c. Acct. #
25d. Refund going to a bank account outside the U.S.	25d. N	25e. Debit card	
26. Tax due: If Line 17 is more than Line 21, Line 21 subtracted from Line 17.		26.	
27. If late: Penalty entered. Line 26 multiplied by 10% (.10).		27.	
28. If late: Interest entered. Line 26 multiplied by number of months or fraction of a month late, then by 1% (.01).		28.	
29. Interest on underpayment of estimated tax (from Form CT-2210)		29.	
30. Total amount due: Add Lines 26 through 29.		30.	

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
* SELF - PREPARED			

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)

1401215551

1401215551

Sign Here. Keep a copy for your records.

Form CT-1040, Page 3 of 4

Schedule 1 - Modifications to Federal Adjusted Gross Income

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

Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions

- 51. Modified Connecticut adjusted gross income 51.
- |  | 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. |        |        |
| 54. Line 53 divided by Line 51 54.   |        |        |
| 55. Income tax liability: Line 11 subtracted from Line 6. 55.  |        |        |
| 56. Line 54 multiplied by Line 55 56.  |        |        |
| 57. Income tax paid to a qualifying jurisdiction 57.   |        |        |
| 58. Lesser of Line 56 or Line 57 58.   |        |        |
| 59. Total credit: Add Line 58, all columns. 59.  |        |        |

Form CT-1040, Page 4 of 4

Schedule 3 - Property Tax Credit

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	• WOODBURY •	•	•
Description of Property	• 28 BLUEBE •	•	•
Date(s) Paid	• 08042014 •	•	•
Amount Paid	60.	61.	62.
63. Total property tax paid: Add Lines 60, 61, and 62.			63.
64. Maximum property tax credit allowed			64.
65. Lesser of Line 63 or Line 64.			65.
66. Property tax credit limitation decimal amount: If zero, the amount from Line 65 is entered on Line 66.			66.
67. Line 65 multiplied by Line 66.			67.
68. Line 67 subtracted from Line 65.			68.

Schedule 4 - Individual Use Tax

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

Schedule 5 - Contributions to Designated Charities

70a. AR	70a.
70b. OT	70b.
70c. ES/W	70c.
70d. BCR	70d.
70e. SNS	70e.
70f. MR	70f.
70g. CBS	70g.
70. Total Contributions: Add Lines 70a through 70g.	70.
Taxpayer email	

Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2014** U.S. Individual Income Tax Return OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2014, or other tax year beginning 2014, ending 2014. See separate instructions.

Your first name and initial: **RAYMOND** Last name: **SULLIVAN** Your social security number: \_\_\_\_\_

If a joint return, spouse's first name and initial: **MARGARET** Last name: **SULLIVAN** spouse's social security number: \_\_\_\_\_

Home address (number and street). If you have a P.O. box, see instructions. **79 OLD FARMS ROAD** 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). **WATERTOWN CT 06795** Presidential Election Campaign

Foreign country name: \_\_\_\_\_ Foreign province/state/country: \_\_\_\_\_ Foreign postal code: \_\_\_\_\_ 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. ▶

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

b  Spouse **MARGARET SULLIVAN**

**Boxes checked on 6a and 6b: 2**

**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)
				<input type="checkbox"/>

If more than four dependents, see instructions and check here

**d Total number of exemptions claimed: 2**

**Add numbers on lines above ▶ 2**

**Income**

7 Wages, salaries, tips, etc. Attach Form(s) W-2 **7**

8a Taxable interest. Attach Schedule B if required **8a**

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). Attach Schedule D if required. If not required, check here  **13**

