



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



00663840

DUE ON OR BEFORE 04/07/2003

FY02-03

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. **REFER TO THE INSTRUCTIONS ON PAGE 4.**

1. -0887114-4

UNITED CEREBRAL PALSY OF SOUTHERN ARIZONA, INC.
3941 E 29TH ST #603
TUCSON, AZ 85711

FEB 18 2003

RECEIVED

APR 04 2003

Business Phone: _____

(Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

2. Statutory Agent: **STEVEN ITKIN**

Physical Address, If Different.

Mailing Address: **6280 E PIMA #105**

Physical Address:

City, State, Zip: **TUCSON, AZ 85712**

City, State, Zip:

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|-------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Other _____ |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**. **Please Print or Type Clearly.**

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

6. SHAREHOLDERS: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: _____

Name: _____

NONE ☒

Name: _____

Name: _____

7. OFFICERS Please Type or Print Clearly. You Must List at Least One.

Name: _____

Name: _____

Title: _____

see attached

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Title: _____

Title: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

8. DIRECTORS Please Type or Print Clearly. You Must List at Least One.

Name: _____

Name: _____

Address: _____

see attached

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____



UCP of Southern Arizona

BOARD MEMBER LIST

EXECUTIVE COMMITTEE

NAME & TITLE	MAIN ADDRESS	OPTIONAL ADDRESS	PHONE NUMBERS
McCracken, Brian President	3105 West Limberlost, #3105 Tucson, AZ 85705	Email: bmccrack@email.arizona.edu	B: 621-4955 H: 798-3746 F: 798-3746 C: 271-3860
Schelin-Kowalewski, Shaunna Vice President	HealthSouth 75 N Wilmot Tucson, AZ 85711	10570 N Calle Mira Mesa Oro Valley, AZ 85737 *Email: shaunna.schelin@healthsouth.com or kavorunner@comcast.net	B: 514-6425 H: 219-3761 F: 514-0478 C: 247-3479
Kincaid, Barbara Secretary	P.O. Box 31261 Tucson, AZ 85751	Email: BCKincaid@msn.com	H: 577-0608 F: 577-8450
Richards, Ronald Past President	Richards & Associates 4500 E Speedway, #58 Tucson, AZ 85712	*Email: ron@richards.net	B: 750-1040 H: 797-1177 F: 750-1143 C: 241-6710
Echols, Cindy Executive Director	United Cerebral Palsy of Southern Arizona 3941 E 29 th St, #603 Tucson, AZ 85711	4050 E Third St Tucson, AZ 85711 Email: cechols@ucpsa.org	B: 795-3108 x224 H: 321-9976 F: 795-3196 C: 548-4970

* indicates preferred contact information

03/18/03

CONFIDENTIAL

8 # BOARD MEMBERS

NAME & TITLE	MAIN ADDRESS	OPTIONAL ADDRESS	PHONE NUMBERS
Cole, Margaret	4358 North Ocotillo Canyon Drive Tucson, AZ 85750	fmcole@comcast.net	299-9476
Deneke, Tom	5148 E Calle Las Lilas Tucson, AZ 85711	Email: tdeneke_2000@yahoo.com	B: 795-6960 H: 514-6122 C: 349-2041*
Itkin, Steven	Monroe & Associates, P.C. 6280 E Pima St, #105 Tucson, AZ 85712	*Email: Sitkin@monroe-law.com	B: 325-2000 * H: 889-9910 H Fax: 295-9532 F: 886-3527 * C: 241-7140
Kurner, Marty		Email:	H: 275-9370
Lustig, Lori	7090 N Oracle Rd Suite 178 Tucson, AZ 85704	Email: ruddyduck@theriver.com	B: 297-1379 F: 219-0616
Toppel, Alan H.	5400 North Via Velazquez Tucson, AZ 85750		615-0123

* indicates preferred contact information

03/18/03

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2001 Exempt Org. Return
prepared for:

**United Cerebral Palsy of
Southern Arizona, Inc.**
3941 E 29th Street Suite 601
Tucson, AZ 85711-6130

Girvin, DeVries & Assoc., P.C.
4349 East Fifth Street
Tucson, AZ 85711

Application for Extension of Time to File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time — Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	United Cerebral Palsy of Southern Arizona, Inc.		Employer Identification Number	86-0416461
	Number, Street, and Room or Suite Number. If a P.O. Box, see instructions				
	3941 E 29th Street #501				
	City, Town or Post Office. For a foreign address, see instructions.				
	Tucson, AZ 85711-6130				State ZIP Code

CLIENT'S COPY

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (Section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does **not** have an office or place of business in the United States, check this box. ☐
- If this is for a **group return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until 8/15, 20 02, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 20 01 or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0.

