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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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 organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning July 1, 2009, and ending June 30, 20 10

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
FARMINGTON CHAPTER OF UNICO NATIONAL INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
C/O ROBERT C. MCNALLY, TREAS. 93 BURNHAM RD.

City or town, state or country, and ZIP + 4
AVON CT 06001 - 2534

D Employer identification number
06- 6126855

E Telephone number
860-404-1745

F Group Exemption Number ▶ 1829

- *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) ▶

I Website: ▶ www.farmington-unico.org/

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

J Tax-exempt status (check only one) — ☒ 501(c) (4) ◀ (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 9,753.

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	755.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	6,500.
	4	Investment income		4	6.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less. cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ▶ ☒			
	a	Gross revenue (not including $ 755 of contributions reported on line 1)	6a 20,528		
	b	Less: direct expenses other than fundraising expenses	6b 9,753		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	10,775.
	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	18,036.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	6,000. see schedule
	11	Benefits paid to or for members		11	-0-
	12	Salaries, other compensation, and employee benefits		12	-0-
	13	Professional fees and other payments to independent contractors		13	-0-
	14	Occupancy, rent, utilities, and maintenance		14	-0-
	15	Printing, publications, postage, and shipping		15	285.
	16	Other expenses (describe ▶)		16	7,740.
	17	**Total expenses.** Add lines 10 through 16 ▶		17	14,025.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4,011-
	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	8,119.
	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	12,130.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	8,119.	22	12,130.
23	Land and buildings	-	23	-
24	Other assets (describe ▶)	-	24	-
25	**Total assets**	8,119.	25	12,130
26	**Total liabilities** (describe ▶)	-	26	-
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	8,119.	27	12,130

Part III **Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SERVICE TO THE COMMUNITY

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, and other relevant information for each program title.

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

28	GRANTS TO LOCAL CIVIC, EDUCATIONAL, YOUTH ATHLETICS, AND SENIOR CITIZEN ORGANIZATIONS (Grants $ 4,500.) If this amount includes foreign grants, check here ▶ ☐	28a	-0-
29	SCHOLARSHIPS TO GRADUATING HIGH SCHOOL SENIORS (Grants $ 1,500.) If this amount includes foreign grants, check here ▶ ☐	29a	-0-
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	-0-

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

(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 & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED SCHEDULE				

Part V Other Information (Note the statement requirements in the instructions for Part 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	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		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?	37b		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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ____ ; section 4912 ▶ ____ ; section 4955 ▶ ____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ -0-			
d	Section 501(c)(3) and 501(c)(4) organizations 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.	40e		X
41	List the states with which a copy of this return is filed. ▶ CT			
42a	The organization's books are in care of ▶ ROBERT MCNALLY, TREAS. Telephone no ▶ 860-404-1745 Located at ▶ 93 BURNHAM RD AVON CT ZIP + 4 ▶ 06001-2534			
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)?	42b		X
	If "Yes," enter the name of the foreign country. ▶ ____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		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	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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 & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over $100,000 . . . ▶ _____

51 Complete this table for the organization's 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

d Total number of other independent contractors each receiving over $100,000 . ▶ _____

Sign Here

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

▶ Robert C. McNally, Treasurer — 11/11/10
Signature of officer — Date

▶ ROBERT C. MCNALLY, TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶		EIN ▶	
		Phone no ▶	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
FARMINGTON CHAPTER OF UNICO NATIONAL INC

Employer identification number
06 6126855

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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 PASTA DINNER (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 2 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,130.	11,067.	2,331.	20,528
	2 Less. Charitable contributions	-	-	-	-
	3 Gross income (line 1 minus line 2)	7,130	11,067.	2,331.	20,528
Direct Expenses	4 Cash prizes	-0-	-0-	-0-	-0-
	5 Noncash prizes	507.	1,186.	-0-	1,693.
	6 Rent/facility costs	-0-	-0-	-0-	-0-
	7 Food and beverages	1,175.	2,755	-0-	3,930
	8 Entertainment	-0-	-0-	-0-	-0-
	9 Other direct expenses	844.	3,163	123.	4,130.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(9,753.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				10,775.

