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Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For c	aler	ndar year 2008, or tax year beginning 1	ΙΑΥ	1, 2008		, and en	ding	APR 30, 2009	
<u>G</u> C	heck	all that apply: Initial return		Final return		Amended retur	n 🗆	Address change	Name change
Use	the	IRS Name of foundation						A Employer identification	number
	abel		E	COMMITTEE,	I	NC.			
Oth	erwi	se, C/O CRAIG LAPPEN					_	06-1051527	<u> </u>
ţ	rint	Number and street (or P O box number if mail is	not d	elivered to street address)			Room/suite	B Telephone number	
	type	1243 RWIN OIKEET				_		860-646-21	.00
See Instr		I I JIV OF IOWN STATE AND ZIP CODE						C If exemption application is p	
111511	ucti	MANCHESTER, CT 060	40					D 1 Foreign organizations	
H C	heck	type of organization: X Section 501(c)	3) ex	kempt private foundatio	n			Foreign organizations me check here and attach co	eeting the 85% test,
	٠.	ction 4947(a)(1) nonexempt charitable trust	_	Other taxable private for		ation			
I Fai	r ma	arket value of all assets at end of year J Acc	ounti	ng method: Ca	ısh	X Accru	al	E If private foundation sta under section 507(b)(1)	
		Part II, col. (c), line 16)	_	ther (specify)				F If the foundation is in a	•
Þ		99,468. (Part I,			ash i	basis)		under section 507(b)(1)	
Pa	rt l	Analysis of Revenue and Expenses		(a) Revenue and		(b) Net inv	estment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may inecessarily equal the amounts in column (a))	iot	expenses per book	(S	incon		income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received		101,90	5.				
	2	Check Inf the foundation is not required to attach Sch	В						
	3	Interest on savings and temporary cash investments		1,54	4.	1	L,544.	1,544.	STATEMENT 1
	4	Dividends and interest from securities							
İ	5a	Gross rents							
	b	Net rental income or (loss)				_			
	6a	Net gain or (loss) from sale of assets not on line 10							
22	b	Gross sales price for all assets on line 6a							
eve	7	Capital gain net income (from Part IV, line 2)					0.		
0 7 2010 Revenue	8	Net short-term capital gain						0.	
	9	Income modifications							
APR	10a	Gross sates less returns and allowances 83,64	3.						STATEMENT 2
	b	Less Cost of goods sold 80,46	3.						
SCANNED	C	Gross profit or (loss)		3,18				3,180.	
Z	11	Other income		277,57	6.		0.	277,576.	STATEMENT 3
3	12	Total. Add lines 1 through 11		384,20	5.	1	.,544.	282,300.	
3	13	Compensation of officers, directors, trustees, etc			0.		0.	0.	0.
ശ	14	Other employee salaries and wages			_				
,	15	Pension plans, employee benefits		<u> </u>		_			
Se		Legal fees				·			
<u>a</u>	b	Accounting fees							
ŭ	C	, .		6,50	0.		0.	6,500.	0.
Ĭ.	17	hterest							
tra	18	Taxes MAR 2 2 2010							
Ξį	19	Depteciation and deptetion (2)		·					
틍	20	UCCUBATICY							
٩	21	Travel, concered meetings							
	22	Printing and publications		23,70			0.	23,707.	0.
ing	23	Other expenses STMT 5		272,13	0.		0.	271,630.	0.
Operating	24	Total operating and administrative			_				
8		expenses Add lines 13 through 23		302,33			0.	301,837.	0.
-		Contributions, gifts, grants paid		81,91	9.				81,919.
- [26	Total expenses and disbursements						اِ ا	
\rightarrow		Add lines 24 and 25		384,25	6.		0.	301,837.	81,919.
- 1	27	Subtract line 26 from line 12:							
		Excess of revenue over expenses and disbursements		<5	1.				<u> </u>
		Net investment income (if negative, enter -0-)			\dashv	1	.,544.		
	C	Adjusted net income (if negative, enter -0-)						0.	<u> </u>