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

15a IRA distributions **15a** Taxable amount **15b**

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

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

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

19 Unemployment compensation **19**

20a Social security benefits **20a** Taxable amount **20b**

21 Other income. List type and amount **21**

22 Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶ **22**

**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**

31a Alimony paid b Recipient's SSN ▶ **31a**

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**

Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

38		Amount from line 37 (adjusted gross income)	38
<b>Tax and Credits</b>	39a	Check <input type="checkbox"/> You were born before January 2, 1950, <input type="checkbox"/> Blind. Total boxes if: <input type="checkbox"/> Spouse was born before January 2, 1950, <input type="checkbox"/> Blind. checked ▶ 39a	
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here▶ 39b <input type="checkbox"/>	
<b>Standard Deduction for—</b> • 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, \$6,200 Married filing jointly or Qualifying widow(er), \$12,400 Head of household, \$9,100	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40
	41	Subtract line 40 from line 38	41
	42	Exemptions. If line 38 is \$152,525 or less, multiply \$3,950 by the number on line 6d. Otherwise, see instructions	42
	43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43
	44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44
	45	Alternative minimum tax (see instructions). Attach Form 6251	45
	46	Excess advance premium tax credit repayment. Attach Form 8962	46
	47	Add lines 44, 45, and 46	47
	48	Foreign tax credit. Attach Form 1116 if required	48
	49	Credit for child and dependent care expenses. Attach Form 2441	49
	50	Education credits from Form 8863, line 19	50
	51	Retirement savings contributions credit. Attach Form 8880	51
52	Child tax credit. Attach Schedule 8812, if required	52	
53	Residential energy credits. Attach Form 5695	53	
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54	
55	Add lines 48 through 54. These are your total credits	55	
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	
<b>Other Taxes</b>	57	Self-employment tax. Attach Schedule SE	57
	58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
	60a	Household employment taxes from Schedule H	60a
	b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b
	61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61
	62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62
63	Add lines 56 through 62. This is your total tax	63	
<b>Payments</b>	64	Federal income tax withheld from Forms W-2 and 1099	64
	65	2014 estimated tax payments and amount applied from 2013 return	65
	66a	Earned income credit (EIC)	66a
	b	Nontaxable combat pay election <input type="checkbox"/> 66b	
	67	Additional child tax credit. Attach Schedule 8812	67
	68	American opportunity credit from Form 8863, line 8	68
	69	Net premium tax credit. Attach Form 8962	69
	70	Amount paid with request for extension to file	70
	71	Excess social security and tier 1 RRTA tax withheld	71
	72	Credit for federal tax on fuels. Attach Form 4136	72
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> Reserved c <input type="checkbox"/> Reserved d <input type="checkbox"/>	73	
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	
<b>Refund</b>	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75
	76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a
	b	Routing number <input type="text"/> ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	d	Account number <input type="text"/>	
77	Amount of line 75 you want applied to your 2015 estimated tax ▶	77	
<b>Amount You Owe</b>	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions ▶	78
	79	Estimated tax penalty (see instructions)	79

**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 ▶	Phone no. ▶	Personal identification number (PIN) ▶
-------------------	-------------	--

**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	Daytime phone number
<i>[Signature]</i>		NRWB MANAGER	(860) 417-3246
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)
		HOME MAKER	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
Firm's name ▶	Self-Prepared		Firm's EIN ▶
Firm's address ▶			Phone no.

Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

a Employee's social security number [REDACTED]		OMB No. 1545-0008				This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	
b Employer identification number (EIN)			1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code NORTHWEST REGIONAL WORKFORCE I 249 THOMASTON AVENUE WATERBURY CT 06702			3 Social security wages		4 Social security tax withheld		
			5 Medicare wages and tips		6 Medicare tax withheld		
			7 Social security tips		8 Allocated tips		
d Control number 000020 RG/36H			9		10 Dependent care benefits		
e Employee's first name and initial Last name Suff. RAYMOND SULLIVAN 79 OLD FARMS ROAD WATERTOWN CT 06795			11 Nonqualified plans		12a See instructions for box 12		
			13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b		
			14 Other		12c		
					12d		
f Employee's address and ZIP code			15 State Employer's state ID number		16 State wages, tips, etc.		
			17 State income tax		18 Local wages, tips, etc.		
			19 Local income tax		20 Locality name		

Form **W-2** Wage and Tax Statement  
 Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) BAA

2014

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use



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Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code BRESLEY V INTERNATIONAL PAPER OSR C/O ANALYTICS CONSULTING LLC  PO BOX 2010  CHANHASSEN MI 55317		1 Gross distribution \$ 2a Taxable amount \$	OMB No. 1545-0119  <b>2014</b>  Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
PAYER'S federal identification number	RECIPIENT'S identification number	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	Copy B Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.	
RECIPIENT'S name RAYMOND SULLIVAN  Street address (including apt. no.) 79 OLD FARMS ROAD  City or town, state or province, country, and ZIP or foreign postal code WATERTOWN CT 06795		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	This information is being furnished to the Internal Revenue Service.	
		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code(s) 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$	
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$	

Form 1099-R BAA

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

REV 10/16/14 FFF

Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code JACKSON NATIONAL LIFE INSURANCE  1 CORPORATE WAY  LANSING MI 48951		1 Gross distribution \$ 2a Taxable amount \$	OMB No. 1545-0119  <b>2014</b>  Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  <b>Copy B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number	RECIPIENT'S identification number	2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>	
RECIPIENT'S name MARGARET S. SULLIVAN  Street address (including apt. no.) 79 OLD FARMS ROAD  City or town, state or province, country, and ZIP or foreign postal code WATERTOWN CT 06795		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
		7 Distribution code(s) 4	8 Other \$ %	
		9a Your percentage of total distribution %	9b Total employee contributions \$	
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 State tax withheld \$	13 State/Payer's state no.	14 State distribution \$
Account number (see instructions)		15 Local tax withheld \$	16 Name of locality	17 Local distribution \$

