

Section C

50/50 Raffle

According to comp-time sheets, nine Union County Employees were paid \$6,819 in comp-time to sell 50/50 raffle tickets for the Love Hope Strength Foundation. The President, Treasurer, Secretary, and several Board members of the Union County Chapter (UCLHS) are employed in various positions by Union County.

Curiously, the Prosecutor's report did not explain several things about the raffle:

- The 50/50 Raffle was split three ways
- One winner wasn't paid until the report was filed on April 4, 2011
- The Report was due to be filed by 10/15/10 but wasn't filed until April 4, 2011 and the UCLHS official signed the Report but did not certify it.

The Raffle Report of Operations to the New Jersey Office of Attorney General was filed on April 4, 2011 even though it was due on October 15, 2010. The Report shows two winners were paid on September 13, 2010 and one was paid on April 4, 2011, the same day the Report was signed by Victoria Durbin-Drake, President of UCLHS. Drake is also the Administrator of the County's Open Space Trust Fund. Although she signed the form, she did not check the box which states "I certify by placing a check in this box, that I have reviewed the report and that the information provided is true, accurate and complete."

10,000 tickets were printed though the Union County Print Shop yet only 2,135 tickets were reported as sold (\$5ea/\$20 per book of 5). The revenue generated from the 2,135 tickets was reported to the New Jersey Office of Attorney General to be \$9,237 but in work-papers provided in response to an OPRA request the dollar amount of \$6,861 appears as the 'Raffle' item reported as income at the time of the drawing when \$1,539.50 was paid out to two individuals (Rosemary Sebor and Sandra Cague-Valdez – a county employee). The calculation of the winners share could have been:

$(\$6,861 - \$203 - \$500)/2 = \$3,079$ with \$203 being the cost of printing the tickets and \$500 being an arbitrary amount that seems to have been excluded from many deposits.

Section C
50/50 Raffle (continued)

Later, on April 4, 2011 another \$1,539.50 was paid out to Laurie Miller coincident with the filing of the Raffle Report of Operations to the New Jersey Office of Attorney General.

Considering the substantial expense of selling the tickets and the original amount of tickets ordered a sale of 5,435 tickets would be a more realistic projection. In that case, projecting sales, revenue would have been \$23,512 instead of \$9,237 leaving:

\$23,512 - \$9,237 =

Missing Money: \$14,275

Exhibits Attached:

C3-C5 Raffle Report of Operations

C6 Sample Raffle Ticket

C7 Invoice to UCLHS from Union County for printing Raffle Tickets

C8 Excerpt from Prosecutor's Report

C9-C10 Notes showing \$6,861 as Raffle proceeds

C11-C27 Union County Employee Comp-Time summary and sheets

C28-C31 uclhs 2009 990-EZ Filing



New Jersey Office of Attorney General

Division of Consumer Affairs

Legalized Games of Chance Control Commission

124 Halsey Street, 6th Floor, P.O. Box 46000

Newark, New Jersey 07101

(973) 273-8000

Raffle Report of Operations

Please print clearly.

Identification number 94-4-37310

Municipality City of Summit License number RL-865

Name of licensee Union county Love Hope Strength Association, Inc

Organization

207 Thompson Street, Cranford, NJ 07016

Street address

City

State

ZIP code

Location of games The Valerie Fund, Summit, NJ

This report, as required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, must be filed with the Legalized Games of Chance Control Commission no later than the 15th day of the month following the conduct of the game(s) of chance.

Occasion 1 Date 7/28-9/12/2010 Time Type of raffle 50/50

1. Number of tickets sold 2135 4. Cost of prizes \$ 4618.50 Type of prize(s) cash
2. Ticket price \$ 5 ea/5 for \$20 5. Supplies/Equipment cost \$ 203.60
3. Gross receipts \$ 9237 6. Other expenses \$ 0
7. Total expenses \$ 4822.10 8. Net proceeds \$ 4414.90

Occasion 2 Date Time Type of raffle

1. Number of tickets sold 4. Cost of prizes \$ Type of prize(s)
2. Ticket price \$ 5. Supplies/Equipment cost \$
3. Gross receipts \$ 6. Other expenses \$
7. Total expenses \$ 8. Net proceeds \$