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

MANCHESTER ROAD RACE COMMITTEE, INC. Form 990-PF (2008) C/O CRAIG LAPPEN 06-1051527 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (c) Fair Market Value (b) Book Value 1 Cash - non-interest-bearing 86,509. 2 Savings and temporary cash investments 73,468. 73,468. 26,000. 3 Accounts receivable ► 4,010 26,000. Less; allowance for doubtful accounts 26,000. 4 Pledges receivable ► Less, allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 7,500. 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment: basis ▶_ Less accumulated depreciation STMT 6 ▶ 15 Other assets (describe ► 98,019 99,468 99.468 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 1,500. 23 Total liabilities (add lines 17 through 22) **▶** X Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Assets or Fund Balances 91,853. 24 Unrestricted 91,681 25 Temporarily restricted 6,166. 6,287 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds Net 98,019. 97,968 30 Total net assets or fund balances 98,019. 99,468 31 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 98,019. 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 3 97,968 4 Add lines 1, 2, and 3 4 Decreases not included in line 2 (itemize)

823511 01-02-09 97,968.

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and desc 2-story brick w	cribe the kind(s) of pi arehouse; or commo	roperty sold (e.g., ı	eal estate,	t income	(b)	How ac - Purci - Dona	quired nase ition	(c) Date (mo., c	acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a							_			
b NO	NE									
<u>C</u>										
_d										· <u> </u>
<u>e</u>					<u>. </u>					
(e) Gross sales price	(f) Depreciation (or allow			st or other basis expense of sale					iain or (loss) s (f) minus (
<u>a</u>		+								
<u>b</u>							_		<u> </u>	
d										
e							-	-		
Complete only for assets shown	ng gain in column (h) and owned by the	foundation	n on 12/31/69				(I) Gains (C	Col. (h) gain	minus
(ı) F.M.V. as of 12/31/69	(j) Adjuste as of 12/3	d basis 31/69		cess of col. (1)				il. (k), but	not less thar (from col. (f	ı -0-) or
a										
b				· ·						
<u> </u>										
<u>d</u>										
e						1				
2 Capital gain net income or (net ca	apıtal loss) {	f gain, also enter ir f (loss), enter -0- ii	i Part I, line i Part I, line	7 7	}	2				
3 Net short-term capital gain or (lost figain, also enter in Part I, line 8,	column (c).	tions 1222(5) and	(6):		}					
Part V Qualification U		4940(a) for E	Poducec	l Tay on Net	Inv	3 estm	ent In	como		
(For optional use by domestic private (For optional use by domestic private If section 4940(d)(2) applies, leave t	•	t to the section 49	40(a) tax or	n net investment in	come	9.)				N/A
Was the foundation liable for the sec If "Yes," the foundation does not qua 1 Enter the appropriate amount in	lify under section 49	40(e). Do not com	plete this pa	art.						Yes No
	each column for eac		HOHS DETOIL	making any entire						(d)
(a) Base period years Calendar year (or tax year beginni	ing in) Adjuste	(b) ed qualifying distrit	outions	Net value of no	(c) nchai	ritable-i	use assets	S	Distrib	ution ratio ded by col. (c))
2007										-
2006 2005										
2004										
2003			-							
				_			-			
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the the foundation has been in existe			line 2 by 5,	or by the number	of ye	ars		,		
	-							3		
4 Enter the net value of noncharitat	ole-use assets for 20	08 from Part X, lin	e 5					4		
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment incom	ne (1% of Part I, line	27b)						6		
7 Add lines 5 and 6								7		
8 Enter qualifying distributions from								8		
If line 8 is equal to or greater than See the Part VI instructions.	n line 7, check the bo	x in Part VI, line 11	o, and comp	olete that part usin	g a 1'	% tax ra	ate.			