Form 1099-R BAA

www.irs.gov/form1099r

Department of the Treasury - Internal Revenue Service

REV 10/16/14 FFF

Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, and ZIP or foreign postal code JP MORGAN CHASE BANK NA TRFRA ACCT/INTERNATIONAL PAPER ES SERVICE CENTER  PO BOX 1495 100 HALF DAY ROAD  LINCOLNSHIRE IL 60069		1 Gross distribution \$	OMB No. 1545-0119  <b>2014</b>  Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.  <b>Copy B</b> Report this income on your federal tax return. If this form shows federal income tax withheld in box 4, attach this copy to your return.  This information is being furnished to the Internal Revenue Service.
PAYER'S federal identification number  RECIPIENT'S identification number		2a Taxable amount \$	2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>	
RECIPIENT'S name RAYMOND SULLIVAN  Street address (including apt. no.) 79 OLD FARMS ROAD  City or town, state or province, country, and ZIP or foreign postal code WATERTOWN CT 06795		3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$	
10 Amount allocable to IRR within 5 years \$		5 Employee contributions / Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$	
Account number (see instructions)		7 Distribution code(s) 7	8 Other \$ %	
11 1st year of desig. Roth contrib.		9a Your percentage of total distribution %	9b Total employee contributions \$	
		12 State tax withheld \$	13 State/Payer's state no. -----	14 State distribution \$
		15 Local tax withheld \$	16 Name of locality -----	17 Local distribution \$

Form 1099-R BAA

www.irs.gov/form1099r

Department of the Treasury Internal Revenue Service

REV 10/16/14:FFF

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

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2014**

Attachment  
Sequence No. 08

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Name(s) shown on return

Your social security number

RAYMOND & MARGARET SULLIVAN

**Part I**

**Interest**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 8a.)

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.

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 on back and list this interest first. Also, show that buyer's social security number and address ▶ YMCA - WATERBURY, CT. 06702 THOMASTON SAVINGS THOMASTON SAVINGS THOMASTON SAVINGS THOMASTON SAVINGS	Amount
2	Add the amounts on line 1	
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	

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

**Part II**

**Ordinary Dividends**

(See instructions on back and the instructions for Form 1040A, or Form 1040, line 9a.)

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.

5	List name of payer ▶ MERRILL LYNCH WELLS FARGO WELLS FARGO	Amount
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	

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

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.

**Part III  
Foreign  
Accounts  
and Trusts**

(See instructions on back.)

7a	At any time during 2014, 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	Yes	No
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶		
8	During 2014, 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 on back		



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2014 Form CT-1040 - Page 2 of 4

Your Social Security Number • [REDACTED]

17. Enter amount from Line 16.

17. [REDACTED] .00

3

Column A - Employer's federal ID No. from Box b of W-2, or payer's federal ID No. from Form 1099

Column B - Connecticut wages, tips, etc.

Column C - Connecticut income tax withheld

W-2 and 1099 Information Only enter information from your W-2 and 1099 forms if Connecticut income tax was withheld.

18a.	[REDACTED]	[REDACTED]	[REDACTED]	.00
18b.	[REDACTED]	[REDACTED]	[REDACTED]	.00
18c.	[REDACTED]	[REDACTED]	[REDACTED]	.00
18d.	[REDACTED]	[REDACTED]	[REDACTED]	.00
18e.	[REDACTED]	[REDACTED]	[REDACTED]	.00

18f. Additional CT withholding from Supplemental Schedule CT-1040WH

18f. [REDACTED] .00

18. Total Connecticut income tax withheld: Add amounts in Column C and enter here. You must complete Columns A, B, and C or your withholding will be disallowed.

18. [REDACTED] .00

19. All 2014 estimated tax payments and any overpayments applied from a prior year

19. [REDACTED] .00

20. Payments made with Form CT-1040 EXT (Request for extension of time to file)

20. [REDACTED] .00

20a. Connecticut earned income tax credit: From Schedule CT-EITC, Line 16.

20a. [REDACTED] .00

20b. Claim of right credit: From Form CT-1040CRC, Line 6. Attach Form CT-1040CRC to the back of this return.