Occasion 3 Date Time Type of raffle

1. Number of tickets sold 4. Cost of prizes \$ Type of prize(s)
2. Ticket price \$ 5. Supplies/Equipment cost \$
3. Gross receipts \$ 6. Other expenses \$
7. Total expenses \$ 8. Net proceeds \$

Occasion 4 Date Time Type of raffle

1. Number of tickets sold 4. Cost of prizes \$ Type of prize(s)
2. Ticket price \$ 5. Supplies/Equipment cost \$
3. Gross receipts \$ 6. Other expenses \$
7. Total expenses \$ 8. Net proceeds \$

C3

Occasion 5 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____ 4. Cost of prizes \$ _____ Type of prize(s) _____

2. Ticket price \$ _____ 5. Supplies/Equipment cost \$ _____

3. Gross receipts \$ _____ 6. Other expenses \$ _____

7. Total expenses \$ _____ 8. Net proceeds \$ _____

Occasion 6 Date _____ Time _____ Type of raffle _____

1. Number of tickets sold _____ 4. Cost of prizes \$ _____ Type of prize(s) _____

2. Ticket price \$ _____ 5. Supplies/Equipment cost \$ _____

3. Gross receipts \$ _____ 6. Other expenses \$ _____

7. Total expenses \$ _____ 8. Net proceeds \$ _____

Total number of occasions	1
Total number of tickets sold (1-6 combined).....	2135
Price of tickets.....	\$5/5 for \$20
Total gross proceeds (1-6 combined).....	\$ 9237
Total expenses (1-6 combined)	\$ 4822.10 -
Total net proceeds (1-6 combined).....	\$ 4414.90 -

Schedule of Expenses

Date	Description	Check number	Amount
9/13/2010	Rosemary Sebor	233	\$1539.50
9/13/2010	Sandra Cague-Valdez	234	\$1539.50
4/4/2011	Laurie Miller	251	\$1539.50
4/4/2010	County of Union Print Shop	252	\$ 203.60

4822.10

Utilization of Net Proceeds

Date	Description	Check number	Amount
	Charity		

C4

Bank

Bank acct # redacted per financial privacy exception

Name	Address where balance is deposited	Account number
TD Bank	37 St Georges Avenue, Roselle, NJ 07203	[Redacted]

Person Responsible for Use of Proceeds

home ph. #

Name	home address Address	Telephone number (include area code)
Angela Devanney, Treasurer	[Redacted]	[Redacted]

I certify that all of the statements on this report of operations are true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

Prizes Offered or Awarded

Please list the prizes offered or awarded and their respective retail values.

Prizes Offered or Awarded	Retail Value	Prizes Offered or Awarded	Retail Value
Cash	\$4618.50		

N.J.S.A. 5:8-37 "It shall be the duty of each licensee to maintain and keep such books and records as may be necessary to substantiate the particulars of each such report." Facts stated on this report are regarded as if made under oath.

I certify that I have reviewed this report and that the information on this report of operations is true, accurate and complete. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

I certify by placing a check in this box, that I have reviewed the report and that the information provided is true, accurate and complete.

You must state your name and title below. Reports that are not properly certified will be sent or e-mailed back.

Victoria Durbin Drake, President
Name and title of officer (please print)