Signature and Verification

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, and that I am authorized to prepare this form.

Signature ► Marianne DeWine Title ► CPA Date ► 5-13-02

BAA For Paperwork Reduction Act Notice, see instructions.

Form 8868 (12-2000)

Return of Organization Exempt from Income Tax

OMB No. 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2001 calendar year, or tax year beginning , 2001, and ending , 20

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

Please use IRS label or print or type. See specific instructions.

United Cerebral Palsy of Southern Arizona, Inc.
 3941 E 29th Street #601
 Tucson, AZ 85711-6130

D Employer identification number 86-0416461

E Telephone number 520-795-3108

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

G Web site: ▶ N/A

J Organization type (check only one): ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,032,185.

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

H and **I** are not applicable to Section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No
 (If 'no,' attach a list. See instructions.)

H (d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group GEN. ▶

CLIENT'S COPY

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

REVENUE	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	103,675.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c	1,854,684.		
	d Total (add lines 1a through 1c) (cash \$ 1,958,359. noncash \$)	1d	1,958,359.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	17,659.		
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
b Less: rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe) ▶	7				
	(A) Securities		(B) Other		
	8a Gross amount from sales of assets other than inventory	8a			
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ of contributions reported on line 1a)	9a	53,237.		
	b Less: direct expenses other than fundraising expenses	9b	28,944.		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	Statement 1	24,293.	
	10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11	2,930.			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,003,241.			
EXPENSES	13 Program services (from line 44, column (B))	13	1,769,329.		
	14 Management and general (from line 44, column (C))	14	89,074.		
	15 Fundraising (from line 44, column (D))	15	93,647.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	1,952,050.		
ASSETS	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	51,191.		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	216,321.		
	20 Other changes in net assets or fund balances (attach explanation)	20			
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	267,512.		

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	61,332.	56,425.	2,760.	2,147.
26 Other salaries and wages	26	1,364,922.	1,254,864.	60,294.	49,764.
27 Pension plan contributions	27				
28 Other employee benefits	28	106,379.	92,549.	8,511.	5,319.
29 Payroll taxes	29	115,178.	105,734.	5,370.	4,074.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34	10,870.	9,057.	1,054.	759.
35 Postage and shipping	35				
36 Occupancy	36	30,016.	25,514.	3,001.	1,501.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	8,646.	1,800.	191.	6,655.
39 Travel	39	63,437.	59,739.	256.	3,442.
40 Conferences, conventions, and meetings	40	756.		585.	171.
41 Interest	41	164.	164.		
42 Depreciation, depletion, etc (attach schedule)	42	8,932.	7,592.	893.	447.
43 Other expenses not covered above (itemize): a See Statement 2	43a	181,418.	155,891.	6,159.	19,368.
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	1,952,050.	1,769,329.	89,074.	93,647.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to program services \$ _____; (iii) the amount allocated to management and general \$ _____; and (iv) the amount allocated to fundraising \$ _____

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? See Statement 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations & section 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts; but
optional for others.)

a The organization provides attendant and respite care for disabled individuals, particularly those with cerebral palsy.	
(Grants and allocations \$ _____)	1,769,329.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)	1,769,329.

Part IV Balance Sheets (See instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	200.	45	14,666.	
	46 Savings and temporary cash investments		46	111,911.	
	47 a Accounts receivable	251,809.			
	b Less: allowance for doubtful accounts	8,855.	47 c	242,954.	
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts		48 c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51 a Other notes & loans receivable (attach sch)				
	b Less: allowance for doubtful accounts		51 c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	5,238.	53	5,665.	
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments — land, buildings, & equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55 c		
56 Investments — other (attach schedule)		56			
57 a Land, buildings, and equipment: basis	54,442.				
b Less: accumulated depreciation (attach schedule)	18,092.	57 c	36,350.		
58 Other assets (describe ▶ See Statement 4 ...)	31,778.	58	9,186.		
59 Total assets (add lines 45 through 58) (must equal line 74)	5,133.	59	420,732.		
LIABILITIES	60 Accounts payable and accrued expenses	76,683.	60	111,299.	
	61 Grants payable		61		
	62 Deferred revenue		62	34,016.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64 a Tax-exempt bond liabilities (attach schedule)		64 a		
	b Mortgages and other notes payable (attach schedule)	7,500.	64 b	7,500.	
	65 Other liabilities (describe ▶ See Statement 6 ...)	3,684.	65	405.	
	66 Total liabilities (add lines 60 through 65)	87,867.	66	153,220.	
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
		67 Unrestricted	206,321.	67	252,466.
68 Temporarily restricted		10,000.	68	15,046.	
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		216,321.	73	267,512.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		304,188.	74	420,732.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