20b. [REDACTED] .00

21. Total payments: Add Lines 18, 19, 20, 20a, and 20b.

21. [REDACTED] .00

4

22. Overpayment: If Line 21 is more than Line 17, subtract Line 17 from Line 21.

22. [REDACTED] .00

23. Amount of Line 22 overpayment you want applied to your 2015 estimated tax

23. [REDACTED] .00

24. CHET contribution from Schedule CT-CHET, Line 4. Attach Schedule CT-CHET to the back of this return.

24. [REDACTED] .00

24a. Total contributions of refund to designated charities from Schedule 5, Line 70

24a. [REDACTED] .00

25. Refund: Subtract Lines 23, 24, and 24a from Line 22. For direct deposit, complete Lines 25a, 25b, and 25c. Direct deposit is not available to first-time filers.

25. [REDACTED] .00

25a. Checking Savings  25b. Routing number [REDACTED] 25c. Account number [REDACTED]

25d. Will this refund go to a bank account outside the U.S.?  Yes

25e. Refund as a debit card?  Yes -- If you do not elect direct deposit or debit card, a refund check will be issued and processing may be delayed.

5

26. Tax due: If Line 17 is more than Line 21, subtract Line 21 from Line 17.

26. [REDACTED] .00

27. If late: Enter penalty. Multiply Line 26 by 10% (.10).

27. [REDACTED] .00

28. If late: Enter interest. Multiply Line 26 by number of months or fraction of a month late, then by 1% (.01).

28. [REDACTED] .00

29. Interest on underpayment of estimated tax from Form CT-2210: See instructions, Page 24.

29. [REDACTED] .00

30. Total amount due: Add Lines 26 through 29.

30. [REDACTED] .00

6

Declaration: 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 [Signature] Date 4/6/2015 Home/cell telephone number 86041132146

Spouse's signature (if joint return) [Signature] Date 4/6/2015 Daytime telephone number (800) 41132146

Paid preparer's signature [Signature] Date N/A Telephone number ( ) Preparer's SSN or PTIN

Firm's name, address, and ZIP code FEIN

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)

Complete applicable schedules on Pages 3 and 4 and send all four pages of the return to DRS.

Thank You

Item E - Part 9 - Fed State tax returns of Backer, Raymond Sullivan, 2014

2014 Form CT-1040 - Page 3 of 4

Your Social Security Number  -  -

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

Enter all items as positive numbers.

See instructions, Page 23.

31. Interest on state and local government obligations other than Connecticut	31.								
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations	32.								
<del>33. Respected by State law</del>									
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income	34.								.00
35. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if greater than zero.	35.								.00
36. Loss on sale of Connecticut state and local government bonds	36.								.00
37. Domestic production activity deduction from federal Form 1040, Line 35	37.								.00
38. Other - specify <input type="checkbox"/>	38.								.00
<b>39. Total additions: Add Lines 31 through 38. Enter here and on Line 2:</b>									
40. Interest on U.S. government obligations	40.								.00
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations	41.								.00
42. Social Security benefit adjustment: See <i>Social Security Benefit Adjustment Worksheet</i> , Page 25.	42.								.00
43. Refunds of state and local income taxes	43.								.00
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities	44.								.00
45. 50% of military retirement pay	45.								.00
46. Beneficiary's share of Connecticut fiduciary adjustment: Enter only if less than zero.	46.								.00
47. Gain on sale of Connecticut state and local government bonds	47.								.00
48. Connecticut Higher Education Trust (CHET) contributions Enter CHET account number: <input type="text"/> Do not add spaces or dashes.	48.								.00
49. Other - specify: Do not include out of state income. <input type="checkbox"/>	49.								.00
<b>50. Total subtractions: Add Lines 40 through 49. Enter here and on Line 4:</b>									

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

You must attach a copy of your return filed with the qualifying jurisdiction(s) or your credit will be disallowed.

51. Modified Connecticut adjusted gross income. See instructions, Page 29.	51.								.00
52. Enter qualifying jurisdiction's name and two-letter code: See instructions, Page 29.	52.	<b>Column A</b>		<b>Column B</b>		<b>Column C</b>		<b>Column D</b>	
		Name	Code	Name	Code	Name	Code	Name	Code
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return. Complete <i>Schedule 2 Worksheet</i> , Page 29.	53.								.00
54. Divide Line 53 by Line 51. May not exceed 1.0000	54.								.00
55. Income tax liability. Subtract Line 11 from Line 6.	55.								.00
56. Multiply Line 54 by Line 55.	56.								.00
57. Income tax paid to a qualifying jurisdiction. See instructions, Page 30.	57.								.00
58. Enter the lesser of Line 56 or Line 57.	58.								.00
<b>59. Total credit: Add Line 58, all columns. Enter here and on Line 7.</b>									

Complete applicable schedules on Page 4 and send all four pages of the return to DRS.