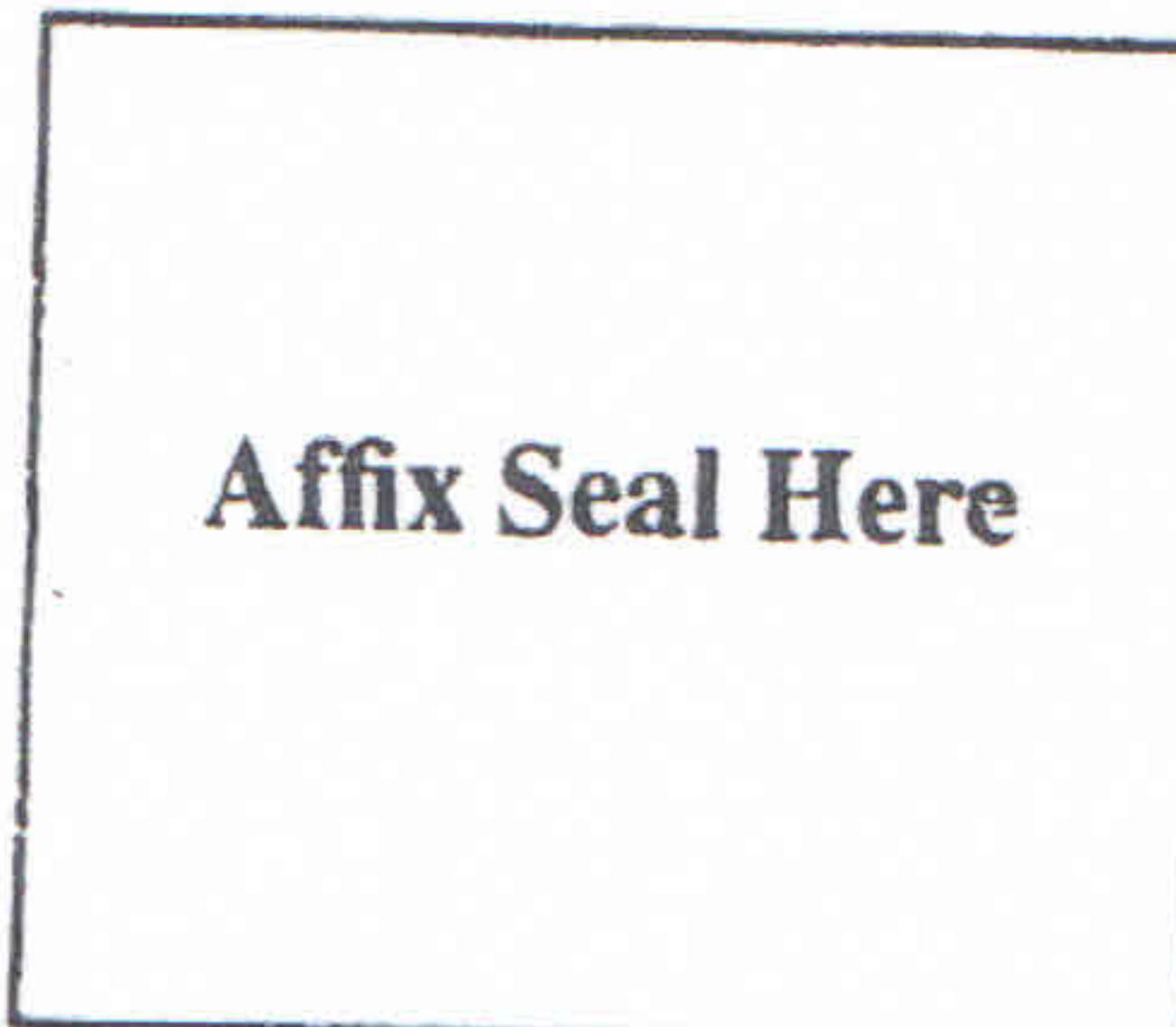
[Signature]
Signature of officer

Sworn and subscribed to before me this 4th day of April, 2011

MADLINE BRIGANTINO
Name of Notary Public (please print)

[Signature]
Signature of Notary Public

MADLINE BRIGANTINO
Notary Public
State of New Jersey
Commission Expires Sept. 14, 2013



Form LGCCC 8R-A (Rev. 12/4/07)