MANCHESTER ROAD RACE COMMITTEE

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494				ns)
1a Exempt operating foundations described in section 4940(d)(2), check here X and enter "N/A" on line 1.				
Date of ruling letter: 02/02/82 (attach copy of ruling letter if necessary-see instructions)				
	1	N/	A	
of Part I, line 27b				
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)				
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			0.
3 Add lines 1 and 2	3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0.
6 Credits/Payments				
a 2008 estimated tax payments and 2007 overpayment credited to 2008 6a	ŀ			
b Exempt foreign organizations - tax withheld at source 6b				
c Tax paid with application for extension of time to file (Form 8868)				
d Backup withholding erroneously withheld 6d				
7 Total credits and payments. Add lines 6a through 6d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			0.
· · · · · · · · · · · · · · · · · · ·	0			
······································	1			
Part VII-A Statements Regarding Activities				
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	_
any political campaign?		1a		<u>X</u>
b Did it spend more than \$100 during the year (either directly) for political purposes (see instructions for definition)?		_1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	r			l
distributed by the foundation in connection with the activities				7.7
c Did the foundation file Form 1120-POL for this year?		1c_		<u> </u>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
(1) On the foundation \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ 0 .				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
If "Yes," attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		_X_
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X
If "Yes," attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
By language in the governing instrument, or				
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	,			
remain in the governing instrument?		_6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
If "Yes," complete Part II, col (c), and Part XV				
8a Enter the states to which the foundation reports or with which it is registered (see instructions)				
CT				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
of each state as required by General Instruction G? If "No," attach explanation		8b	_X_	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	r			
year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV		9	Х	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses STN		10	<u>X</u>	<u></u>
	For	m 990	-PF (2008)

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

MANCHESTER ROAD RACE COM	MITTEE, INC.				
orm 990-PF (2008) C/O CRAIG LAPPEN	4700 14 5		<u>06-10515</u>	27	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:				i	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	` ''		es X No		
(2) Influence the outcome of any specific public election (see section 4955); o	or to carry on, directly or indir		□	İ	
any voter registration drive?	•		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y(es X No	İ	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section	П.,	[V],,		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		es X No		
the prevention of cruelty to children or animals?	dar the avecations described		es LALINO		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify une section 53 4945 or in a current notice regarding disaster assistance (see instru	·	in Regulations	N/A	5b	
•	•			30	
Organizations relying on a current notice regarding disaster assistance check has been disastered or a significant to the control of the answer is "Yes" to question 5a(4), does the foundation claim exemption for the control of the		unad			
expenditure responsibility for the grant?		I/A 🔲 Ye	es 🗆 No		
If "Yes," attach the statement required by Regulations section 53 494		1/A	י או בי	'	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •				
a personal benefit contract?	pay promitants on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If you answered "Yes" to 6b, also file Form 8870	order borrow borrage		-	**	+
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Y ₆	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute				7b	
Dort VIII Information About Officers, Directors, Trust		nagers, Highly			
Faid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their	r · · · · · · · · · · · · · · · · · · ·	Ta-	L (D a		-
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred compensation	(e) E	xpense int, other
(a) raino ana address	to position	enter -0-)	compensation		wances
					_
SEE STATEMENT 8		0.	0.		0.
- <u></u>					
- 1					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(-) Name and address of each ample as a set to the CCO 000	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accou allov	nt, otner vances
NONE					
-					
		j l			

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NC		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,	nformation such as the , etc.	Expenses
1 ANNUAL THANKSGIVING DAY ROAD RACE - TO PROMOTE ENHANCE COMMUNITY SPIRIT. ON AVERAGE, 15-20 EX	XEMPT	
ORGANIZATIONS BENEFIT FROM THIS EVENT ANNUALLY	•	382,801.
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 <u>N/A</u>		
2		

All other program-related investments. See instructions.

Total. Add lines 1 through 3

F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	undations, see	instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	T	
а	Average monthly fair market value of securities	1a	28,390.
b	Average of monthly cash balances	1b	51,335.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	79,725.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	_ 0.
3	Subtract line 2 from line 1d	3	79,725
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,196.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	78,529.
6	Minimum investment return. Enter 5% of line 5	6	3,926.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here X and do not complete this part.)	and certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
<u>7_</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	81,919.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	04 04 0
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	81,919.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
_	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	81,919.
	Mate. The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation		

4940(e) reduction of tax in those years.

