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## Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

2015

Open to Public Inspection

For calendar year 2015 or tax year beginning MAY 1, 2015, and ending APR 30, 2016

Name of foundation  
**MANCHESTER ROAD RACE COMMITTEE, INC.  
C/O TRIS CARTA**

Number and street (or P O box number if mail is not delivered to street address) Room/suite  
**192 EAST CENTER STREET**

City or town, state or province, country, and ZIP or foreign postal code  
**MANCHESTER, CT 06040**

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity  
☐ Final return ☐ Amended return  
☒ Address change ☐ Name change

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation  
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) **\$ 308,801.** (Part I, column (d) must be on cash basis)

J Accounting method: ☐ Cash ☒ Accrual  
☐ Other (specify) \_\_\_\_\_

A Employer identification number  
**06-1051527**

B Telephone number  
**860-646-2251**

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐  
2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☒

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	147,382.			
2	Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	399.	399.	399.	STATEMENT 1
4	Dividends and interest from securities				
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0.		
8	Net short-term capital gain			0.	
9	Income modifications				
10a	Gross sales less returns and allowances	108,867.			STATEMENT 2
b	Less: Cost of goods sold	73,819.			
c	Gross profit or (loss)	35,048.		35,048.	
11	Other income	403,625.	0.	403,625.	STATEMENT 3
12	Total. Add lines 1 through 11	586,454.	399.	439,072.	
13	Compensation of officers, directors, trustees, etc	0.	0.	0.	0.
14	Other employee salaries and wages				
15	Pension plans, employee benefits				
16a	Legal fees				
b	Accounting fees STMT 4	10,129.	0.	10,129.	0.
c	Other professional fees STMT 5	6,000.	0.	6,000.	0.
17	Interest				
18	Taxes				
19	Depreciation and depletion				
20	Occupancy	2,341.	0.	2,341.	0.
21	Travel, conferences, and meetings	41,891.	0.	41,891.	0.
22	Printing and publications	25,017.	0.	25,017.	0.
23	Other expenses STMT 6	361,982.	0.	361,982.	0.
24	Total operating and administrative expenses Add lines 13 through 23	447,360.	0.	447,360.	0.
25	Contributions, gifts, grants paid	99,660.			99,660.
26	Total expenses and disbursements. Add lines 24 and 25	547,020.	0.	447,360.	99,660.
27	Subtract line 26 from line 12:				
a	Excess of revenue over expenses and disbursements	39,434.			
b	Net investment income (if negative, enter -0-)		399.		
c	Adjusted net income (if negative, enter -0-)			0.	

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**MANCHESTER ROAD RACE COMMITTEE, INC.**

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<b>Part II Balance Sheets</b>		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	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b>	Cash - non-interest-bearing		71,325.	58,921.	58,921.
	<b>2</b>	Savings and temporary cash investments		210,797.	248,880.	248,880.
	<b>3</b>	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶		440.		
	<b>4</b>	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	<b>5</b>	Grants receivable				
	<b>6</b>	Receivables due from officers, directors, trustees, and other disqualified persons				
	<b>7</b>	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	<b>8</b>	Inventories for sale or use				
	<b>9</b>	Prepaid expenses and deferred charges			1,000.	1,000.
	<b>10a</b>	Investments - U.S. and state government obligations				
	<b>b</b>	Investments - corporate stock				
	<b>c</b>	Investments - corporate bonds				
	<b>11</b>	Investments - land, buildings, and equipment basis ▶				
	Less: accumulated depreciation ▶					
<b>12</b>	Investments - mortgage loans					
<b>13</b>	Investments - other					
<b>14</b>	Land, buildings, and equipment: basis ▶	22,412.				
	Less: accumulated depreciation <b>STMT 7</b> ▶	22,412.				
<b>15</b>	Other assets (describe ▶)					
<b>16</b>	<b>Total assets</b> (to be completed by all filers - see the instructions. Also, see page 1, item I)			282,562.	308,801.	308,801.
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses		13,195.		
	<b>18</b>	Grants payable				
	<b>19</b>	Deferred revenue				
	<b>20</b>	Loans from officers, directors, trustees, and other disqualified persons				
	<b>21</b>	Mortgages and other notes payable				
	<b>22</b>	Other liabilities (describe ▶)				
<b>23</b>	<b>Total liabilities</b> (add lines 17 through 22)			13,195.	0.	
<b>Net Assets or Fund Balances</b>		<b>Foundations that follow SFAS 117, check here</b> ▶ <input checked="" type="checkbox"/>				
		<b>and complete lines 24 through 26 and lines 30 and 31.</b>				
	<b>24</b>	Unrestricted		263,080.	302,514.	
	<b>25</b>	Temporarily restricted				
	<b>26</b>	Permanently restricted		6,287.	6,287.	
		<b>Foundations that do not follow SFAS 117, check here</b> ▶ <input type="checkbox"/>				
		<b>and complete lines 27 through 31</b>				
	<b>27</b>	Capital stock, trust principal, or current funds				
	<b>28</b>	Paid-in or capital surplus, or land, bldg., and equipment fund				
	<b>29</b>	Retained earnings, accumulated income, endowment, or other funds				
<b>30</b>	<b>Total net assets or fund balances</b>			269,367.	308,801.	
<b>31</b>	<b>Total liabilities and net assets/fund balances</b>			282,562.	308,801.	