Ticket #

Name

Address

City State Zip Code

Telephone Number

94-4-37310

865

NJ LGCCC Identification

Municipal RL #



94-4-37310
NJ LGCCC Identification

865
Municipal RL #

UC Love Hope Strength

50/50

This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate

The Valerie Fund offices at Overlook

Sept. 13, 2010
Date of Drawing

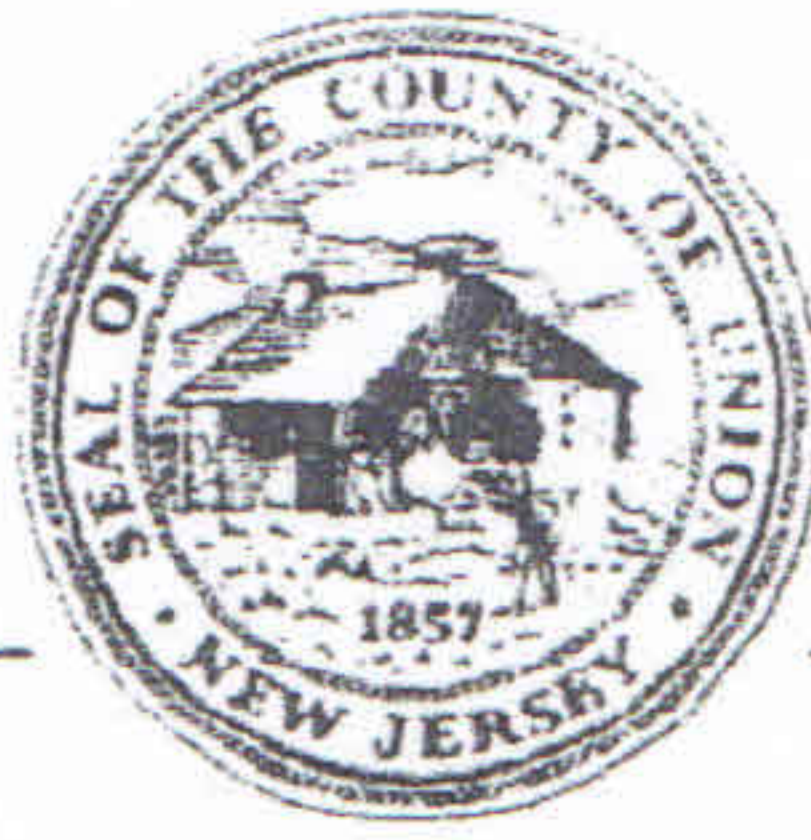
Location of drawing
2:00 p.m.
Time of Drawing

Love Hope Strength & The Valerie Fund

Purpose to which entire proceeds will be devoted
"no substitution of the offered prize may be made"

\$5ea/\$20 per book of 5
Price of Ticket

Ticket #



COUNTY OF UNION

OFFICE OF THE COUNTY MANAGER
George W. Devanney, County Manager

PRINT INVOICE:

BOARD OF CHOSEN FREEHOLDERS

DANIEL P. SULLIVAN
Chairman

DEBORAH P. SCANLON
Vice Chairman

ANGEL G. ESTRADA

MOHAMED S. JALLOH

BETTE JANE KOWALSKI

ALEXANDER MIRABELLA

RICK PROCTOR

RAYLAND VAN BLAKE

NANCY WARD

GEORGE W. DEVANNEY
County Manager

M. ELIZABETH GENIEVICH,
C.M.C., M.P.A.
Deputy County Manager/
Director of Administrative
Services

ROBERT E. BARRY, ESQ.
County Counsel

NICOLE L. DIRADO,
R.M.C., M.P.A.
Clerk of the Board

To: Union County Love Hope Strength
c/o Treasurer

From: Kelly Coyle

Date: Wednesday, July 28, 2010

Re: Print Request

Job: Raffle Tickets – 2x6, color ticket w/staple

Description:

- 10,000 tickets = 2,000 sheets @\$.10
- 2,000 Staples @ \$.0018

Cost: \$200.00 (tickets)
\$3.60 (staples)

Total: \$203.60

Organization Approval:

(Signature)

Kindly approve this invoice and fax it back to 908.289-0180.
Upon approval, your request will be processed. The original
invoice will be forwarded to you for your Finance Department.

ADMINISTRATION BUILDING

Elizabethtown Plaza

Elizabeth, NJ 07207

(908) 527-4200

fax(908)289-0180

www.ucnj.org

We're Connected to You!