Part XIII · Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
Distributable amount for 2008 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for prior years:				
, ,		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003 119,700.				
b From 2004 109,971.				
c From 2005 92,100.				
d From 2006 91,250.				
e From 2007	İ			
f Total of lines 3a through e	413,021.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2007, but not more than line 2a	<u></u>		0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	413,021.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2007. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2009		_		0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_			
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003	440			
not applied on line 5 or line 7	119,700.			
9 Excess distributions carryover to 2009.	222 224			
Subtract lines 7 and 8 from line 6a	293,321.			
10 Analysis of line 9:				
a Excess from 2004 109,971.				
b Excess from 2005 92,100.				
c Excess from 2006 91,250.				
d Excess from 2007				
e Excess from 2008	<u></u>		<u> </u>	Form 990-PF (2008)

Part XIV Private Operating Fo	oundations (see ins	structions and Part VII	-A, question 9)		
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for	2008, enter the date of the	he ruling		02/82	
b Check box to indicate whether the foundate	ation is a private operatin	g foundation described i		4942(j)(3) or 494	12(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	-	Prior 3 years	Y	
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed	0.	7,221.	6,332.	7,662.	21,215
b 85% of line 2a	0.	<u>6,138.</u>	5,382.	6,513.	18,033
c Qualifying distributions from Part XII,					
line 4 for each year listed	81,919.	91,600.	91,250.	92,100.	356,869
d Amounts included in line 2c not					
used directly for active conduct of		_			_
exempt activities	0.	0.	0.	0.	0
e Qualifying distributions made directly				ŀ	
for active conduct of exempt activities.	01 010	01 600	04 050	00 100	256 262
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	81,919.	91,600.	91,250.	92,100.	356,869
alternative test relied upon:					
a "Assets" alternative test - enter:					0
(1) Value of all assets	· · · · · · · · · · · · · · · · · · ·	· - · · · · · · · · · · · · · · · · · ·			0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0_
b "Endowment" alternative test - enter				<u> </u>	<u> </u>
2/3 of minimum investment return				1	
shown in Part X, line 6 for each year listed	2,617.	4,814.	4,221.	5,108.	16,760
c "Support" alternative test - enter:	2,017.	4,014.	3,221.	3,100.	10,700
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public					
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from					
an exempt organization					0
(4) Gross investment income	-				0
Part XV Supplementary Infor	mation (Complet	te this part only	if the foundation	had \$5,000 or mo	
at any time during th	e year-see the i	nstructions.)			
1 Information Regarding Foundation	Managers:				
a List any managers of the foundation who			ibutions received by the	foundation before the close	e of any tax
year (but only if they have contributed mo	ore than \$5,000). (See se	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who			or an equally large portio	n of the ownership of a pa	rtnership or
other entity) of which the foundation has	a 10% or greater interes	τ.			
NONE					
2 Information Regarding Contribution					
Check here ► X if the foundation on					
the foundation makes gifts, grants, etc. (s				mpiete items 2a, b, c, and	<u>a.</u>
a The name, address, and telephone number		applications should be	addressed:		
CRAIG LAPPEN, 860-646		_			
	ER, CT 0604		·		
b The form in which applications should be	submitted and informati	ion and materials they sh	iould include:		
c Any submission deadlines;				······································	
d Any restrictions or limitations on awards,	such as by geographics	Lareas charitable fields	kinds of institutions or o	ther factors:	
2 7 mg 100m of miniations on awards,	ocon as by geograpilled	i ai cas, cilai navie nelus,	minos or montunons, or o	and lautors.	
		· · · · · · · · · · · · · · · · · · ·			

C/O CRAIG LAPPEN

06-1051527 Page 11

Grants and Contributions Paid During the	If recipient in an individual T	dynicit	 	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
r ara dannig trio your				
			+	
SEE STATEMENT 9				
Total			▶ 3a	81,9
Approved for future payment				
NONE				
		_		
			► 3b	rm 990-PF (

Analysis of	Income-Produc	ina Activities

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		y section 512, 513, or 514	(e)
ů	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code		
a REGISTRATION FEES	-				<u>252,732.</u>
b PROGRAM ADVERTISEMENTS	-			-	16,350.
c					
d			- 		
e					
g Fees and contracts from government agencies					
			 		
2 Membership dues and assessments 3 Interest on savings and temporary cash					
investments			14	1,544.	
4 Dividends and interest from securities				1,344.	·
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			+ +		
6 Net rental income or (loss) from personal		· · · · · · · · · · · · · · · · · · ·			·
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					3,180.
11 Other revenue:					
a MISCELLANEOUS REVENUE					8,494.
b					<u> </u>
c		 			·
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>).	1,544.	280,756.
13 Total Add line 12, columns (b), (d), and (e)				13	282,300.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Accom	plishment of	Exempt Pu	ırposes	
Line No Explain below how each activity for which inco	me is reported in c	olumn (e) of Part XV	I-A contributed	importantly to the accomp	lishment of