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b>	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)	<b>1</b>	269,367.
<b>2</b>	Enter amount from Part I, line 27a	<b>2</b>	39,434.
<b>3</b>	Other increases not included in line 2 (itemize) ▶	<b>3</b>	0.
<b>4</b>	Add lines 1, 2, and 3	<b>4</b>	308,801.
<b>5</b>	Decreases not included in line 2 (itemize) ▶	<b>5</b>	0.
<b>6</b>	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	<b>6</b>	308,801.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b</b> <b>NONE</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2</b> Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

N/A

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☐ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014			
2013			
2012			
2011			
2010			

<b>2</b> Total of line 1, column (d)	<b>2</b>	
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	
<b>4</b> Enter the net value of noncharitable-use assets for 2015 from Part X, line 5	<b>4</b>	
<b>5</b> Multiply line 4 by line 3	<b>5</b>	
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	
<b>7</b> Add lines 5 and 6	<b>7</b>	
<b>8</b> Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.	<b>8</b>	

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**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input checked="" type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <u>02/02/82</u> (attach copy of letter if necessary-see instructions)	1	N/A
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% 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	
3	Add lines 1 and 2	3	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	0.
6	Credits/Payments:		
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	
b	Exempt foreign organizations - tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	0.
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be: <b>Credited to 2016 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ <u>0.</u> (2) On foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ <u>0.</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> <u>CT</u>		
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	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 calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	X	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	X	

N/A

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**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>WWW.MANCHESTERROADRACE.COM/</u>	X	
14 The books are in care of ► <u>CYNTHIA MERRILL, MERRILL &amp; BROUSSEA</u> Telephone no. ► <u>860-646-4950</u> Located at ► <u>193 EAST CENTER STREET, MANCHESTER, CT</u> ZIP+4 ► <u>06040</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year		
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? If "Yes," list the years ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)	N/A	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.)	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2015?		X

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**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions)

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d)

**6a** Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

If "Yes" to 6b, file Form 8870

X

**7a** At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 9		0.	0.	0.

**2** Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

0

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**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(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

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 ANNUAL THANKSGIVING DAY ROAD RACE - TO PROMOTE, DEVELOP AND ENHANCE COMMUNITY SPIRIT. ON AVERAGE, 15-20 EXEMPT ORGANIZATIONS BENEFIT FROM THIS EVENT ANNUALLY.	431,231.
2	
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 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

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**Part X****Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	
<b>a</b>	Average monthly fair market value of securities	<b>1a</b> 0.
<b>b</b>	Average of monthly cash balances	<b>1b</b> 160,817.
<b>c</b>	Fair market value of all other assets	<b>1c</b>
<b>d</b>	Total (add lines 1a, b, and c)	<b>1d</b> 160,817.
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b> 0.
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b> 0.
<b>3</b>	Subtract line 2 from line 1d	<b>3</b> 160,817.
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	<b>4</b> 2,412.
<b>5</b>	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b> 158,405.
<b>6</b>	Minimum investment return. Enter 5% of line 5	<b>6</b> 7,920.