C7

Mr. Alfred Faella, Union County Manager
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August 23, 2011

engage in fundraising activities at the site of the 2010 MusicFest (Exhibit 7). LHS is a national charity based in Denver, Colorado with a local chapter in Union County. The charity *Love, Hope, Strength Foundation* has undertaken a global initiative to raise funds and awareness through music related events and promotions. The Valerie Fund is a non-profit organization dedicated to providing support for the comprehensive healthcare of children with cancer and blood disorders. The President, Treasurer, Secretary, and several Board members of LHS's Union County Chapter are employed in various positions by Union County.

During the 2010 MusicFest, LHS engaged in fundraising activities, such as: a raffle and a walk-a-thon for the benefit of the Valerie Fund, and the sale of alcoholic beverages in a "Beer Garden" tent for LHS. The appropriate permit was obtained from the New Jersey Alcoholic Beverage Control Board by LHS to sell alcoholic beverages, which it purchased from High Grade Beverage Company at a cost of \$15,194.94. The sale of alcoholic beverages generated proceeds of \$37,507.00. In addition, LHS conducted a 50/50 raffle which produced a profit of \$4,618.50, and a Walk-a-Thon, which generated income; however there are no records to verify the amount.

The LHS "Beer Garden" generated a significant amount of cash through the sale of alcoholic beverages. This money was collected by County employees. The money was then ultimately transported to the Union County Administration Building where it was placed in a safe at the Union County Finance Department. The total amount placed in the safe was \$37,507.00. This money was then deposited in the Union County Chapter of LHS's bank account. These deposits were made incrementally by George Devanney. When questioned as to the reason behind this method of

Artist - County Share - \$2642
2.205
~~\$2644.20~~ \$2144.20

County Merchandise 13,277

Kids Kingdom 1873

\$18,294.20

Raffle \$6861. -

Parking 46,833.85

Booze ~~35,000~~ 37,507

477

Cash Tally - 2010 Music Fest

Artist Merchandise County Share	2,144.20
County Merchandise	13,277.00
Kids Kingdom	1,873.00
Raffle	6,861.00
Parking	46,833.00
Beer	37,507.00
Total	108,495.20

Last Name	First Name	Hours	Salary	Comp Time
Balboa	Darlene	2.50	\$78,744.57	\$162.25
Brigantino	Christopher	11.00	\$34,997.00	\$317.28
Brigantino	Raymond	9.50	\$47,087.49	\$368.68
ErDOS	Jennifer	22.50	\$68,536.20	\$1,270.93
Kobitz	Arthur	24.00	\$84,645.00	\$1,674.30
Martins	Claudia	2.00	\$78,882.81	\$130.03
Maseda	Maritsa	20.25	\$49,045.16	\$818.54
Rachlin	Robert	12.50	\$52,158.09	\$537.34
Twaddle	Felice	29.00	\$64,437.55	\$1,540.13

TOTAL

\$6,819.48

C/11

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Darlene Balboa

WORK DEPARTMENT/DIVISION: Engineering

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/9/10

At (place): OAKRIDGE PARK

Time: from 12pm to 9³⁰pm (7 hrs work day)

= TOTAL HOURS WORKED 9.5 (2.5 comp)

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Christopher Brigantino

WORK DEPARTMENT/DIVISION: Motor Vehicles

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: Raffles

On (date): 9/12/10

At (place): Oakridge Park

Time: from 12p to 5p

= TOTAL HOURS WORKED 5 hrs. @ 1.5 time =

7.5 hrs.
comp

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time **in accordance with the following established County Policy** - Employees will receive hour-for-hour compensatory time for each hour worked *up to 40 hours for their total work week*. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Ray Brigantino

WORK DEPARTMENT/DIVISION: Purchasing

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: Maryanne ~~Heller~~ ^{SAUNDERS}

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/12/10

At (place): OAKridge Park

Time: from 11 to 8³⁰

= TOTAL HOURS WORKED 9.5 hrs.