**Part IV-A Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions.)**

a Total revenue, gains, and other support per audited financial statements	a	2,032,185.
b Amounts included on line a but not on line 12, Form 990:		
(1) Net unrealized gains on investments \$		
(2) Donated services and use of facilities \$		
(3) Recoveries of prior year grants \$		
(4) Other (specify):		
<u>See Stmt 7</u> \$ 28,944.		
Add amounts on lines (1) through (4)	b	28,944.
c Line a minus line b	c	2,003,241.
d Amounts included on line 12, Form 990 but not on line a :		
(1) Investment expenses not included on line 6b, Form 990. \$		
(2) Other (specify):		
----- \$		
Add amounts on lines (1) and (2) ..	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	2,003,241

Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
------------------	---------------------------------------------------------------------------------------------

a	Total expenses and losses per audited financial statements.....	a	1,980,994.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities..... \$		
(2)	Prior year adjustments reported on line 20, Form 990.... \$		
(3)	Losses reported on line 20, Form 990.... \$		
(4)	Other (specify):		
	See Stmt 8 \$ 28,944.		
	Add amounts on lines (1) through (4).....	b	28,944.
c	Line a minus line b.....	c	1,952,050.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990..... \$		
(2)	Other (specify):		
	----- \$		
	Add amounts on lines (1) and (2) ...	d	
e	Total expenses per line 17, Form 990 (line c plus line d).....	e	1,952,050.

990 (line 6 plus line 7).....	0	2,000,000
Part V	List of Officers, Directors, Trustees, and Key Employees	(List each one even if not compensated; see instructions.)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

▶ ☐ Yes

☒ No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See specific instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct or indirect political expenditures. See line 81 instructions. 81a 0.		
81b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes,' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
85c Dues, assessments, and similar amounts from members.	N/A	
85d Section 162(e) lobbying and political expenditures.	N/A	
85e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices.	N/A	
85f Taxable amount of lobbying and political expenditures (line 85d less 85e).	N/A	
85g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	N/A	
85h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12.	86a N/A	
b Gross receipts, included on line 12, for public use of club facilities.	86b N/A	
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders.	87a N/A	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.		X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: Section 4911 <u>0</u> ; Section 4912 <u>0</u> ; Section 4955 <u>0</u> .		
b 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 become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958.		0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0.
90a List the states with which a copy of this return is filed <u>Arizona</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions).	90b 110	
91 The books are in care of <u>the corporation</u> Telephone number <u></u> Located at <u>same as page one</u> ZIP + 4 <u></u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. <input type="checkbox"/> N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A		

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Program revenue					17,659.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.			14		
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	24,293.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b Other income					2,930.
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				24,293.	20,589.
105 Total (add line 104, columns (B), (D), and (E))					44,882.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
1	See Statement 10

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

Please Sign Here

Signature of Officer

Date

Type or Print Name and Title

Paid Preparer's Use Only

Preparer's Signature

Marianne DeVries

Date

5-30-02

Check if self-employed ☐

Preparer's SSN or PTIN (see General Instruction W)

Firm's name (or yours if self-employed) and address, and ZIP + 4

Girvin, DeVries & Assoc., P.C.
4349 East Fifth Street
Tucson, AZ 85711

EIN

Phone no

(520) 298-6200

Schedule A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions.)

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information — (see separate instructions)

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the Organization

United Cerebral Palsy of
Southern Arizona, Inc.

Employer Identification Number

86-0416461

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(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
None				
Total number of other employees paid over \$50,000	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2001

Part III Statements About Activities (See instructions.)

- | | | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> | | | |
| (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) | 1 | | X |
| Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) | | | |
| a Sale, exchange, or leasing of property? | 2a | | X |
| b Lending of money or other extension of credit? | 2b | | X |
| c Furnishing of goods, services, or facilities? | 2c | | X |
| d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? | 2d | X | |
| e Transfer of any part of its income or assets? | 2e | | X |
| 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.) | 3 | | X |
| 4 Do you have a section 403(b) annuity plan for your employees? | 4 | | X |

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is (please check only **One** applicable box):

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc, 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	59,686.	45,874.	78,818.	74,985.	259,363.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,350,517.	1,341,109.	725,516.	524,234.	3,941,376.
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	101,129.	2,041.	1,982.	1,948.	107,100.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt. 11	954.	1,938.	1,288.	3,626.	7,806.
23 Total of lines 15 through 22	1,512,286.	1,390,962.	807,604.	604,793.	4,315,645.
24 Line 23 minus line 17	161,769.	49,853.	82,088.	80,559.	374,269.
25 Enter 1% of line 23	15,123.	13,910.	8,076.	6,048.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24.	26a	7,485.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for Section 509(a)(1) test: Enter line 24, column (e)		26c	374,269.
d Add: Amounts from column (e) for lines: 18 107,100. 19		26d	114,906.
22 7,806. 26b		26e	259,363.
e Public support (line 26c minus line 26d total)		26f	69.30 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

27 Organizations described on line 12:	N/A
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____	
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c _____
d Add: Line 27a total. and line 27b total.	27d _____
e Public support (line 27c total minus line 27d total)	27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered 'Yes' to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed **Only** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table —			
If the amount on line 40 is —	The lobbying nontaxable amount is —		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non- taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h)			

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

BAA

Schedule A (Form 990 or 990-EZ) 2001

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2001

Name of Organization **United Cerebral Palsy of
Southern Arizona, Inc.**

Employer Identification Number
86-0416461

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule**. (Note: Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions.)

General Rule —

- ☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules —

- ☒ For a Section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a Section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the general rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

United Cerebral Palsy of

86-0416461

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Arizona DES ----- ----- -----	\$ 1,749,931	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
2	Adm. of Dev. Disabilities ----- ----- -----	\$ 104,753	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)
	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is noncash contribution.)

Name of Organization

Employer Identification Number

United Cerebral Palsy of

86-0416461

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

United Cerebral Palsy of

86-0416461

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (enter this information once - see instructions) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

United Cerebral Palsy of
Southern Arizona, Inc.

86-0416461

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Casino Night	30,018.	0.	30,018.	16,116.	13,902.
Finley Golf Tournament	17,864.	0.	17,864.	7,909.	9,955.
Rocks Ropes	3,988.	0.	3,988.	2,593.	1,395.
Other various events	1,367.	0.	1,367.	2,326.	-959.
Totals	\$ 53,237.	\$ 0.	\$ 53,237.	\$ 28,944.	\$ 24,293.

Statement 2
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	2,612.	1,640.	163.	809.
Dues and subscriptions	10,157.	595.		9,562.
Insurance	4,393.	3,734.	439.	220.
Material and supplies	17,499.	16,572.	474.	453.
Miscellaneous	6,602.	6,314.	94.	194.
Office expense	41,745.	35,588.	2,060.	4,097.
Other employee expenses	12,943.	12,943.		
Professional and consulting	61,839.	58,478.	712.	2,649.
Repairs & Maintenance	17,033.	14,637.	1,597.	799.
Training	1,619.	1,160.	123.	336.
Utilities	4,976.	4,230.	497.	249.
Total	\$ 181,418.	\$ 155,891.	\$ 6,159.	\$ 19,368.

Statement 3
Form 990, Part III
Organization's Primary Exempt Purpose

UCP provides attendant, respite, habilitation, and independent living care services for individuals with cerebral palsy and other disabilities through a contract with the Developmental Disability Division of the Arizona Department of Economic Security throughout Pima County, Arizona.

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 970.	\$ 673.	\$ 297.
Machinery and Equipment	48,602.	16,766.	31,836.
Improvements	4,870.	653.	4,217.
Total	\$ 54,442.	\$ 18,092.	\$ 36,350.

United Cerebral Palsy of
Southern Arizona, Inc.