**F. Bonus Points**

**1. Employee Working Environment Plan:**

Caring Nature is family owned and operated and will treat our staff like family; with care, respect and integrity, while holding them to the highest standards of conduct, professionalism, and patient care. We will focus on the following:

- **Safety.** A security system featuring 24-hour surveillance of all areas of and surrounding the dispensary facility, locking doors with access control and credential management, multiple duress, panic and holdup alarms. Our structurally sound building and double locking door entry will help ensure employee protection.
- **Healthy Environment:** The air-filtration system we install will create a clean air environment. We will organize regular OSHA consultation visits to ensure strict adherence and provide hazard recognition training.
- **Conduct.** Patient care and service will be a most important priority at Caring Nature. We will require our staff to provide friendly, courteous, professional service to our patients. Our Dispensary Manager will lead by example and convey his experience and expertise in this area onto our employees.
- **Wage Standards.** Caring Nature will start our technicians and employees at higher wages than traditional pharmacies in order to attract more qualified workers. We will pay bonuses based on merit, hard work, and patient satisfaction.
- **Benefits.** Funded by our Profit Sharing Plan, Caring Nature will add these

## Item F - Bonus Points - A - Employee Working Environment Plan

benefits to employee compensation:

- **Healthcare.** Caring Nature plans to help our employees obtain, and assist in payment for health insurance. We are working with Andy Sophroniou of Healthy Ct. who provides health insurance packages to small businesses.
- **Continuing Education.** We will pay for subscriptions to the Pharmacists' Letter and live CE events such as the annual Medical Marijuana Symposium so that our licensed pharmacists and technicians can complete their yearly continuing education requirements.
- **401(k), Health Spending Account (HSA), 529 plan.** Caring Nature will organize and contribute to these funds for our employees.

**F. Bonus Points**

**2. Compassionate Need Plan**

The "Caring Need Program", as it will be known, will consist of medicines reserved for donation to patients in the most need of assistance.

- Qualification for the program will be determined based on financial and medical needs. Patients who cannot afford treatment will be chosen to receive medicines at no cost or at a discounted cost. Patients with the most severe and debilitating medical conditions, such as advanced stage cancer, will be made priority. These factors will ascertain how much medicine these patients will receive and how often they can be obtained, and determined at the discretion of the Dispensary Manager.
- Ethan Ruby, Founder and CEO of Theraplant in nearby Watertown, has agreed to donate medicines to our Caring Need Program. These medicines will be stored separately in our safe and designated and labeled as "Compassionate Need", and donated to patients on behalf of Theraplant to patients who qualify for the program.
- Each year, a portion of moneys provided by our Profit Sharing Plan will be used to fund the Caring Need Program. Caring Nature will purchase medicines from the Producer Facilities in Connecticut, and designate them for donation at no cost to qualifying patients.
- The Caring Need Plan will commence immediately upon business opening, will be ongoing, and grow as our business grows. Should any persons or business entities wish to make monetary donations to Caring Nature, these moneys will directly fund the Caring Need Program.

**F. Bonus Points**

**3. Research Plan**

Caring Nature will facilitate research studies for the Canadian Consortium for the Investigation of Cannabinoids (CCIC), a nonprofit organization that researches the endocannabinoid system and the therapeutic application of cannabinoid agents.

- Caring Nature will provide our patients with information on how they can participate in CCIC research studies. These studies are conducted through online surveys and at clinical trials around the world, including Yale University in New Haven.
- Patients who participate in these surveys and trials will be awarded credits towards purchases of medicines and gift certificates to local businesses paid for by Caring Nature.
- Clinical trials conducted by CCIC are ongoing, and participation in these trials will be accessible on a consistent basis.

## Item F - Bonus Points - D - Community Benefits Plan and Substance Abuse Prevention Plan

### F. Bonus Points

#### 4. Community Benefits Plan

- Our family at Caring Nature wishes to give back to city we were born and raised in, and make our living in. Each year, moneys from our Profit Sharing Plan will be donated to our favorite charitable organizations in Waterbury, which are:
  - ★ St. Vincent DePaul Mission Homeless Shelter
  - ★ American Cancer Society Relay For Life of Waterbury
  - ★ Make A Home Foundation

#### 5. Substance Abuse Prevention Plan

- Funded by our Profit Sharing Plan, Caring Nature will make a donation each year to these substance abuse treatment centers in Waterbury:
  - ★ Connecticut Counseling Centers, Inc.
  - ★ Central Naugatuck Valley HELP Inc.
- Information on how to contact these facilities and the services they provide we be made available to our patients at our dispensary and on our website.