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time **in accordance with the following established County Policy** - Employees will receive hour-for-hour compensatory time for each hour worked *up to 40 hours for their total work week*. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

SPECIAL EVENT COMPENSATORY TIME FORM

EMPLOYEE NAME: Jen Erdas

WORK DEPARTMENT/DIVISION: Runnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles (Floater)

On (date): 9/11/10

At (place): Oakridge Park

Time: from 10a to 9:30 pm

= TOTAL HOURS WORKED 11.5 hrs. (5 hours reg time = 5 hrs
6.5 " time + 1/2 = 9.75

Amy Wagner
Signature of Event Coordinator

14.75 hrs
comp)

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Jen Erdos

WORK DEPARTMENT/DIVISION: Runnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS - Raffles

On (date): 9/12/10

At (place): OAKridge Park

Time: from 10³⁰ a to 9³⁰ p

= TOTAL HOURS WORKED 11 hrs @ time + 1/2 =

16.5 hrs
comp

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time **in accordance with the following established County Policy** - Employees will receive hour-for-hour compensatory time for each hour worked *up to 40 hours for their total work week*. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Arthur Kobitz

WORK DEPARTMENT/DIVISION: _____

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/11/10

At (place): Oakridge Park

Time: from 10 a to 11³⁰ p

= TOTAL HOURS WORKED 13.5 (5 hrs reg. time = 5 hrs
8.5 hours time + 1/2 = 12.75 hours)

Amy Celagner
Signature of Event Coordinator

17.75 hours
Comp

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Arthur Kobitz

WORK DEPARTMENT/DIVISION: _____

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/12/10

At (place): OAKRIDGE PARK

Time: from 10³⁰ a to 9p

= TOTAL HOURS WORKED 10.5 @ 1.5 = 15.75 hrs. comp

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

SPECIAL EVENT COMPENSATORY TIME FORM

EMPLOYEE NAME: Claudia Martins

WORK DEPARTMENT/DIVISION: Dep. County Manager

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/9/10

At (place): Oakridge Park

Time: from 1p to ~~7p~~ 7pm

= TOTAL HOURS WORKED 8 hrs. 2 hrs comp

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Maritza Maseda

WORK DEPARTMENT/DIVISION: Public Info

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/11/10

At (place): OAKridge Park

Time: from 11 a to 9:30 p

= TOTAL HOURS WORKED 10.5 hrs (4 hours from walk = 5 hours reg time

(1 hour @ reg time = 1
9.5 hours @ time + 1/2 = 14.25

Amy Wagner
Signature of Event Coordinator

15.25
comp.

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Maritza Maseda

WORK DEPARTMENT/DIVISION: Public Info

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/12/10

At (place): Oakridge Park

Time: from 10⁴⁵ a to 8³⁰ p

= TOTAL HOURS WORKED 9.75 x 1.5 = 14.6 hrs

comp

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Robert Rachlin

WORK DEPARTMENT/DIVISION: Bunnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffle

On (date): 9/11/10

At (place): Oak Ridge Park

Time: from 10³⁰ a to 4³⁰ p

= TOTAL HOURS WORKED 6 hrs (5 hours @ reg time +
1 hour time + 1/2 = 6.5 hours comp)

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Robert Bachlin

WORK DEPARTMENT/DIVISION: Bunnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffle Sales

On (date): 9-12-10

At (place): Oak Ridge Park

Time: from 10³⁰ a to 5p

= TOTAL HOURS WORKED 6.5 hrs x 1.5 = 9.75 hrs
comp

Amy C Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time **in accordance with the following established County Policy** - Employees will receive hour-for-hour compensatory time for each hour worked *up to 40 hours for their total work week*. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Felicia Twaddle

WORK DEPARTMENT/DIVISION: Runnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffle

On (date): 9-10-10

At (place): Oak Ridge Park

Time: from _____ 3p to 9:30p

= TOTAL HOURS WORKED 6.5

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time **in accordance with the following established County Policy** - Employees will receive hour-for-hour compensatory time for each hour worked *up to 40 hours for their total work week*. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Felicia Twaddles

WORK DEPARTMENT/DIVISION: Runnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS - Raffles

On (date): 9/11/10

At (place): Oakridge Park

Time: from 10 a to 10³⁰ p

= TOTAL HOURS WORKED 12.5 (5 hours @ reg time = 5
7.5 hours @ time + 1/2 = 11.25

Amy Wagner
Signature of Event Coordinator

16.25
comp.