Line No ▼							umn (e) of Part X or such purposes		ributed imp	portantly to the	accomplish	ment of	
1	THE	PROMOT	ION AI	ND PA	RTICIPA	TION	FOR THE	DEV	ELOPM	ENT ANI	ENCH	IANCEMEN	T
	OF (COMMUNI	TY SP	IRIT	THROUGH	THE	ACTIVIT	Y OF	THE	ANNUAL	THANK	SGIVING	3
	DAY	MANACH	<u>ESTER</u>	ROAD	RACE.								
	-												
	 												
	 	-											
	 	_										<u> </u>	
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		-	_				-						
	 												
	 												
823621 01-02-09	1											orm 990-PF	(2008)

_	m 990- art X	PF (2008) C/O C	HESTER ROAD RACE CRAIG LAPPEN egarding Transfers To				ships V		-1051527 oncharitabl		age 13
_	-	Exempt Organ								15.0	T
1			rectly engage in any of the follow				ction 501(c) of	<u> </u>	Yes	No
			c)(3) organizations) or in section t		anizations?	•					
а	Trans	fers from the reporting found	lation to a noncharitable exempt o	organization of:							
	(1) (Cash							1a(1)		X
	(2)	Other assets							1a(2)		X
b	Other	transactions:									
	(1) 5	Sales of assets to a noncharita	able exempt organization						1b(1)		Х
	(2) F	Purchases of assets from a no	encharitable exempt organization						1b(2)		Х
	(3) F	Rental of facilities, equipment,	or other assets						1b(3)	1	X
		Reimbursement arrangements							1b(4)	1	Х
		oans or loan guarantees							1b(5)	1	X
			embership or fundraising solicitat	ions					1b(6)		X
c			ailing lists, other assets, or paid ei						10	1	X
4		*	"Yes," complete the following sch	· ·	always show	w the fair	market va	lue of the		cete	
·			oundation. If the foundation recei							3013,	
			other assets, or services received		a.ao a		,,, or ona,,	ng amang	omont, onow m		
(a)	Line no	(b) Amount involved	(c) Name of noncharitab		(d)	Description	on of transfe	rs transact	ions, and sharing a	rrangem	ents
(-)		(-)	N/A	site in gameaton	\ \-'\	, 5000	J. D a	. 0,	.0175, 4.14 5.14.119 4	, angen	
_			N/A	-							
											
_											
								 -			
											
			<u> </u>								
2a	Is the	foundation directly or indirec	tly affiliated with, or related to, on	ie or more tax-exempt orga	ınızatıons de	escribed					
	ın sed	ction 501(c) of the Code (other	r than section 501(c)(3)) or in sec	ction 527?					Yes	2	No 🔼
<u>_b</u>	If "Ye	s," complete the following sch	edule.								
		(a) Name of org	ganization	(b) Type of organization	ı		(c) Descr	ription of r	elationship		
		N/A									
											-
_											
			nave examined this return, including acc				of my knowl	ledge and b	elief, it is true, corre	ect,	
ł	and con	nplete Declaration of preparer (other	er than taxpayer or fiduciary) is based o		-	nowledge					
	L	allennupen	•	3/15/201	0 ⊾ س	REAS	URER				
are	▼ Si	gnature of officer or trustee		Date	Tit		<u></u>				
Ĭ		Preparer's			Date	To	heck if		Preparer's identif	fying nu	mber
Sign Here	- ' ' 'ج	signature			3-10-1	/o s	elf- mployed _	▶ □			
67	マピス		—— <i>——————</i> ————————————————————————————				p		-l		

617-482-0272

Firm's name (or yours

ıf self-employed), address, and ZIP code JAMES A. GEORGE, P.C.

