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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org. anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning 7/01, 2008, and ending 6/30, 2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Please use IRS label or print or type. See Specific Instructions.
UNICO MERRIMACK VALLEY FOUNDATION, INC
C/O LAWRENCE J. ARDITO
40 BAYFIELD DRIVE
NORTH ANDOVER, MA 01845

D Employer identification number
04-3374699

E Telephone number
978-688-2880

F Group Exemption Number
 ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
 Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Organization type (check only one) — ☒ 501(c) (3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 71,543.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	200.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	3,320.
5a	Gross amount from sale of assets other than inventory	5a	18,734.
b	Less cost or other basis and sales expenses	5b	36,469.
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	-17,735.
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	49,289.
b	Less direct expenses other than fundraising expenses	6b	17,741.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	31,548.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ▶ _____)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	17,333.
10	Grants and similar amounts paid (attach schedule)	10	19,200.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	431.
17	Total expenses (add lines 10 through 16)	17	19,631.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,298.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	141,136.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	138,838.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	169,136.	152,838.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	1,000.	
25 Total assets	170,136.	152,838.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	29,000.	14,000.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	141,136.	138,838.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

TEEA0803L 09/18/08

P 9

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? **SEE STATEMENT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	GRANTING OF SCHOLARSHIPS AND AWARDS TO STUDENTS AND PARTICIPATING IN CHARITABLE AND CIVIC ACTIVITIES WHICH BENEFITTED MORE THAN 100 INDIVIDUALS.		
	(Grants \$ 19,200.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	19,200.
29	OTHER PROGRAM SERVICES		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	431.
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	19,631.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and other allowances
RICHARD D. VITALE 63 NEWCOMB ROAD STONEHAM, MA 02180	PRESIDENT 0	0.	0.	0.
RAYMOND MELILLO 7 SCARGO HILL ROAD DENNIS, MA 02638	TREASURER 0	0.	0.	0.
JAMES SCAIA 7 PHOENIX PLACE ANDOVER, MA 01810	CLERK 0	0.	0.	0.
RAYMOND MELILLO 7 SCARGO HILL ROAD DENNIS, MA 02638	DIRECTOR 0	0.	0.	0.
RICHARD D. VITALE 63 NEWCOMB ROAD STONEHAM, MA 02180	DIRECTOR 0	0.	0.	0.
JAMES SCAIA 7 PHOENIX PLACE ANDOVER, MA 01810	DIRECTOR 0	0.	0.	0.
DON CANNAVA 73 BRENTWOOD CIRCLE NORTH ANDOVER, MA 01845	DIRECTOR 0	0.	0.	0.
MICHAEL TERLIZZI 311 SOUTH MAIN STREET ANDOVER, MA 01810	DIRECTOR 0	0.	0.	0.
PHIL INFURNA 77 SPRING GROVE ROAD ANDOVER, MA 01810	DIRECTOR 0	0.	0.	0.
ARTHUR DANIELS 174 LOWELL STREET ANDOVER, MA 01810	DIRECTOR 0	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>MA</u>		

42a The books are in care of ▶ LAWRENCE J. ARDITO Telephone no ▶ 978-688-2880
 Located at ▶ 40 BAYFIELD DRIVE NORTH ANDOVER MA ZIP + 4 ▶ 01845

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ▶ _____

	Yes	No
42b		X
42c		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country ▶ _____

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

▶ **43** ☐ N/A
N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

	Yes	No
44		X
45		X

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. **SEE STATEMENT 7****46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

47		X
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48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48		X
-----------	--	---

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		X
------------	--	---

b If 'Yes,' was the related organization(s) a section 527 organization?