**Part XI****Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

<b>1</b>	Minimum investment return from Part X, line 6	<b>1</b>
<b>2a</b>	Tax on investment income for 2015 from Part VI, line 5	
<b>2b</b>	Income tax for 2015. (This does not include the tax from Part VI.)	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>
<b>5</b>	Add lines 3 and 4	<b>5</b>
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>
<b>7</b>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	<b>7</b>

**Part XII****Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	
<b>a</b>	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	<b>1a</b> 99,660.
<b>b</b>	Program-related investments - total from Part IX-B	<b>1b</b> 0.
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:	
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>
<b>4</b>	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b> 99,660.
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	<b>5</b> 0.
<b>6</b>	Adjusted qualifying distributions. Subtract line 5 from line 4	<b>6</b> 99,660.

**Note** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2015)

**Part XIII Undistributed Income** (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
<b>1</b> Distributable amount for 2015 from Part XI, line 7				
<b>2</b> Undistributed income, if any, as of the end of 2015				
<b>a</b> Enter amount for 2014 only				
<b>b</b> Total for prior years:				
<b>3</b> Excess distributions carryover, if any, to 2015:				
<b>a</b> From 2010				
<b>b</b> From 2011				
<b>c</b> From 2012				
<b>d</b> From 2013				
<b>e</b> From 2014				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2015 from Part XII, line 4: ► \$				
<b>a</b> Applied to 2014, but not more than line 2a				
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)				
<b>d</b> Applied to 2015 distributable amount				
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions				
<b>e</b> Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.				
<b>f</b> Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)				
<b>8</b> Excess distributions carryover from 2010 not applied on line 5 or line 7				
<b>9</b> Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2011				
<b>b</b> Excess from 2012				
<b>c</b> Excess from 2013				
<b>d</b> Excess from 2014				
<b>e</b> Excess from 2015				

**MANCHESTER ROAD RACE COMMITTEE, INC.**

Form 990-PF (2015)

**C/O TRIS CARTA**

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**Part XIV Private Operating Foundations** (see instructions 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 2015, enter the date of the ruling ▶ **02/02/82**

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year (a) 2015	(b) 2014	Prior 3 years (c) 2013	(d) 2012	(e) Total
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0.	0.	0.	3,259.	3,259.
<b>b</b> 85% of line 2a	0.	0.	0.	2,770.	2,770.
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed	99,660.	106,405.	129,939.	125,100.	461,104.
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities	99,660.	106,405.	129,939.	125,100.	461,104.
<b>3</b> Subtract line 2d from line 2c					
Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					0.
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	5,280.	5,711.	0.	2,173.	13,164.
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
<b>(3)</b> Largest amount of support from an exempt organization					0.
<b>(4)</b> Gross investment income					0.

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

**NONE**

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

**NONE**

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**MANCHESTER ROAD RACE COMMITTEE, INC.**

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**C/O TRIS CARTA**

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**Part XV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	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
Name and address (home or business)				
<b>a Paid during the year</b>				
INTERNATIONAL MYELOMA FOUNDATION 12650 RIVERSIDE DRIVE, SUITE 206 NORTH HOLLYWOOD, CA 91607	TAX EXEMPT ORGANIZATION		UNRESTRICTED	250.
ARMY & NAVY CLUB 26 LITCHFIELD ST. MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	10,000.
BOLTON SUMMER XC SERIES 818 BOLTON RD. VERNON, CT 06066	TAX EXEMPT ORGANIZATION		UNRESTRICTED	400.
BLUE ANGELS FOUNDATION 239 EAST MIDDLE TURNPIKE MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	300.
MANCHESTER ELKS LODGE #1893 30 BISSELL STREET MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	984.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>99,660.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>