MA

BOSTON,

20 PARK PLAZA, STE 833

02116

EIN ▶

Phone no.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number

	MANCHESTER ROAD RACE COMMITTEE, INC. C/O CRAIG LAPPEN	06-1051527
Organization type (cl		00_1031327
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ation is covered by the General Rule or a Special Rule . (Note . Only a section 501(c)(7), (8), c	or (10) organization can check boxes
General Rule		
•	tions filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo Complete Parts I and II	ney or property) from any one
Special Rules		
509(a)(1)/170	n 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of D(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greatorm 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and	ater of (1) \$5,000 or (2) 2% of the
	n 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any on ontributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scie	, , ,

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

religious, charitable, etc., contributions of \$5,000 or more during the year.)

purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

	ESTER ROAD RACE COMMITTEE, INC. RAIG LAPPEN		06-1051527
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) ns Type of contribution
1	ECHN 71 HAYNES STREET MANCHESTER, CT 06040	\$25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
2	PRATT & WHITNEY 400 MAIN STREET EAST HARTFORD, CT 06108	s20,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
3	NEW ALLIANCE FOUNDATION 195 CHURCH STREET NEW HAVEN, CT 06510	- - \$7,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d)
4	HIGHLAND PARK 317 HIGHLAND STREET MANCHESTER, CT 06040	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	(d) Type of contribution
5	CLARKE, IRVIN AND GENOVESI 301 EAST CENTER STREET MANCHESTER, CT 06040	\$5,000 	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contribution	Person Payroll
		_ \$	Noncash

823452 12-18-08

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

is a noncash contribution)

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

Asset No

990-PF

Current Year Deduction	0.						
Current Sec 179	0						
Accumulated Depreciation	22,412.						
Basis For Depreciation	22,412.						
Reduction In Basis	o						
Bus % Excl							
Unadjusted Cost Or Basis	22,412.						
No	16					 	
Life	5.00		 				
Method	SL		 	·	_	 	
Date Acquired		 					
Description	COMPUTERS AND EQUIPMENT * TOTAL 990-PF PG 1 DEPR						

16 (D) - Asset disposed

828102 04-25-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990-PF	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE								AMOUNT	
NEW ALLIANCE	BANK							1,5	44.
TOTAL TO FOR	M 990-PF,	PAR	TI, LI	NE 3,	COLUMN A			1,5	44.

	ND COST OF GOODS SOLD O ON PART I, LINE 10	STATEMENT 2
INCOME		
1. GROSS RECEIPTS	83,	643 83,643
4. COST OF GOODS SOLD (LINE 15) 5. GROSS PROFIT (LINE 3 LESS LIN		3,180
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND COST OF GOODS SOLD	0 6)	3,180
8. INVENTORY AT BEGINNING OF YEAR 9. MERCHANDISE PURCHASED		463
13. ADD LINES 8 THROUGH 12		80,463
14. INVENTORY AT END OF YEAR 15. COST OF GOODS SOLD (LINE 13 I	LESS LINE 14)	80,463

FORM 9.90-PF	OTHER I	NCOME	S	TATEMENT 3
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REGISTRATION FEES		252,732.	0.	252,732.
PROGRAM ADVERTISEMENTS MISCELLANEOUS REVENUE		16,350. 8,494.	0. 0.	16,350. 8,494.
TOTAL TO FORM 990-PF, PART I,	LINE 11	277,576.	0.	277,576.
FORM 990-PF (THER PROFES	SIONAL FEES	S	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	6,500.	0	6,500.	0.
TO FORM 990-PF, PG 1, LN 16C	6,500.	0.	6,500.	0.
FORM 990-PF	OTHER E	XPENSES	S	TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
DATA PROCESSING	6,793.	0.		0.
TROPHIES APPEARANCE COSTS	37,698. 30,161.	0.		0.
PROGRAM EXPENSES	48,478.	0.		0.
ADVERTISING	35,000.	0.		0.
CROWD CONTROL	24,521.	0.		0.
RACE EQUIPMENT SECRETARIAL SERVICES	10,375.	0.	•	0.
HATS AND JACKETS	9,072. 4,313.	0.	-	0.
FOOD	7,160.	0.		ŏ.
MUSIC	6,600.	0.	6,600.	0.
RACE DIRECTOR'S FEE	10,000.	0.	•	0.
NUMBER PRINTING SANITATION	1,989. 6,477.	0.	•	0.
INSURANCE	5,100.	0.	_	0.
MEDICAL CARE	9,480.	0.	9,480.	0.
PHOTOGRAPHER	2,350.	0.		0.
PUBLICITY	6,156.	0.	5,656.	0 .