In return for working at this program, in lieu of pay, the employee will receive compensatory time in accordance with the following established County Policy - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

**SPECIAL EVENT
COMPENSATORY TIME FORM**

EMPLOYEE NAME: Felicia Twaddles

WORK DEPARTMENT/DIVISION: Runnells

WORK PHONE/EXTENSION: _____

DIVISION HEAD/SUPERVISOR: _____

The employee named below has volunteered to assist the County of Union County Manager at the following activity:

Event: LHS Raffles

On (date): 9/12/10

At (place): Oakridge Park

Time: from 11 a to 9 p

= TOTAL HOURS WORKED 10 x 1.5 =

15 hrs
Comp

Amy Wagner
Signature of Event Coordinator

In return for working at this program, in lieu of pay, the employee will receive compensatory time **in accordance with the following established County Policy** - Employees will receive hour-for-hour compensatory time for each hour worked up to 40 hours for their total work week. For each hour after the 40-hour work week has been reached, the employee will be compensated on the basis of an hour-and-a-half compensatory time for each hour worked.

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning _____, and ending _____

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: **Union County Love Hope Strength Association, Inc**

Number and street (or P O box, if mail is not delivered to street address): **207 THOMAS STREET**

Room/suite: _____

City, town, or country: **CRANFORD** State: **NJ** ZIP + 4: **07016**

D Employer identification number: **26-0213036**

E Telephone number: **(908) 313-1675**

F Group Exemption Number: **▶**

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: **▶ N/A**

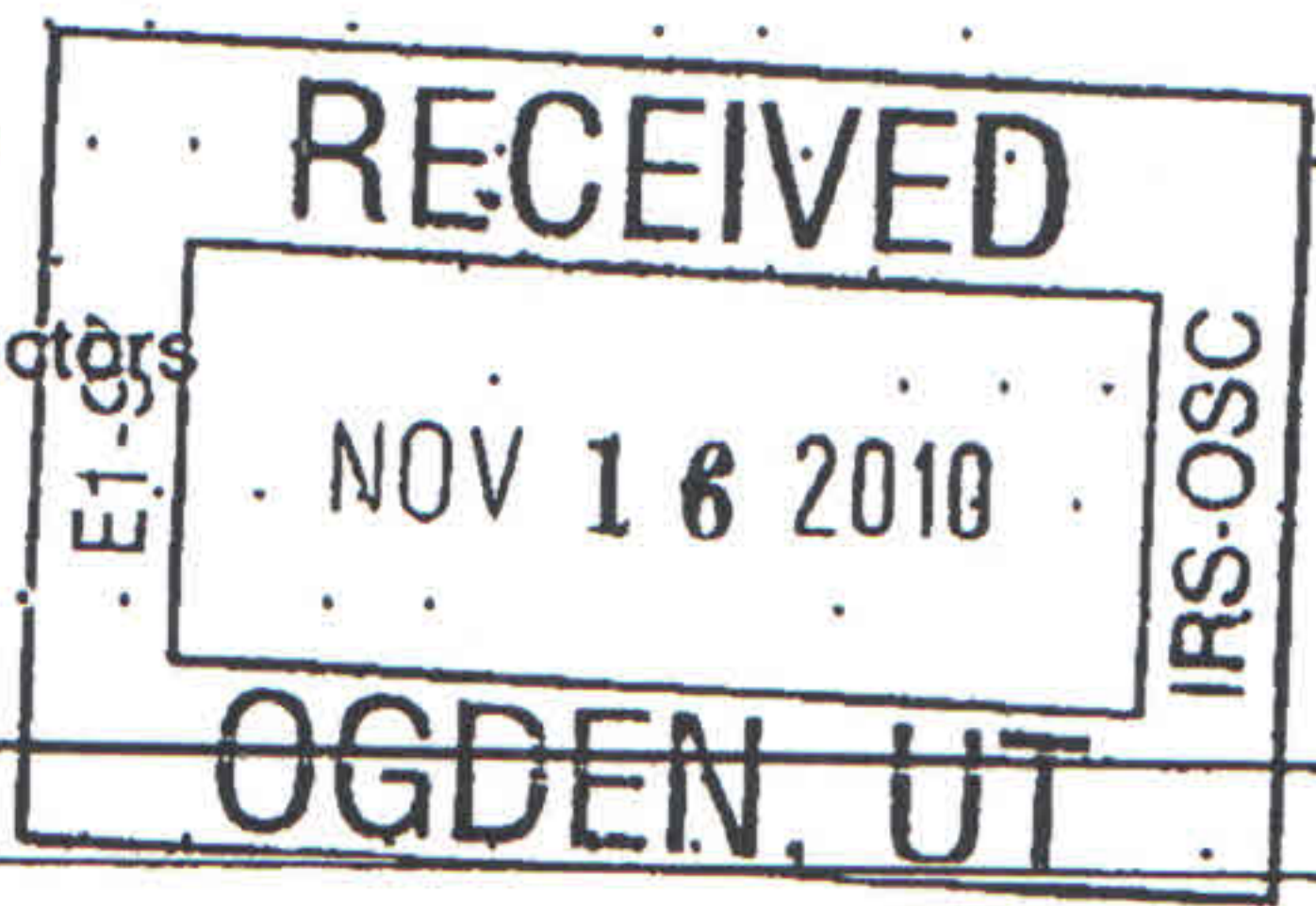
J Tax-exempt status (check only one)– 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 124,936**

