

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.

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning

July 1, 2009, and ending

June 30, 2010

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): 510 ROBERT C. McNALLY, TREAS.
Room/suite:
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: X Cash Accrual Other (specify)

I Website:

www.farmington-unico.org/

J Tax-exempt status (check only one) - X 501(c) ( 4 ) (insert no.)

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

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.)

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes columns for line numbers and amounts. Revenue total: 18,036. Expenses total: 14,025. Net assets at end of year: 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.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Total assets: 8,119. Total liabilities: 0. Net assets or fund balances: 8,119.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2009)



**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 . . . . .                                                                                                                                                                                                                                                           |     | X  |
| 34  | Were any changes made to the organizing or governing documents? 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 <b>not</b> 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? . . . . .                                                                                                                                                                                                                                   |     | X  |
| b   | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                            |     |    |
| 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  |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <input type="text" value="0"/>                                                                                                                                                                                                                                                                           |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> 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 outstanding at the end of the period covered by this return? . . . . .                                                                                                                                                                         |     | 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 . . . . . ▶ <u>- 0 -</u>                                                                                                                                                                                                     |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>- 0 -</u>                                                                                                                                                                                                                                                                       |     |    |
| 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. ▶ <u>CT</u>                                                                                                                                                                                                                                                                                                                                       |     |    |
| 42a | The organization's books are in care of ▶ <u>ROBERT McNALLY, TREAS.</u> Telephone no. ▶ <u>860-406-1745</u><br>Located at ▶ <u>93 BURNHAM RD AVONCT</u> ZIP + 4 ▶ <u>06001-2534</u>                                                                                                                                                                                                                          |     |    |
| 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: ▶ _____<br>See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>                                                                                                                                                                                                         |     |    |
| 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 <b>Form 1041</b> —Check here ▶ <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ 43                                                                                                                                                                   |     |    |
| 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  |



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                                                | <u>50.00</u>  |
| Subtotal                                                                 | 5000.00       |
| Hall H.S. check #1880 (6/18/09) never<br>Cashed. Payment stopped 4/13/10 | (500.00)      |
| Scholarship                                                              | 1000.00       |
| Scholarship                                                              | <u>500.00</u> |
| 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  | <u>620</u> |
| 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<br>hrs./wk          | Comp. | Empl.<br>Benefit<br>Plan | Expense<br>Acct. |
|-------------------|----------------------------------------|-------------------------------|-------|--------------------------|------------------|
| Bruno Macaro      | 24 Rourke Pl. Unionville CT 06085      | Chairman &<br>Dir. 1 hr.      | 0     | 0                        | 0                |
| Ralph Arcari      | 19 Sherman Ave. Unionville CT 06085    | Pres. & Dir.<br>4 hrs.        | 0     | 0                        | 0                |
| Lea Marcello      | 72 Hillside Ave. Unionville, CT 06085  | V.Pres. &<br>Dir. 2 hrs.      | 0     | 0                        | 0                |
| Anna Pizzoferrato | 56 Duane Lane, Burlington CT 06013     | Corr. Sec.<br>& Dir. 1 hr.    | 0     | 0                        | 0                |
| Warren Roberts    | 17 Brinley Way, Newington CT 06111     | Rec. Sec. &<br>Dir. 1 hr.     | 0     | 0                        | 0                |
| Robert C. McNally | 93 Burnham Rd. Avon CT 06001           | Treas. & Dir.<br>2 hrs.       | 0     | 0                        | 0                |
| Donald Marzano    | 11 Parkview Rd. West Htfd. CT 06110    | Asst. Treas.<br>& Dir. 1 hr.  | 0     | 0                        | 0                |
| David DeNuccio    | 6 Diamond Glen Rd. Farmington CT 06032 | Serg. At Arms<br>& Dir. 1 hr. | 0     | 0                        | 0                |

Farmington Chapter of UNICO National, Inc.

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2009 Form 990 EZ

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

| Name and Address                                          | Title and<br>hrs. / wk         | Comp. | Empl.<br>Benefit<br>Plan | Expense<br>Acct. |
|-----------------------------------------------------------|--------------------------------|-------|--------------------------|------------------|
| Geno Avenoso<br>26 Jeffrey Dr. Farmington CT 06032        | Dist. Delegate<br>& Dir. 1 hr. | 0     | 0                        | 0                |
| Paul Pedemonti<br>157 Tunxis Village, Farmington CT 06032 | Dir. 1 hr.                     | 0     | 0                        | 0                |
| Joseph Mercaldi<br>10 Maiden Lane, Farmington CT 06032    | Dir. 1 hr.                     | 0     | 0                        | 0                |





**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<br><i>PASTA DINNER</i><br>(event type)                     | (b) Event #2<br><i>GOLF OUTING</i><br>(event type) | (c) Other events<br><u>2</u><br>(total number) | (d) Total events<br>(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 . . . . .                                                   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 100 %<br><input type="checkbox"/> 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.     |

9 Enter the state(s) in which the organization operates gaming activities: CT

|                                                                                                                                                          | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 9a Is the organization licensed to operate gaming activities in each of these states? . . . . .                                                          |     | X  |
| b If "No," explain:<br><u>BELIEVED WE WERE EXEMPT</u>                                                                                                    |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?<br>b If "Yes," explain:                         |     | X  |
| 11 Does the organization operate gaming activities with nonmembers?                                                                                      |     | 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? |     | X  |

**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility . . . . . 

|            |       |
|------------|-------|
| <b>13a</b> | 0 %   |
| <b>13b</b> | 100 % |
- 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 ▶ ROBERT McNALLY  
 Address ▶ 93 BRANTHAM RD. AVOY CT 06001

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .

|            |  |          |
|------------|--|----------|
| <b>15a</b> |  | <b>X</b> |
|------------|--|----------|

- 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

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? . . . . .
- 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.

|            |          |  |
|------------|----------|--|
| <b>17a</b> | <b>X</b> |  |
|------------|----------|--|