86-0416461

Statement 5
Form 990, Part IV, Line 58
Other Assets

Deposits..... Total \$ 9,186.
\$ 9,186.

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

Custodial liabilities..... Total \$ 405.
\$ 405.

Statement 7
Form 990, Part IV-A, Line b(4)
Other Amounts

Direct cost of special events..... Total \$ 28,944.
\$ 28,944.

Statement 8
Form 990, Part IV-B, Line b(4)
Other Amounts

Direct cost of special events..... Total \$ 28,944.
\$ 28,944.

Statement 9
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Ronald Richards 630 N Craycroft #118 Tucson, AZ 85711	President As Needed	\$ 0.	\$ 0.	\$ 0.
Ellie Ward 2315 East Speedway Tucson, AZ 85719	Executive Direc 40+	61,332.	0.	0.
Shaunna Schelin-Kowalewski 75 N Wilmot Tucson, AZ 85711	Director As Needed	0.	0.	0.

Statement 9 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Steve Itkin 6280 E. Pima Street Suite 105 Tucson, AZ 85712	Secretary As Needed	\$ 0.	\$ 0.	\$ 0.
Lori Lustig 7090 N Oracle Rd Tucson, AZ 85704	Director As Needed	0.	0.	0.
Mary Hare 2702 N Golden West Ave Tucson, AZ 85749	Director As Needed	0.	0.	0.
Brian McCracken 2548 N Geronimo Tucson, AZ 85705	Vice President As Needed	0.	0.	0.
Barbara Kincaid P.O. Box 31261 Tucson, AZ 85751	Director As Needed	0.	0.	0.
Henry Fortino 6840 N Oracle Rd #150 Tucson, AZ 85704	Treasurer None	0.	0.	0.
Total		\$ 61,332.	\$ 0.	\$ 0.

Statement 10

Form 990, Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes

Line #	Explanation of Activities
93a	A contract with Arizona Department of Economic Security provides the funds necessary to provide attendant and respite care services to disabled individuals, especially those with cerebral palsy.
103a	Miscellaneous income received to further the exempt purpose of the organization

Statement 11
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Other income	\$ 954.	\$ 1,938.	\$ 1,288.	\$ 3,626.	\$ 7,806.
Total	<u>\$ 954.</u>	<u>\$ 1,938.</u>	<u>\$ 1,288.</u>	<u>\$ 3,626.</u>	<u>\$ 7,806.</u>

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For taxable year beginning 01/01/2001 and ending 12/31/2001

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

Business telephone number

520-795-3108

Please
Type
or
Print

Name

United Cerebral Palsy of Southern Arizona, Inc.

Number and street

3941 East 29th Street #601

City or town, state and ZIP code

Tucson, AZ 85711-601

CHECK ONE:

Original

☒

Amended

CHECK ONE:

Calendar year

☒

Fiscal year

Federal employer ID number (FEIN)

86-0416461

AZ withholding tax number

AZ transaction privilege tax number

FOR DOR USE ONLY

Check box if: ☐ This is a first return ☐ Name change ☒ Address changeA Date Arizona operations began 12-12-79

B Date of letter granting exemption from Arizona income tax _____

C Nature of Arizona activities Services to individuals w/disabilitiesD Check federal form filed: ☒ 990 ☐ 990-EZ ☐ Other (specify) _____

Attach copy of federal return.

