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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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

2013Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning Oct 1, 2013, and ending Sep 30, 2014

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

C Name of organization
Union County Educational Services Foundation, Inc.
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
45 Cardinal Drive
 City or town, state or province, country, and ZIP or foreign postal code
Westfield NJ 07090

D Employer identification number
22-3303718

E Telephone number
(908) 233-9317

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify)

I Website: www.ucesc.org/ucesc/UCES%20Foundation/

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

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

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. \$ 71,688.

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	18,458.
2 Program service revenue including government fees and contracts	2	46,940.
3 Membership dues and assessments	3	
4 Investment income	4	240.
5 a Gross amount from sale of assets other than inventory	5 a	
b Less cost or other basis and sales expenses	5 b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
6 Gaming and fundraising events		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	6,050.
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)	6 b	
c Less direct expenses from gaming and fundraising events	6 c	4,900.
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	1,150.
7 a Gross sales of inventory, less returns and allowances	7 a	
b Less cost of goods sold	7 b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
8 Other revenue (describe in Schedule O)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	66,788.
10 Grants and similar amounts paid (list in Schedule O)	10	14,322.
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	3,250.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	31,201.
17 Total expenses. Add lines 10 through 16	17	48,773.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,015.
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	130,880.
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	148,895.

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

Form 990-EZ (2013)

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	130,880.	22 148,895.
23 Land and buildings	0.	23 0.
24 Other assets (describe in Schedule O)	0.	24 0.
25 Total assets	130,880.	25 148,895.
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)	130,880.	27 148,895.

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? To raise funds, establish partnerships

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 and section 4947(a)(1) trusts, optional for others)

28 <u>Raised funds, established partnerships and secured other forms of support to develop and enhance the independent living skills of students served by UCESC who are physically, socially, emotionally, and/or intellectually challenged.</u> (Grants \$ <u>14,322.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	45,523.
29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O) _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	45,523.

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
Mark Rellinger President	2.00	0.	0.	0.
Kathleen M. Clayton Vice President	2.00	0.	0.	0.
Robert A. Behot, Ed.D. Treasurer	2.00	0.	0.	0.
Marlene Boyea Secretary	2.00	0.	0.	0.
Terry Foppert Director	2.00	0.	0.	0.
Gary Anderson Director	2.00	0.	0.	0.
Roberto Camacho Director	2.00	0.	0.	0.
Christine Guerriero Director	2.00	0.	0.	0.
Richard Skorupski Director	2.00	0.	0.	0.
Patricia F. Morris Director	2.00	0.	0.	0.
Ron Matan Director	2.00	0.	0.	0.
Trish Morris Director	2.00	0.	0.	0.
Frank DelGuercio Director	2.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt				

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
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)?		X
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		
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39 a		
b Gross receipts, included on line 9, for public use of club facilities 39 b		
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 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) 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. ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.		X
41 List the states with which a copy of this return is filed ▶ <u>New Jersey</u>		
42a The organization's books are in care of ▶ <u>Dr. Robert Behot</u> Telephone no ▶ <u>(908) 233-9317</u> Located at ▶ <u>45 Cardinal Drive</u> <u>Westfield</u> NJ ZIP + 4 ▶ <u>07090</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)?		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 ?		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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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
c Did the organization receive any payments for indoor tanning services during the year?		X
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		
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		
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		X
48		X
49 a		X
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
None				

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
None		

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 and 4947(a)(1) nonexempt charitable trusts 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 <u>Robert Behot</u>	Date <u>1/14/15</u>			
	Type or print name and title <u>Dr. Robert Behot</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>ROBERT J BUTVILLA</u>	Preparer's signature <u>Robert J Butvilla</u>	Date <u>01/02/15</u>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <u>P00837745</u>
	Firm's name <u>SUPLEE CLOONEY & COMPANY</u>				
	Firm's address <u>308 EAST BROAD ST</u>				
	<u>Westfield NJ 07090-2122</u>	Firm's EIN <u>22-1427684</u>	Phone no <u>(908) 789-9300</u>		

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

☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Union County Educational Services Foundation, Inc.

Employer identification number

22-3303718

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants'.)	10,683.	16,432.	17,747.	13,856.	18,458.	77,176.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	53,521.	44,010.	48,739.	48,140.	46,940.	241,350.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1 through 5	64,204.	60,442.	66,486.	61,996.	65,398.	318,526.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						318,526.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	64,204.	60,442.	66,486.	61,996.	65,398.	318,526.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	423.	980.	421.	235.	240.	2,299.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	423.	980.	421.	235.	240.	2,299.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support. (Add lines 9, 10c, 11 and 12.)	64,627.	61,422.	66,907.	62,231.	65,638.	320,825.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	99.28 %
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	98.54 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0.72 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	1.46 %

- 19a 33-1/3% support tests — 2013.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b 33-1/3% support tests — 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
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This image shows a full page of white paper with horizontal dashed lines, typical of primary-ruled notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings present.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2013

Open to Public
Inspection

Employer identification number

Union County Educational Services Foundation, Inc.

22-3303718

Part III Mission Statement:

The Union County Educational Services Foundation is formed to raise
funds, establish partnerships and secure other forms of support to
develop and enhance the independent living skills of students
served by the Union County Educational Services Commission
who are physically, socially, emotionally, and/or
intellectually challenged.

