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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FARMINGTON CHAPTER OF UNICO NATIONAL INC
C/O DOUG ALEXANDER

Number and street (or P O box, if mail is not delivered to street address) Room/suite

4 MULBERRY RD

City or town, state or province, country, and ZIP or foreign postal code

FARMINGTON, CT 06032

D Employer identification number

06-6126855

E Telephone number

(860) 841-2075

F Group Exemption Number ▶ 1829

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: ▶ WWW.FARMINGTON-UNICO.ORG

J Tax-exempt status (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 55,019

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)			Check if the organization used Schedule O to respond to any question in this Part I ☒	
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	3,280
	4	Investment income	4	
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	51,739
Expenses	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	51,739
	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 in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	55,019
	10	Grants and similar amounts paid (list in Schedule O)	10	24,621
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
Net Assets	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	222
	16	Other expenses (describe in Schedule O)	16	34,248
	17	Total expenses. Add lines 10 through 16	17	59,091
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,072
	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	17,908
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	13,836

Part II

Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	17,908	22	13,836
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	17,908	25	13,836
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	17,908	27	13,836

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28
See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)
(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)
Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
RALPH ARCARI CHAIRMAN AND DIRECTOR	1 00	0	0	0
DIRECTOR VIRGINIA MUGAVERO CORRESPONDING SECRETARY & DIRECTOR	1 00	0	0	0
ROBERT C MCNALLY TREASURER & DIRECTOR	1 00	0	0	0
JAMES MUGAVERO SERGEANT AT ARMS, DIRECTOR & DISTR	1 00	0	0	0
PAUL PEDEMONTI VICE PRESIDENT AND DIRECTOR	1 00	0	0	0
FRANK DOLCE PRESIDENT AND DIRECTOR	1 00	0	0	0
LISA SWEENEY SECRETARY AND DIRECTOR	1 00	0	0	0
GENO AVENOSO DIRECTOR	1 00	0	0	0
DAVID DENUCCIO DIRECTOR	1 00	0	0	0
LEA MARCELLO DIRECTOR AND DISTRICT DELEGATE	1 00	0	0	0
STEVEN NESTICO DIRECTOR	1 00	0	0	0
DOUGLAS ALEXANDER ASSISTANT TREASURER AND DIRECTOR	2 00	0	0	0

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name . Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a0		
b	Did the organization file Form 1120-POL for this year?	37b	
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 tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b		
39	Section 501(c)(7) organizations Enter . 39a		
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 ▶ . 40a		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	No
41	List the states with which a copy of this return is filed ▶ CT		
42a	The organization's books are in care of ▶ DOUG ALEXANDER Telephone no ▶ (860) 561-0020 Located at ▶ 4 MULBERRY LN FARMINGTON, CT ZIP + 4 ▶ 06032		
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 ▶	42b	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ 43 and enter the amount of tax-exempt interest received or accrued during the tax year		
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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		2016-11-07 Date				
	DOUG ALEXANDER, ASSISTANT TREASURER & DIRECTOR Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name THOMAS J FILOMENO CPA		Preparer's signature		Date	Check ☐ if self-employed	PTIN P00358544
	Firm's name ▶ FILOMENO & COMPANY PC CPA'S					Firm's EIN ▶ 06-0934773	
	Firm's address ▶ 80 SOUTH MAIN STREET WEST HARTFORD, CT 06107					Phone no. (860) 561-0020	
May the IRS discuss this return with the preparer shown above? See instructions							

Yes No

Additional Data

Software ID:
Software Version:
EIN: 06-6126855
Name: FARMINGTON CHAPTER OF UNICO NATIONAL INC
C/O DOUG ALEXANDER

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
GRANTS TO LOCAL CIVIC EDUCATIONAL, YOUTH ATHLETICS AND SENIOR CITIZEN 28 ORGANIZATIONS (Grants \$ 6,647)		28a	0
If this amount includes foreign grants, check here . . . ☐			

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
29 SCHOLARSHIPS TO HIGH SCHOOL COLLEGE STUDENTS (Grants \$ 17,974) If this amount includes foreign grants, check here ☐	29a	0

TY 2015 Transfers Personal Benefits Contracts Declaration

Name: FARMINGTON CHAPTER OF UNICO NATIONAL INC
C/O DOUG ALEXANDER

EIN: 06-6126855

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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" on 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

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
FARMINGTON CHAPTER OF UNICO NATIONAL INC
C/O DOUG ALEXANDER

Employer identification number
06-6126855

Part I Fundraising Activities

Complete if the organization answered "Yes" on 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

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

Part II Fundraising Events.

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b)Event #2	(c)Other events	(d)	
		<u>GOLF TOURNAMENT</u>	<u>PASTA DINNER</u>	<u>2</u>	Total events	
		(event type)	(event type)	(total number)	(add col (a) through col (c))	
	1	Gross receipts	40,311	7,960	3,468	51,739
	2	Less Contributions				
3	Gross income (line 1 minus line 2)	40,311	7,960	3,468	51,739	
Direct Expenses	4	Cash prizes	0	0	0	
	5	Noncash prizes	730	418	0	1,148
	6	Rent/facility costs				
	7	Food and beverages		1,193		1,193
	8	Entertainment				
	9	Other direct expenses	23,624	794	2,055	26,473
	10	Direct expense summary Add lines 4 through 9 in column (d) ►				28,814
	11	Net income summary Subtract line 10 from line 3, column (d) ►				22,925

Part III Gaming.