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Sources of Income	1	Gross sales or receipts from business activities	1	See	00	
	2	Less: Cost of goods sold or of operations - attach itemized statement	2	Attached	00	
	3	Gross profit from business activities - subtract line 2 from line 1	3	Federal	00	
	4	Interest	4	Form 990	00	
	5	Dividends	5		00	
	6	Rents and royalties	6		00	
	7	Gain or (loss) from sales of assets, excluding inventory items	7		00	
	8	Dues, assessments, etc., from members	8		00	
	9	Dues, assessments, etc., from affiliated organizations	9		00	
	10	Contributions, gifts, grants, etc., received	10		00	
	11	Other income - attach itemized statement	11		00	
	12	Total income - add lines 3 through 11	12		00	
Administrative Expenses	13	Compensation of officers, directors, trustees, etc.	13		00	
	14	Salaries and wages - other than amounts included on line 2	14		00	
	15	Interest	15		00	
	16	Taxes	16		00	
	17	Rent expense	17		00	
	18	Depreciation - attach schedule	18		00	
	19	Miscellaneous expenses - attach itemized statement	19		00	
	20	Total expenses - add lines 13 through 19	20		00	
	Disbursements from Current Income for the Organization's Exempt Purposes	21	Dues, assessments, etc., to affiliated corporations	21		00
		22	Contributions, gifts, grants, etc., paid	22		00
23		Benefit payments to or for members or their dependents:				
a.		Death, sickness, hospitalization, disability, or pension benefits	23a		00	
b.		Other benefits	23b		00	
24		Dividends and other distributions to members, shareholders, or depositors	24		00	
25		Other	25		00	
26	Total - add lines 21 through 25	26		00		
Disbursements from Principal Income for the Organization's Exempt Purposes	27	Dues, assessments, etc., to affiliated corporations	27		00	
	28	Contributions, gifts, grants, etc., paid	28		00	
	29	Benefit payments to or for members or their dependents:				
	a.	Death, sickness, hospitalization, disability, or pension benefits	29a		00	
	b.	Other benefits	29b		00	
	30	Dividends and other distributions to members, shareholders, or depositors	30		00	
	31	Other	31		00	
32	Total - add lines 27 through 31	32		00		
Other	33	Other disbursements not itemized above - attach schedule	33		00	
Accumulation of Income	34	Accumulation of income in current year - line 12 minus the sum of lines 20, 26, 32, and 33	34		00	
	35	Accumulation of income at beginning of year	35		00	
	36	Accumulation of income at end of year - add lines 34 and 35	36		00	
Penalty	37	Penalty for late filing or incomplete filing (\$500.00)	37		00	

Note: Amounts used in attached schedules and in this column should be end of year amounts.

(a)	(b)
Beginning of year	End of year

Assets

A1	Cash		00	A1		00
A2 a	Accounts receivable	A2a	00			
	b Less: allowance for doubtful accounts	A2b	00			
	c Line A2a less line A2b. Enter difference in column (b)		00	A2c		00
A3 a	Other notes and loans receivable - attach schedule	A3a	00			
	b Less: allowance for doubtful accounts	A3b	00			
	c Line A3a less line A3b. Enter difference in column (b)		00	A3c		00
A4	Inventories		00	A4		00
A5	Investments (securities) - attach schedule		00	A5		00
A6	Investments (other) - attach schedule		00	A6		00
A7 a	Land, buildings, and equipment; basis	A7a	00			
	b Less: accumulated depreciation - attach schedule	A7b	00			
	c Line A7a less line A7b. Enter difference in column (b)		00	A7c		00
A8	Other assets - describe		00	A8		00
A9	Total assets - add lines A1 through A8		00	A9		00

Liabilities

A10	Accounts payable and accrued expenses		00	A10		00
A11	Mortgages and other notes payable - attach schedule		00	A11		00
A12	Other liabilities - describe		00	A12		00
A13	Total liabilities - add lines A10 through A12		00	A13		00

Net Assets

A14	Capital stock or trust principal		00	A14		00
A15	Paid-in or capital surplus		00	A15		00
A16	Retained earnings or accumulated income		00	A16		00
A17	Total net assets - add lines A14 through A16		00	A17		00
A18	Total liabilities and net assets - add lines A13 and A17		00	A18		00

Certification 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 a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign here

Signature of officer	Date	Title
<i>Marianne DeVries</i>	5-30-02	

Paid Preparer's Use Only

Preparer's signature	Date	Preparer's TIN
GIRVIN, DEVRIES & ASSOCIATES, P.C.		86-0695888
4349 EAST FIFTH STREET, TUCSON AZ		85711
Firm's address		Zip code

9. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☒ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to business corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
(a) fraud or registration provisions of the securities laws of that jurisdiction, or
(b) the consumer fraud laws of that jurisdiction, or
(c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked: **YES** ☐ **NO** ☒

If "YES", the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)

A) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: **YES** ☐ **NO** ☒

B) Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to business corporations only]

One box **must** be marked: **YES** ☐ **NO** ☒

If "YES" to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

12. SIGNATURES: Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name <u>Brian McCracken</u>	Date _____	Name <u>Barbara Kincaid</u>	Date <u>4/1/03</u>
Signature <u>[Signature]</u>		Signature <u>Barbara C. Kincaid</u>	
Title <u>President</u>		Title <u>Secretary</u>	

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)