49b		
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50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Richard D. Vitale Date: 1/27/10

Type or print name and title: RICHARD D. VITALE PRESIDENT

Paid Preparer's Use Only

Preparer's signature: LAURENCE J. ARDITO, CPA Date: 10/03/09 Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: TOSCANO & ARDITO P.C.
FORTY BAYFIELD DR
NORTH ANDOVER, MA 01845

EIN: N/A Phone no: (978) 688-2880

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA Form 990-EZ (2008)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047

2008

Open to Public
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Name of the organization **UNICO MERRIMACK VALLEY FOUNDATION, INC**
C/O LAWRENCE J. ARDITO

Employer identification number
04-3374699

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state. _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☒ An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☐ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

5

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						0.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	59,738.	99,962.	88,748.	45,058.	31,748.	325,254.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	59,738.	99,962.	88,748.	45,058.	31,748.	325,254.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						325,254.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	59,738.	99,962.	88,748.	45,058.	31,748.	325,254.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,664.	5,435.	3,929.	3,524.	3,320.	24,872.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	8,664.	5,435.	3,929.	3,524.	3,320.	24,872.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (add lns 9, 10c, 11, and 12.)						350,126.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	92.9 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	94.5 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	7.1 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	5.5 %

19a 33-1/3 support tests — 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☒

b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. The lines are thin and black, providing a guide for letter height and placement. There are no margins, text, or other markings on the page.

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>GOLF OUTING</u> (event type)	(b) Event #2 _____ (event type)	(c) Other Events _____ (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	49,289.			49,289.
	2 Less. Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	49,289.			49,289.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	17,741.			17,741.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				17,741.
9 Net income summary. Combine lines 3 and 8 in column (d)					31,548.

Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor		<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Combine lines 1 and 7 in column (d)					

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' Explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in.**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address. ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.**c** If 'Yes,' enter name and address.

Name. ▶ _____

Address. ▶ _____

16 Gaming manager information

Name. ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided. ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions.**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ _____

2008**FEDERAL STATEMENTS****PAGE 1****CLIENT 715B****UNICO MERRIMACK VALLEY FOUNDATION, INC
C/O LAWRENCE J. ARDITO****04-3374699**

10/03/09

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**STATEMENT 1
FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES****PUBLICLY TRADED SECURITIES**

GROSS SALES PRICE: 17,824.
COST OR OTHER BASIS: 36,469.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -18,645.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -17,735.**STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY: EDUCATIONAL SCHOLARSHIP
DONEE'S NAME: MARK L. LALLI
DONEE'S ADDRESS: 268 SALEM STREET
BRADFORD, MA 01835
RELATIONSHIP OF DONEE: NONE
CASH AMOUNT GIVEN: \$ 1,000.

CLASS OF ACTIVITY: EDUCATIONAL SCHOLARSHIP
DONEE'S NAME: EMILY F. GUADIANO
DONEE'S ADDRESS: 8 FIELD AVENUE
METHUEN, MA 01844
RELATIONSHIP OF DONEE: NONE
CASH AMOUNT GIVEN: \$ 1,000.

CLASS OF ACTIVITY: EDUCATIONAL SCHOLARSHIP
DONEE'S NAME: LAUREN E. CONTI
DONEE'S ADDRESS: 199 ROSEMONT DRIVE
NORTH ANDOVER, MA 01845
RELATIONSHIP OF DONEE: NONE
CASH AMOUNT GIVEN: \$ 1,000.

CLASS OF ACTIVITY: EDUCATIONAL SCHOLARSHIP
DONEE'S NAME: KILEY F. PERRONE
DONEE'S ADDRESS: 120 PERRY AVE
METHUEN, MA 01844
RELATIONSHIP OF DONEE: NONE
CASH AMOUNT GIVEN: \$ 1,000.

CLASS OF ACTIVITY: EDUCATIONAL SCHOLARSHIP
DONEE'S NAME: MARIA C. FIORE
DONEE'S ADDRESS: 27 FERGUSON STREET
LAWRENCE, MA 01843
RELATIONSHIP OF DONEE: NONE
CASH AMOUNT GIVEN: \$ 1,000.

