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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 private foundations)

OMB No 1545-1150

2018**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form990EZ for instructions and the latest information.**A** For the 2018 calendar year, or tax year beginning 7/01, 2018, and ending 6/30, 2019**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C

MERRIMACK VALLEY CHAPTER OF UNICO
C/O LAWRENCE J. ARDITO
40 BAYFIELD DRIVE
NORTH ANDOVER, MA 01845

D Employer identification number

22-3148894

E Telephone number

978-688-2880

F Group Exemption Number

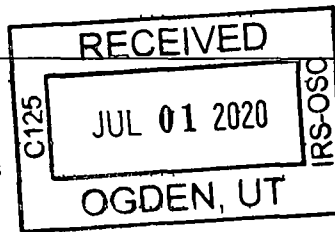
1829

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) _____**I** Website: N/A**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)(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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 20,383.

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	2,195.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	18,188.
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5c	
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:	6a	
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	
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	
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	20,383.
10	Grants and similar amounts paid (list in Schedule O)	10	2,600.
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 in Schedule O)	16	15,350.
17	Total expenses. Add lines 10 through 16	17	17,950.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,433.
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	7,295.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	9,728.



SEE SCHEDULE O

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2018)

SCANNED APR 20 2021

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	7,380.	8,417.
23 Land and buildings		
24 Other assets (describe in Schedule O) SEE SCHEDULE O		1,311.
25 Total assets	7,380.	9,728.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	85.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,295.	9,728.

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? SEE SCHEDULE O

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.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28	RAISED FUNDS FOR UNICO MERRIMACK VALLEY FOUNDATION INC. ALL CONTRIBUTIONS WENT DIRECTLY TO THAT ORGANIZATION WHICH THEN GRANTS THE MONIES. EXPENSES ARE ASSOCIATED WITH THE AWARDS DINNER.		
	(Grants \$) If this amount includes foreign grants, check here ☐	28 a	2,852.
29			
	(Grants \$) If this amount includes foreign grants, check here ☐	29 a	
30			
	(Grants \$) If this amount includes foreign grants, check here ☐	30 a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ☐	31 a	
32	Total program service expenses (add lines 28a through 31a)	32	2,852.

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
JASON SETTINERI				
IMMED PAST PRES	0	0.	0.	0.
PAUL FRAGALA				
1ST VICE PRESID	5	0.	0.	0.
ANTHONY BROCCOLI				
PRESIDENT	5	0.	0.	0.
NICK ARDAGNA				
TREASURER	5	0.	0.	0.
JEFF FERRANTE				
DIRECTOR	0	0.	0.	0.
NICHOLAS FORGIONE				
FINANCIAL SECR.	5	0.	0.	0.
FRANK COPPOLA				
DIRECTOR	0	0.	0.	0.
DAN TIRONE				
SECRETARY	0	0.	0.	0.
JOE DIBLASI				
DIRECTOR	0	0.	0.	0.

Part V Other 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		X
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.		X
35 a 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)?		X
35 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		
35 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		X
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 0.		
37 b Did the organization file Form 1120-POL for this year?		X
38 a 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?		X
38 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 N/A		
b Gross receipts, included on line 9, for public use of club facilities N/A		
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A		
section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
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		X
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		X
41 List the states with which a copy of this return is filed NONE		

42 a The organization's books are in care of NICK ARDAGNA Telephone no. 978-475-2433
 Located at 6 TALBOT RD ANDOVER MA ZIP + 4 01810

	Yes	No
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 _____		X
42 c See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country _____		X

	Yes	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ☐ N/A and enter the amount of tax-exempt interest received or accrued during the tax year N/A		
44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
44 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		X
44 c Did the organization receive any payments for indoor tanning services during the year?		X
44 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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b 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		X

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

	Yes	No
46		X

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 ☐

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

	Yes	No
47		
48		
49 a		
49 b		

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

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

b 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 Anthony Broccoli Date 5
ANTHONY BROCCOLI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Lawrence J Ardito, CPA Preparer's signature Lawrence J Ardito, CPA Date 5/20/20 Check ☐ if self-employed PTIN P00366792
Firm's name ARDITO, TOSCANO, & MCCOLLUM, P.C. Firm's EIN 04-2774968
Firm's address FORTY BAYFIELD DR Phone no 978-688-2880
NORTH ANDOVER, MA 01845

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

☒ Yes ☐ No

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **MERRIMACK VALLEY CHAPTER OF UNICO
C/O LAWRENCE J. ARDITO**

Employer identification number
22-3148894

FORM 990-EZ PART 1 LINE 10 GRANTS AND SIMILAR AMOUNTS PAID

NATIONAL DUES \$2,600

MISSION STATEMENT

TO PROMOTE AND ENHANCE THE IMAGE OF ITALIAN AMERICANS; FOR MEMBERS TO BE OF SERVICE TO THE COMMUNITY; TO PROMOTE ITALIAN HERITAGE AND CULTURE; TO PROMOTE, SUPPORT AND ASSIST CHARITABLE, SCIENTIFIC, CULTURAL, EDUCATIONAL, AND LITERARY PROJECTS; TO PROMOTE MEMBERS' INTEREST IN PUBLIC WELFARE; AND, TO COOPERATE WITH OTHERS IN CIVIC, SOCIAL AND CULTURAL DEVELOPMENT.

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

ANNUAL FILING FEES	\$	19.
BANK SERVICE CHARGES		24.
CONFERENCES, CONVENTIONS, AND MEETINGS		9,938.
OFFICE EXPENSE		394.
SCHOLARSHIP DINNER EXPENSES		2,852.
STATE FEES		35.
WEBSITE EXPENSES		2,088.
TOTAL	\$	15,350.

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS RECEIVABLE	\$ 0.	\$ 1,311.
TOTAL	\$ 0.	\$ 1,311.

**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 85.	\$ 0.
TOTAL	\$ 85.	\$ 0.

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

TO HELP SUPPORT AND RAISE FUNDS WHICH BENEFIT UNICO MERRIMACK VALLEY FOUNDATION, INC., A 501(C)(3) ORGANIZATION WHICH GRANTS SCHOLARSHIPS AND SUPPORTS EDUCATIONAL FACILITIES.