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	116,954	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3		20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	4	0	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	0		
5b	Less cost or other basis and sales expenses	5b	0		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>				
6a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	7,982		
6b	Less direct expenses other than fundraising expenses	6b	29,215		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-21,233		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0		
8	Other revenue (describe ▶ _____)	8	0		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	95,721		
10	Grants and similar amounts paid (attach schedule)	10	44,581		
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 ▶ <u>See Attached Statement</u>)	16	46,777		
17	Total expenses. Add lines 10 through 16	17	91,358		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	4,363		
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	2,180		
20	Other changes in net assets or fund balances (attach explanation)	20	0		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	6,543		



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,180	6,543
23 Land and buildings		
24 Other assets (describe ▶ _____)	0	0
25 Total assets	2,180	6,543
26 Total liabilities (describe ▶ _____)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,180	6,543

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

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

What is the organization's primary exempt purpose? Support facilities and organizations for cancer patients
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

Table with 5 columns: Line number, Description, (Grants \$), Foreign grants checkbox, and Expense amount. Rows include lines 28, 29, 30, 31, and 32.

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week devoted to position, (c) Compensation (if not paid, enter -0-), (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

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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 not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T 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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="37a"/>		
b	Did the organization file Form 1120-POL for this year?		
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 period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved <input type="text" value="38b"/> 0		
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9 <input type="text" value="39a"/>		
b	Gross receipts, included on line 9, for public use of club facilities <input type="text" value="39b"/>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> , section 4955 <input type="text"/>		
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.		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 <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
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			
41	List the states with which a copy of this return is filed <input type="text" value="NJ"/>		
42 a	The organization's books are in care of <input type="text" value="Victoria Drake"/> Telephone no <input type="text" value="(908) 313-1675"/> Located at <input type="text" value="207 Thomas Street"/> City <input type="text" value="Cranford"/> ST <input type="text" value="NJ"/> ZIP + 4 <input type="text" value="07016"/>		
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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="text"/>		X
42c			X
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 <input type="text" value="43 N/A"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

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

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.		X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0
Name City Str ZIP	Title Hr/WK	00	0	0

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		
Name City Str ZIP		

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

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: *[Handwritten Signature]*
 Date: 11-9-10
 Type or print name and title: Victoria Drake President

Paid Preparer's Use Only
 Preparer's signature: Robert J Butvilla *[Handwritten Signature]*
 Date: 10/14/2010
 Check if self-employed:
 Preparer's identifying number (See instructions): P00837745
 Firm's name (or yours if self-employed), address, and ZIP + 4: Suplee Clooney and Company
 EIN: 22-1427684
 Phone no: (908) 789-9300

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

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