2008**FEDERAL STATEMENTS****PAGE 2****UNICO MERRIMACK VALLEY FOUNDATION, INC
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**STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID**

CLASS OF ACTIVITY:	EDUCATIONAL SCHOLARSHIP		
DONEE'S NAME:	MARISSA J. ORLANDO		
DONEE'S ADDRESS:	75 NORTH BROADWAY HAVERHILL, MA 01832		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATIONAL SCHOLARSHIP		
DONEE'S NAME:	NICHOLAS W. GALAT		
DONEE'S ADDRESS:	7 SHEFFIELD CIRCLE ANDOVER, MA 01810		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	EDUCATIONAL SCHOLARSHIP		
DONEE'S NAME:	SARAH ANGELL		
DONEE'S ADDRESS:	30 NEW HAMPSHIRE AVE BRADFORD, MA 01835		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	LAZARUS HOUSE		
DONEE'S ADDRESS:	410 HAMPHIRE STREET LAWRENCE, MA 01841		
CASH AMOUNT GIVEN:		\$	1,500.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	ESSEX ART CENTER		
DONEE'S ADDRESS:	56 ISLAND STREET LAWRENCE, MA 01840		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	LAWRENCE BOYS & GIRLS CLUB		
DONEE'S ADDRESS:	33 ESSEX STREET LAWRENCE, MA 01841		
CASH AMOUNT GIVEN:		\$	2,500.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	BELLESINI ACADEMY		
DONEE'S ADDRESS:	94 BRADFORD STREET LAWRENCE, MA 01840		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	PROFESSIONAL CENTER FOR CHILD DEVELOPME		
DONEE'S ADDRESS:	32 OSGOOD STREET ANDOVER, MA 01810		
CASH AMOUNT GIVEN:		\$	1,200.

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FEDERAL STATEMENTS

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UNICO MERRIMACK VALLEY FOUNDATION, INC
C/O LAWRENCE J. ARDITO

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STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	FAMILY SERVICES, INC		
DONEE'S ADDRESS:	430 NORTH CANAL STREET		
	LAWRENCE, MA 01840		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	COR UNUM		
DONEE'S ADDRESS:	192 SALEM STREET		
	LAWRENCE, MA 01843		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	ESPERANZA ACADEMY		
DONEE'S ADDRESS:	198 GARDEN STREET		
	LAWRENCE, MA 01840		
CASH AMOUNT GIVEN:		\$	1,000.
CLASS OF ACTIVITY:	COMMUNITY ASSISTANCE		
DONEE'S NAME:	LAWRENCE HISTORY CENTER		
DONEE'S ADDRESS:	6 ESSEX STREET		
	LAWRENCE, MA 01840		
CASH AMOUNT GIVEN:		\$	500.
DONEE'S NAME:	THREE SAINTS SOCIETY		
DONEE'S ADDRESS:	COMMON STREET		
	LAWRENCE, MA		
RELATIONSHIP OF DONEE:	NONE		
CASH AMOUNT GIVEN:		\$	500.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

BANK SERVICE CHARGES	\$	371.
TAXES PUBLIC CHARITY		60.
TOTAL	\$	<u>431.</u>

STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
PREPAID EXPENSES	\$ 1,000.	\$ 0.
TOTAL	\$ <u>1,000.</u>	\$ <u>0.</u>

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FEDERAL STATEMENTS

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UNICO MERRIMACK VALLEY FOUNDATION, INC
C/O LAWRENCE J. ARDITO

04-3374699

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STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

GRANTS PAYABLE

	<u>BEGINNING</u>	<u>ENDING</u>
	\$ 29,000.	\$ 14,000.
TOTAL	<u>\$ 29,000.</u>	<u>\$ 14,000.</u>

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SPECIAL EVENTS LIKE THE GOLF TOURNAMENT AND THE CASINO NIGHT HELP RAISE VALUABLE FUNDS NEEDED TO CONTINUE THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE OF GRANTING SCHOLARSHIPS AND AWARDS TO STUDENTS.

STATEMENT 7
FORM 990-EZ, PART VI
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns***Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	UNICO MERRIMACK VALLEY FOUNDATION, INC C/O LAWRENCE J. ARDITO	04-3374699
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	40 BAYFIELD DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NORTH ANDOVER, MA 01845	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► LAWRENCE J. ARDITO

Telephone No. ► 978-688-2880 FAX No. ► 978-688-2759

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year 20__ or
► ☒ tax year beginning 7/01, 20 08, and ending 6/30, 20 09.

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev 4-2009)