## Form 990-PF (2015)

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**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="font-size: 1.2em; margin: 0;"><i>T. Kauten, President MARC</i></p> <p style="margin: 0;">Signature of officer or trustee</p> </div> <div style="width: 15%; text-align: center;"> <p style="font-size: 1.2em; margin: 0;">9/14/16</p> <p style="margin: 0;">Date</p> </div> <div style="width: 35%;"> <p style="font-size: 1.2em; margin: 0;"><i>President</i></p> <p style="margin: 0;">Title</p> </div> </div>						
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <i>James A. George, CPA, CVA, JD</i>		Preparer's signature 		Date <i>9/13/16</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P00659906</i>
	Firm's name ▶ <b>JAMES A. GEORGE, P.C.</b>					Firm's EIN ▶ <b>20-3968236</b>	
Firm's address ▶ <b>401 EDGEWATER PLACE SUITE 190 WAKEFIELD, MA 01880</b>						Phone no. <b>781-245-8200</b>	

Form **990-PF** (2015)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

Name of the organization

**MANCHESTER ROAD RACE COMMITTEE, INC.  
C/O TRIS CARTA**

Employer identification number

**06-1051527**

Organization type (check one)

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)**

Name of organization  
**MANCHESTER ROAD RACE COMMITTEE, INC.**  
**C/O TRIS CARTA**

Employer identification number  
**06-1051527**

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<u>ECHN</u> <u>71 HAYNES STREET</u> <u>MANCHESTER, CT 06040</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>2</u>	<u>STOP &amp; SHOP</u> <u>PO BOX 7200</u> <u>CARLISLE, PA 17013</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>3</u>	<u>PRATT &amp; WHITNEY</u> <u>400 MAIN ST.</u> <u>EAST HARTFORD, CT 06108</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>4</u>	<u>FOX 61</u> <u>285 BROAD STREET</u> <u>HARTFORD, CT 06115</u>	\$ <u>12,788.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>5</u>	<u>CIGNA</u> <u>900 COTTAGE GROVE RD.</u> <u>HARTFORD, CT 06152</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
<u>6</u>	<u>HENKEL CORPORATION</u> <u>ONE HENKEL WAY</u> <u>ROCKY HILL, CT 06067</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)



## Name of organization

MANCHESTER ROAD RACE COMMITTEE, INC.  
C/O TRIS CARTA

## Employer identification number

06-1051527

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HIGHLAND PARK MARKET 317 HIGHLAND ST. MANCHESTER, CT 06040	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
8	FIRST NIAGRA BANK 195 CHRUCH STREET NEW HAVEN, CT 06510	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
9	ALL AMERICAN WASTE 15 MULLEN RD. ENFIELD, CT 06082	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
10	USA HUALING AND RECYCLING 15 MULLEN RD. ENFIELD, CT 06082	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
11	INTEGRATED REHABILITATION SERVICES 435 HARTFORD TURNPIKE VERNON, CT 06066	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
12	SPORTS MEDICINE & ORTHOPEDIC SURGERY 360 TOLLAND TNPk, SUITE 3C MANCHESTER, CT 06042	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

## Name of organization

MANCHESTER ROAD RACE COMMITTEE, INC.  
C/O TRIS CARTA

## Employer identification number

06-1051527

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MICHAEL CALLAHAN 15 HALLVIEW DRIVE SIMSBURY, CT 06070	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization

**MANCHESTER ROAD RACE COMMITTEE, INC.**  
**C/O TRIS CARTA**

Employer identification number

**06-1051527****Part II Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**MANCHESTER ROAD RACE COMMITTEE, INC.****C/O TRIS CARTA****06-1051527****Part III**

*Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**MANCHESTER ROAD RACE COMMITTEE, INC.  
C/O TRIS CARTA**

06-1051527

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
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
FOODSHARE 450 WOODLAND AVE. BLOOMFIELD, CT 06002	TAX EXEMPT ORGANIZATION		UNRESTRICTED	5,000.
CHARCOT MARIE TOOTH ASSOCIATION 44 NINAS WAY MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	500.
GIRLS ON THE RUN PO BOX 358 NORTH STONINGTON, CT 06359	TAX EXEMPT ORGANIZATION		UNRESTRICTED	2,500.
HARRY GERAGHTY XC MEET 2 QUAIL CROSSING VERNON, CT 06066	TAX EXEMPT ORGANIZATION		UNRESTRICTED	2,500.
WOUNDED WARRIORS PROJECT PO BOX 758517 TOPEKA, KS 66675	TAX EXEMPT ORGANIZATION		UNRESTRICTED	500.
MHS BOYS & GIRLS TRACK 134 EAST MIDDLE TNPk MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	500.
MACC CHARITIES 466 MAIN ST. MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	10,000.
MHS BROADCAST JOURNALISM PROGRAM 134 EAST MIDDLE TNPk MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	1,000.
MANCHESTER PIPE BAND 2 FAITH CIRCLE MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	5,676.
MHS BOYS & GIRLS TRACK 134 EAST MIDDLE TNPk MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	6,000.
<b>Total from continuation sheets</b>				<b>87,726.</b>

**MANCHESTER ROAD RACE COMMITTEE, INC.  
C/O TRIS CARTA**

06-1051527

**Part XV Supplementary Information**

<b>3 Grants and Contributions Paid During the Year (Continuation)</b>				
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
MANCHESTER SCHOLARSHIP FOUNDATION, INC. 126-C HIGHLAND ST. MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	5,000.
MARC, INC. OF MANCHESTER 151 SHELDEN RD. MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	5,000.
MUSCULAR DYSTROPHY 127 WASHINGTON AVE. 3RD FLOOR NORTH HAVEN, CT 06473	TAX EXEMPT ORGANIZATION		UNRESTRICTED	20,000.
MIDDLE SCHOOL XC STATE CHAMPIONSHIP 51 WILLOW DRIVE HEBRON, CT 06248	TAX EXEMPT ORGANIZATION		UNRESTRICTED	1,000.
MANCHESTER PAL, INC. 239 EAST MIDDLE TURNPIKE, PO BOX 191 MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	10,000.
TOWN OF MANCHESTER GREEN ACCOUNT PO BOX 191 MANCHESTER, CT 06045	TAX EXEMPT ORGANIZATION		UNRESTRICTED	5,000.
SILK CITY STRIDERS 11 OTIS STREET MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	500.
SPECIAL OLYMPICS TOLLAND / MANSFIELD 96 DEERWOOD ROAD TOLLAND, CT 06084	TAX EXEMPT ORGANIZATION		UNRESTRICTED	2,000.
TLC FOUNDATION, INC. 17 NORTH SCHOOL STREET MANCHESTER, CT 06040	TAX EXEMPT ORGANIZATION		UNRESTRICTED	4,800.
THE CARDIOPULMONARY REHAB UNIT PO BOX 632 PUTNAM, CT 06260	TAX EXEMPT ORGANIZATION		UNRESTRICTED	250.
<b>Total from continuation sheets</b>				

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FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

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SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
FIRST NIAGRA BANK	399.	399.	399.
TOTAL TO PART I, LINE 3	399.	399.	399.

FORM 990-PF

INCOME AND COST OF GOODS SOLD  
INCLUDED ON PART I, LINE 10

STATEMENT 2

## INCOME

1. GROSS RECEIPTS . . . . .	108,867	
2. RETURNS AND ALLOWANCES . . . . .		
3. LINE 1 LESS LINE 2 . . . . .		108,867
4. COST OF GOODS SOLD (LINE 15) . . . . .	73,819	
5. GROSS PROFIT (LINE 3 LESS LINE 4). . . . .		35,048
6. OTHER INCOME . . . . .		
7. GROSS INCOME (ADD LINES 5 AND 6) . . . . .		35,048

## COST OF GOODS SOLD

8. INVENTORY AT BEGINNING OF YEAR . . . . .		
9. MERCHANDISE PURCHASED. . . . .		
10. COST OF LABOR. . . . .		
11. MATERIALS AND SUPPLIES . . . . .	73,819	
12. OTHER COSTS. . . . .		
13. ADD LINES 8 THROUGH 12 . . . . .		73,819
14. INVENTORY AT END OF YEAR . . . . .		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14). . . . .		73,819



FORM 990-PF	OTHER INCOME		STATEMENT	3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
REGISTRATION FEES	393,875.	0.	393,875.	
PROGRAM ADVERTISEMENTS	8,030.	0.	8,030.	
MISCELLANEOUS	1,720.	0.	1,720.	
TOTAL TO FORM 990-PF, PART I, LINE 11	403,625.	0.	403,625.	