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

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d). ▶				

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

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

13

Indicate the percentage of gaming activity conducted in

a	The organization's facility		%
b	An outside facility		%

14

Enter 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 contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

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 ▶

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?

☐ Yes ☐ No

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 ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**SCHEDULE O
(Form 990 or
990-EZ)**Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
FARMINGTON CHAPTER OF UNICO NATIONAL INC
C/O DOUG ALEXANDER**Employer identification number**

06-6126855

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME RON FOLEY FOUNDATION GRANTEE ADDRESS 1000 FARMINGTON AVE WEST HARTFORD, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 07/31/15 AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME HOLY FAMILY PROPERTY DESCRIPTIO N CHECK DATE OF GIFT 10/31/15 AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME KLINGBERG FAMILY CENTERS GRANTEE ADDRESS 370 LINWOOD ST NEW BRITAIN, CT 06052 PROPERTY DESCRIPTION CHECK DATE OF GIFT 12/31/15 AMOUNT GIVEN 500
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME CORAM DEO RECOVERY GRANTEE ADDR ESS 370 LINWOOD ST NEW BRITAIN, CT 06052 PROPERTY DESCRIPTION CHECK DATE OF GIFT 01/1 2/16 AMOUNT GIVEN 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FBBC (FARMINGTON BASEBALL BOOSTER CLUB) PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/01/16 AMOUNT GIVEN 300
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME HALL HIGH SCHOOL PROJECT GRADUAT ION GRANTEE ADDRESS 975 NORTH MAIN STREET WEST HARTFORD, CT 06117 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARMINGTON FOOD PANTRY GRANTEE ADDRESS 75 MAIN ST FARMINGTON, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARMINGTON FOCUS GRANTEE ADDRESS 17 TALCOTT NOTCH RD FARMINGTON, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARMINGTON ECUMENICAL ELDERLY HOUSING GRANTEE ADDRESS 300 PLAINVILLE AVENUE UNIONVILLE, CT 06085 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 400
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME WINDING TRAILS FUND CAMPAIGN GR GRANTEE ADDRESS 50 WINDING TRAILS DRIVE FARMINGTON, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME JOSHUA JAMES CARBONE SCHOLARSHIP PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARMINGTON LAND TRUST GRANTEE A DDRESS 128 GARDEN ST FARMINGTON, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/ 30/15 AMOUNT GIVEN 400

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME LAUREN E AVEZZIE CHARITABLE FOUNDATION GRANTEE ADDRESS 17 KENINGTON ROAD AVON, CT 06001 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/15 AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARMINGTON COMMUNITY CHEST GRAN TEE ADDRESS P O BOX 60 FARMINGTON, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARMINGTON LIBRARY GRANTEE ADDRESS 6 MONTEITH DR FARMINGTON, CT 06032 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 200
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME FARM TO FAMILY - GIFTS OF LOVE PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 250

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME AMY'S ANGELS GRANTEE ADDRESS 90 HOPMEADOW STREET SIMSBURY, CT 06089 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 1,047
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME INTENSIVE EDUCATION ACADEMY GRA NTEE ADDRESS 840 N MAIN ST WEST HARTFORD, CT 06117 PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME RELAY FOR LIFE PROPERTY DESCRIPTION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 100
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION GRANT & DONATIONS GRANTEE NAME RELAY FOR LIFE PROPERTY DESCRIP TION CHECK DATE OF GIFT 04/30/16 AMOUNT GIVEN 100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME UCONN FOUNDATION GRANTEE ADDRESS 2390 ALUMNI DR STORRS, CT 06269 PROPERTY DESCRIPTION CHECK DATE OF GIFT 06/25/16 AMOUNT GIVEN 8,474
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME UCONN - YEA JIN LEE GRANTEE ADDRESS 2390 ALUMNI DR STORRS, CT 06269 PROPERTY DESCRIPTION CHECK DATE OF GIFT 08/28/15 AMOUNT GIVEN 2,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME HARTFORD FOUNDATION FOR PUBLIC GIVING GRANTEE ADDRESS 10 COLUMBUS BLVD HARTFORD, CT 06106 PROPERTY DESCRIPTION CHECK DATE OF GIFT 06/25/16 AMOUNT GIVEN 7,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 24,621
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION NATIONAL DUES AMOUNT 2,482 DESCRIPTION DISTRICT DUES AMOUNT 510 DESCRI PTION GOOD & WELFARE AMOUNT 516 DESCRIPTION INSURANCE AMOUNT 333 DESCRIPTION MISC ELLANEOUS AMOUNT 1,148 DESCRIPTION PASTA DINNER AMOUNT 2,406 DESCRIPTION GOLF TOUR NAMENT AMOUNT 24,353 DESCRIPTION OTHER EVENTS AMOUNT 2,055 DESCRIPTION MEETINGS A MOUNT 445 TOTAL TO FORM 990-EZ, LINE 16 34,248