MANCHESTER ROAD RACE COMMITTEE,	INC. C	/0			06-1051	.527
SUPPLIES MISCELLANEOUS	815. 9,592.		0. 0.	81 9,59		0 .
TO FORM 990-PF, PG 1, LN 23	72,130.		0.	271,63	30.	0.
FORM 990-PF DEPRECIATION OF ASS	ETS NOT	HELD FOR	INVES	TMENT	STATEMENT	•
DESCRIPTION		T OR BASIS		ULATED CIATION	BOOK VALU	ſΈ
COMPUTERS AND EQUIPMENT		22,412.		22,412.		0.
TOTAL TO FM 990-PF, PART II, LN 1	4	22,412.		22,412.		0 .
FORM 990-PF LIST OF SUB	STANTIA VII-A,		UTORS		STATEMENT	
NAME OF CONTRIBUTOR	ADDR	ESS				
ECHN	71 H	AYNES STR	EET	, MANCHES	STER, CT 060	40
PRATT & WHITNEY	400 1	MAIN STRE	ET, EA	ST HARTFO	ORD, CT 0610	8
NEW ALLIANCE FOUNDATION	195 (CHURCH ST	REET, 1	NEW HAVEN	N, CT 06510	
HIGHLAND PARK	317 1	HIGHLAND :	STREET	, MANCHES	STER, CT 060	40
CLARKE, IRVIN & GENOVESI	301	EAST CENT	ER STR	EET, MANC	CHESTER, CT	

06040

	LIST OF OFFICERS, I		STATEMENT 8		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
CRAIG LAPPEN PO BOX 211 MANCHESTER, CT 06045	TREASURER 1.00	0.	0.	0.	
DAVE SMITH PO BOX 211 MANCHESTER, CT 06045	DIRECTOR 1.00	0.	0.	0.	
TRIS CARTA PO BOX 211 MANCHESTER, CT 06045	PRESIDENT 1.00	0.	0.	0.	
KEN LARSON PO BOX 211 MANCHESTER, CT 06045	DIRECTOR 1.00	0.	0.	0.	
DAVE PRINDIVILLE PO BOX 211 MANCHESTER, CT 06045	DIRECTOR 1.00	0.	0.	0.	
LEO DIANA PO BOX 211 MANCHESTER, CT 06045	DIRECTOR 1.00	0.	0.	0.	
IRENE SMITH PO BOX 211 MANCHESTER, CT 06045	DIRECTOR 1.00	0.	0.	0.	
GREG BEST PO BOX 211 MANCHESTER, CT 06045	DIRECTOR 1.00	0.	0.	0.	
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.	

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ST JAMES CHURCH 896 MAIN STREET, MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION UNRESTRICTED		1,000.
TOWN OF BOLTON FIRE DEPARTMENT 168 BOLTON CENTER ROAD, BOLTON, CT 06043			200.
SUFFIELD VALLEY AMBULANCE	TAX EXEMPT ORGANIZATION		
ASSOCIATION 205 BRIDGE STREET, SUFFIELD, CT 06078	UNRESTRICTED		200.
TOWN OF COLCHESTER FIRE 127 NORWICH AVENUE, COLCHESTER, CT 06415	TAX EXEMPT ORGANIZATION UNRESTRICTED		200.
MUSCULAR DYSTROPHY 148 EASTERN BLVD, GLASTONBURY, CT 06033			20,000.
MANCHESTER AREA CONFERENCE OF	PUBLIC CHARITY		
CHURCHES PO BOX 3804, MANCHESTER, CT 06045	UNRESTRICTED		15,000.
MANCHESTER POLICE ATHLETIC LEAGUE 239 E MIDDLE TURNPIKE, MANCHESTER, CT 06040			10,000.
CHRISTMAS IN APRIL 41 CENTER STREET, MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION UNRESTRICTED		4,000.
COMMUNITY CHILD GUIDANCE CLINIC 317 NORTH MAIN STREET, MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION UNRESTRICTED		1,000.