FORM 990-PF	ACCOUNTING FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
AUDIT AND ACCOUNTING FEES	10,129.	0.	10,129.	0.
TO FORM 990-PF, PG 1, LN 16B	10,129.	0.	10,129.	0.

FORM 990-PF	OTHER PROFESSIONAL FEES		STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	6,000.	0.	6,000.	0.
TO FORM 990-PF, PG 1, LN 16C	6,000.	0.	6,000.	0.

FORM 990-PF	OTHER EXPENSES		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM EXPENSES	37,334.	0.	37,334.	0.
TROPHIES AND PRIZES	51,563.	0.	51,563.	0.
DATA PROCESSING	54,444.	0.	54,444.	0.
CROWD CONTROL	61,937.	0.	61,937.	0.
TELEVISION AND ADVERTISING	21,947.	0.	21,947.	0.

PUBLICITY	34,358.	0.	34,358.	0.
RACE DIRECTOR'S FEE	30,500.	0.	30,500.	0.
RACE EQUIPMENT	14,407.	0.	14,407.	0.
FOOD	9,154.	0.	9,154.	0.
SANITATION	9,286.	0.	9,286.	0.
MISCELLANEOUS	6,437.	0.	6,437.	0.
MUSIC	3,450.	0.	3,450.	0.
INSURANCE	4,659.	0.	4,659.	0.
PHOTOGRAPHY	4,325.	0.	4,325.	0.
SUPPLIES	786.	0.	786.	0.
DIRECTOR OF INFORMATION SERVICES	15,000.	0.	15,000.	0.
MEDICAL CARE	2,246.	0.	2,246.	0.
POSTAGE	149.	0.	149.	0.
TO FORM 990-PF, PG 1, LN 23	361,982.	0.	361,982.	0.

FORM 990-PF	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	7
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS AND EQUIPMENT	22,412.	22,412.	0.
TOTAL TO FM 990-PF, PART II, LN 14	22,412.	22,412.	0.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT	8
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NAME OF CONTRIBUTOR	ADDRESS
ECHN	71 HAYNES STREET MANCHESTER, CT 06040
STOP & SHOP	PO BOX 7200 CARLISLE, PA 17013
PRATT & WHITNEY	400 MAIN STREET EAST HARTFORD, CT 06108
COX COMMUNICATIONS	170 UTOPIA ROAD MANCHESTER, CT 06040
CIGNA	900 COTTAGE GROVE ROAD HARTFORD, CT 06152
HENKEL CORPORATION	ONE HENKEL WAY ROCKY HILL, CT 06067

HIGHLAND PARK MARKET	317 HIGHLAND STREET MANCHESTER, CT 06040
FIRST NIAGRA BANK	195 CHURCH STREET NEW HAVEN, CT 06510
ALL AMERICAN WASTE	15 MULLEN RD. ENFIELD, CT 06082
USA HAULING AND RECYCLING	15 MULLEN RD. ENFIELD, CT 06082
INTEGRATED REHABILITATION SERVICES	435 HARTFORD TURNPIKE VERNON, CT 06066

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FORM 990-PF	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS	STATEMENT	9
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CRAIG LAPPEN PO BOX 211 MANCHESTER, CT 06045	TREASURER 1.00	0.	0.	0.
TRIS CARTA PO BOX 211 MANCHESTER, CT 06045	PRESIDENT 1.00	0.	0.	0.
PAUL GIBSON 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.
JACK LEONARD PO BOX 211 MANCHESTER, CT 06045	SECRETARY 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTERS AND EQUIPMENT	103010	SL	5.00	16	22,412.			22,412.	22,412.		0.
	* TOTAL 990-PF PG 1 DEPR					22,412.		0.	22,412.	22,412.	0.	0.