Part I, line 10 Grants and similar amounts paid:

A total of \$15,619 was donated to the Union County
Educational Services Commission, 45 Cardinal Drive,
Westfield, NJ 07090. Of that amount \$14,322 was designated
to be used for Educational Grants. The remainder for
General Operating purposes.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Program Service - Banquet Reception	15,932.
Union County Educational Services Commission	1,297.
Insurance	4,308.
Other	9,664.
Total	31,201.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form 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 compen- sation
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> Robin Ritter-Ceriello Title Director	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> Don Symanski Title Director	2.00	0.	0.	0.
Business... <input type="checkbox"/> Person... <input checked="" type="checkbox"/> Sam Lamparello Title Director	2.00	0.	0.	0.

UNION COUNTY EDUCATIONAL SERVICES FOUNDATION
45 CARDINAL DRIVE, WESTFIELD, NJ 07090
EXECUTIVE OFFICERS

<u>PRESIDENT:</u> Mark Rellinger, VP/Business Banking Officer Columbia Bank 60 Raritan Center Parkway Edison, NJ 08837 732-346-0443 Ext. 22 – Office 908-812-3866 – Cell Fax 732-346-0538 mrellinger@columbiabankonline.com	<u>VICE PRESIDENT</u> Kathleen M. Clayton, CPA Principal SPIRE Group, PC. 100 Walnut Avenue, Suite 103 Clark, NJ 07066 Tel: 732.381.8887 Direct: 732.453.6528 Fax: 732.453.6479 Email: kclayton@spirecpa.com
<u>SECRETARY:</u> Marlene Boyea, Secretary UCESC 45 Cardinal Drive, Westfield, NJ 07090 908-233-9317 X 266-Office 908-265-0584 - Cell FAX 908-233-7432 Email: mboyea@ucesc.org	<u>TREASURER:</u> Robert A. Behot, Ed.D. Business Administrator UCESC 45 Cardinal Drive, Westfield, NJ 07090 908-233-9317 X 243 – Office 609-397-1617 – Home FAX 908-233-7432 Email: rbehot@ucesc.org
Christine Guerriero 802 Center Street Garwood, NJ 07027 908-243-1544 – Office 908-654-9248 – Home 908-358-6353 – Cell Fax 908-707-0971 Email: cguerriero@somervillenk12.org camg818@aol.com	Richard Skorupski CIC, CRM, CPCU Senior Vice President Meeker Sharkey Associates, LLC 21 Commerce Drive, Suite 200 Cranford, NJ 07016 Office: (908) 272-3330 Ext. 23 Cell: (732) 735-3990 Fax: (908) 272-3331 rskorupski@meekersharkey.com
Ron Matan, C.P.A. Sobel & Company, LLC 293 Eisenhower Parkway, Livingston, NJ 07039 973-994-9494 ext. 182 – Office 610-253-0692 – Home 973-722-2629 – Cell Fax 973-994-1571 Email: ron@sobel-cpa.com	Patricia F. Morris 46 Daly Court Old Bridge, NJ 08857 732-762-0858 – Cell 732-662-4992 - Home Email: pmorris47@gmail.com
Trish Morris 48 Daly Court Old Bridge, NJ 08857 732-277-5656 – Cell Email: mortrish@gmail.com	Terry Foppert, Superintendent -UCESC 45 Cardinal Drive Westfield, NJ 07090 908-233-9317 Ext. 231 732-747-8836 – Home Fax 908-233-7432 Email: terryfoppert@ucesc.org

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<p>Don Szymanski Managing Partner Senior Spirit Medical Day Center 430 E. Westfield Avenue Roselle Park, NJ 07204 908-770-9346- Cell 908-241-9393 – Office</p> <p>Email: dons@seniorspirit.com www.SeniorSpirit.com</p>	1/2012	<p>Frank DelGuercio Tilcon 2414 95th Street North Bergen, NJ 07047 201-854-2815 - Office 201-854-2819 – FAX Cell- 201 832-5672</p> <p>Home Address-1497 Oakland Ave., Union, NJ 07083 908-687-6386 – Home Email: fdelguercio@tilconny.com</p>	3/2010
<p>Robin Ritter-Ceriello Cassidy Turley Raritan Plaza I 110 Fieldcrest Avenue, Suite 6 Edison, NJ 08837 732-243-3109 – Office 732-735-6774 – Cell 1 855-521-4981 – Fax</p> <p>Email: Robin.RitterCeriello@cassidyurley.com</p>	1/2012	<p>Samuel P. Lamparello, C.M.B, MLB Residential Lending, LLC 51 Commerce Street, Suite 101 Springfield, NJ 07081 732-243-0140 – Office Cell – 732-713-4990 FAX-732-379-7568</p> <p>Email: samlamp13@gmail.com</p>	6/2013
<p>Semple Bixel Associates 653 Franklin Avenue Nutley, NJ 07110 973-284-0444 – Office 732-574-3278 – Home – Jill Curran Fax 973-284-0950 Email: jillcurran@semplebixel.com Email: vickibixel@semplebixel.com</p>		<p>Michael Kowalski Director of Pupil and Personnel Services-UCESC 45 Cardinal Drive Westfield, NJ 07090 908-233-9317 X 262 908-233-7432 Cell - 908-878-9001</p> <p>Email: mkowalski@ucesc.org</p>	11/2014