MANCHESTER	ROAD	RACE	COMMITTEE,	INC.	C/0	

MANCHESTER ROAD RACE COMMITTEE,	INC. C/O	06-1051527
ODYSSEY COMMUNITY SCHOOL 579 WEST MIDDLE TURNPIKE, MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION UNRESTRICTED	2,000.
ECHN COMMUNITY HEALTHCARE 71 HAYNES STREET, MANCHESTER, CT 06040		3,000.
GREATER HARTFORD LEGAL AID 999 ASYLUM AVENUE, HARTFORD, CT 06105	TAX EXEMPT ORGANIZATION UNRESTRICTED	1,000.
	TAX EXEMPT ORGANIZATION UNRESTRICTED	2,000.
BLUE ANGELS FOUNDATION 239 EAST MIDDLE TURNPIKE, MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION UNRESTRICTED	2,000.
MANCHESTER SCHOLARSHIP FOUNDATION 20 HARTFORD ROAD, MANCHESTER, CT 06040		5,000.
VISITING NURSES AND HEALTH SERVICES OF CT 8 KEYNOTE DRIVE, VERNON, CT 06066		3,000.
FOUNDATION FOR MANCHESTER PUBLIC SCHOOLS 48 BOBBY LANE, MANCHESTER, CT 06040		1,000.
CASE MOUNTAIN BIKE PATROL 3404 FORBES STREET, EAST HARTFORD, CT 06118	TAX EXEMPT ORGANIZATION UNRESTRICTED	600.
MANCHESTER TRANSITION CENTER 134 EAST MIDDLE TURNPIKE, MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION UNRESTRICTED	2,000.

23

MANCHESTER ROAD RACE COMMITTEE,	INC. C/O	06-1051527
MANCHESTER EMERGENCY MANAGEMENT 75 CENTER STREET, MANCHESTER, CT 06040		600.
MANCHESTER ELKS LODGE 30 BISSELL STREET, MANCHESTER, CT 06040		619.
HARTFORD RIVERFRONT CROSS COUNTRY 950 MAIN STREET, HARTFORD, CT 06103		1,500.
MHS CROSS COUNTRY ALUMNI 51 WILLOW DRIVE, HEBRON, CT 06248		1,000.
TOWN OF MANCHESTER PO BOX 191, MANCHESTER, CT 06045		5,000.
TOTAL TO FORM 990-PF, PART XV, LIN	NE 3A	81,919.

Form 88	868 (Rev. 4-2009)			Page 2	
• If yo	ս are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ЭX		▶ X	
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868		
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)				
Part	II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no c	opies i	needed)		
Туре о	Name of Exempt Organization	Emp	loyer identi	fication number	
print	MANCHESTER ROAD RACE COMMITTEE, INC.				
File by th	C/O CRAIG LAPPEN	0	<u>6-1051</u>	527	
extended	Number, street, and room or suite no. If a PO box, see instructions	For II	RS use only		
due date filing the	J45 MAIN SIREEI	l			
return Se					
Check	type of return to be filed (File a separate application for each return)				
□ F	orm 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A	Fo	orm 5227	Form 8870	
F	orm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	orm 6069		
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	slv file	d Form 886		
	CRAIG LAPPEN				
• The	books are in the care of > 945 MAIN STREET - MANCHESTER, CT 06040				
	phone No ► 860-646-2100 FAX No ►		<u> </u>		
	e organization does not have an office or place of business in the United States, check this box			.	
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	.a .a fa	r tha whala i	roup shock this	
box ►					
	request an additional 3-month extension of time until MARCH 15, 2010	IIICIIID	CIS THE EXTE	113101113 101	
	or calendar year, or other tax year beginning MAY 1, 2008, and ending _	APR	30. 2	009	
	this tax year is for less than 12 months, check reason Initial return Final return			ccounting period	
	State in detail why you need the extension				
	ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCUR	ATE	RETUR	N.	
				,,,,,	
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
<u>n</u>	onrefundable credits. See instructions	8a	\$	<u> </u>	
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				
ta	ax payments made Include any prior year overpayment allowed as a credit and any amount paid				
L	previously with Form 8868	8b	\$	0.	
c E	alance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			_	
W	nth FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.	
	Signature and Verification				
Under p	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the , correct, and complete, and that I am authorized to prepare this form.	e best o	f my knowled	ge and belief,	
Signatui	e ► Title ► TREASURER	Date	•		

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