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			1606.	1606.
Direct Expenses	2 Cash prizes			-0-	-0-
	3 Noncash prizes			507.	507.
	4 Rent/facility costs			-0-	-0-
	5 Other direct expenses			122.	122.
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☒ Yes 100 % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				(629-)
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				977.

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: ST			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		X
b	If "No," explain: BELIEVED WE WERE EXEMPT			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain:			
11	Does the organization operate gaming activities with nonmembers?	11		X
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?	12		X

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a 0 %		
b	An outside facility	13b 100 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ► ROBERT MCNALLY			
	Address ► 93 BURNHAM RD. AVON CT 06001			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
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 of the third party:			
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name ► N/A CONDUCTED BY OUR OWN VOLUNTEER MEMBERS PURCHASING			
	Gaming manager compensation ► $ -0-			
	Description of services provided ► PRINTING, SALES OF TICKETS, PURCHASING PRIZES ETC			
	☐ 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	X	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $ 977.			

Farmington Chapter of UNICO National, Inc.
EIN 06-61268505
2009 Form 990 EZ

Statement attached to Part I, Line 10- Grants and Similar Amounts Paid

Farmington H.S. Football Booster Club	300.00
Holy Family Monastery	500.00
Farmington H.S. Baseball Booster Club	250.00
Farmington H.S. Robotics Club	500.00
American School for the Deaf	500.00
Cub Scout Pack 68 Farmington	500.00
Conard Safe Graduation 2010	500.00
Project Graduation 2010 Farmington	500.00
Farmington Youth Baseball League	250.00
Farmington Library	250.00
Westerleigh Senior Citizens Home	350.00
Eagle Golf Tournament/Union School PTO	350.00
Trustees of Trinity College-Prof. John Alcorn	200.00
Stonewell Golf Tournament	50.00
Subtotal	5000.00
Hall H.S. check #1880 (6/18/09) never Cashed. Payment stopped 4/13/10	(500.00)
Scholarship	1000.00
Scholarship	500.00
Total	6000.00

Statement attached to Part I, Line 16- Other Expenses

National Dues	2340
District Dues	468
Dinners	3909
Insurance	249
Good & Welfare	154
Miscellaneous	620
Total	7740

Farmington Chapter of UNICO National, Inc.
EIN 06-6126855
2009 Form 990 EZ

Statement attached to Part IV List of Officers, Directors, Trustees and Key Employees

Name and Address		Title and hrs./ wk	Comp.	Empl. Benefit Plan	Expense Acct.
Bruno Macaro	24 Rourke Pl. Unionville CT 06085	Chairman & Dir. 1 hr.	0	0	0
Ralph Arcari	19 Sherman Ave. Unionville CT 06085	Pres. & Dir. 4 hrs.	0	0	0
Lea Marcello	72 Hillside Ave. Unionvile, CT 06085	V.Pres. & Dir. 2 hrs.	0	0	0
Anna Pizzoferrato	56 Duane Lane, Burlington CT 06013	Corr. Sec. & Dir. 1 hr.	0	0	0
Warren Roberts	17 Brinley Way, Newington CT 06111	Rec. Sec. & Dir. 1 hr.	0	0	0
Robert C. McNally	93 Burnham Rd. Avon CT 06001	Treas. & Dir. 2 hrs.	0	0	0
Donald Marzano	11 Parkview Rd. West Htfd. CT 06110	Asst. Treas. & Dir. 1 hr.	0	0	0
David DeNuccio	6 Diamond Glen Rd. Farmington CT 06032	Serg. At Arms & Dir. 1 hr.	0	0	0

Farmington Chapter of UNICO National, Inc.						
EIN 06-6126855						
2009 Form 990 EZ						
Statement attached to Part IV List of Officers, Directors, Trustees and Key Employees						
Name and Address			Title and hrs./ wk	Comp.	Empl. Benefit Plan	Expense Acct.
Geno Avenoso	26 Jeffrey Dr. Farmington CT 06032		Dist. Delegate & Dir. 1 hr.	0	0	0
Paul Pedemonti	157 Tunxis Village, Farmington CT 06032		Dir..1 hr.	0	0	0
Joseph Mercaldi	10 Maiden Lane, Farmington CT 06032		Dir. 1 hr.	0	0	0