

**Return of Organization Exempt From Income Tax**

**2003**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

**A For the 2003 calendar year, or tax year beginning** **OCT 1, 2003** **and ending** **SEP 30, 2004**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>G Name of organization</b> <b>UNITED CEREBRAL PALSY ASSOCIATIONS, INC.</b>		<b>D Employer identification number</b> 13-1641079
		Number and street (or P.O. box if mail is not delivered to street address) <b>1660 L STREET, NW</b>		Room/suite 700
		City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20036</b>		<b>E Telephone number</b> (202) 776-0406

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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? **N/A**  Yes  No (If "No," attach a list.)

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

**G Website:** WWW.UCP.ORG

**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.

**I** Group Exemption Number

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **13,641,355.**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	1,941,228.	
	<b>b</b> Indirect public support	<b>1b</b>	379,728.	
	<b>c</b> Government contributions (grants)	<b>1c</b>	300,103.	
	<b>d</b> Total (add lines 1a through 1c) (cash \$ 2,621,059. noncash \$ )	<b>1d</b>	2,621,059.	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>	68,628.	
	<b>3</b> Membership dues and assessments	<b>3</b>	2,184,863.	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>	8,875.	
	<b>5</b> Dividends and interest from securities	<b>5</b>	399,091.	
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe )	<b>7</b>			
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8,358,839.	<b>8a</b>	
		8,456,834.	<b>8b</b>	
		<97,995.>	<b>8c</b>	
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	STMT 1	<97,995.>	
Revenue	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>	
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>	
Revenue	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
		<b>b</b> Less: cost of goods sold	<b>10b</b>	
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>	5,184,521.		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>	4,790,962.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>	625,540.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>	1,009,053.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>	6,425,555.	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>	<1,241,034.>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>	13,086,502.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	SEE STATEMENT 2	706,170.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>	12,551,638.	

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Name of Exempt Organization: UNITED CEREBRAL PALSY ASSOCIATIONS, INC.
Employer identification number: 13-1641079
Number, street, and room or suite no.: 1660 L STREET, NW, NO. 700
City, town or post office, state, and ZIP code: WASHINGTON, DC 20036

Check type of return to be filed (File a separate application for each return):
[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

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 is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2005
5 For calendar year , or other tax year beginning OCT 1, 2003 and ending SEP 30, 2004
6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER ALL INFORMATION IN ORDER TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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 \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
c Balance Due. Subtract line 8b from line 8a. 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 \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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 Margaret A. Bradshaw CPA Agent Date 5/12/05

Notice to Applicant - To Be Completed by the IRS

[X] We have approved this application. Please attach this form to the organization's return.
[ ] We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
[ ] We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
[ ] We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
[ ] Other

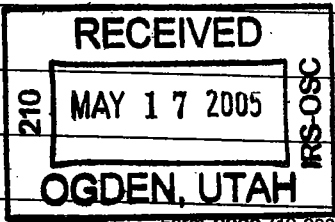
EXTENSION APPROVED

MAY 27 2005

Director By: Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: GRANT THORNTON LLP - P. BRADSHAW
Number and street (include suite, room, or apt. no.) Or a P.O. box number: 2070 CHAIN BRIDGE ROAD, SUITE 300
City or town, province or state, and country (including postal or ZIP code): VIENNA, VA 22182



323882 05-01-03

# Application for Extension of Time To File an Exempt Organization Return

► 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  **X**

• 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 <b>UNITED CEREBRAL PALSY ASSOCIATIONS, INC.</b>	Employer identification number <b>13-1641079</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1660 L STREET, NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20036</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" 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 (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input 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     MAY 16    , 20 05 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20 \_\_\_\_ or

►  tax year beginning     OCTOBER 1    , 20 03 , and ending     SEPTEMBER 30    , 20 04 .

**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 . . . . . \$ \_\_\_\_\_

**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 . . . . . \$ \_\_\_\_\_

**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 . . . . . \$ \_\_\_\_\_

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, 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 ► Margaret A. Bradshaw Title ► CPA/AGENT Date ► 2/11/05

For Paperwork Reduction Act Notice, see Instruction

**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 (attach schedule)				
	cash \$ <b>622,582.</b> noncash \$	22 <b>622,582.</b>	<b>622,582.</b>	<b>STATEMENT 4</b>	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 <b>316,058.</b>	<b>233,747.</b>	<b>38,646.</b>	<b>43,665.</b>
26	Other salaries and wages	26 <b>1,751,766.</b>	<b>1,295,557.</b>	<b>214,195.</b>	<b>242,014.</b>
27	Pension plan contributions	27 <b>52,000.</b>	<b>39,923.</b>	<b>5,616.</b>	<b>6,461.</b>
28	Other employee benefits	28 <b>235,190.</b>	<b>176,532.</b>	<b>27,924.</b>	<b>30,734.</b>
29	Payroll taxes	29 <b>133,082.</b>	<b>106,208.</b>	<b>11,851.</b>	<b>15,023.</b>
30	Professional fundraising fees	30 <b>206,442.</b>	<b>82,578.</b>		<b>123,864.</b>
31	Accounting fees	31 <b>51,300.</b>	<b>39,483.</b>	<b>2,954.</b>	<b>8,863.</b>
32	Legal fees	32 <b>15,465.</b>	<b>11,902.</b>	<b>891.</b>	<b>2,672.</b>
33	Supplies	33 <b>27,454.</b>	<b>21,116.</b>	<b>3,003.</b>	<b>3,335.</b>
34	Telephone	34 <b>43,835.</b>	<b>36,132.</b>	<b>3,397.</b>	<b>4,306.</b>
35	Postage and shipping	35 <b>199,147.</b>	<b>84,632.</b>	<b>7,342.</b>	<b>107,173.</b>
36	Occupancy	36 <b>506,293.</b>	<b>402,843.</b>	<b>38,136.</b>	<b>65,314.</b>
37	Equipment rental and maintenance	37			
38	Printing and publications	38 <b>378,802.</b>	<b>166,671.</b>	<b>11,121.</b>	<b>201,010.</b>
39	Travel	39 <b>240,602.</b>	<b>91,967.</b>	<b>123,987.</b>	<b>24,648.</b>
40	Conferences, conventions, and meetings	40 <b>265,807.</b>	<b>238,170.</b>	<b>24,794.</b>	<b>2,843.</b>
41	Interest	41 <b>50,984.</b>	<b>32,120.</b>	<b>12,746.</b>	<b>6,118.</b>
42	Depreciation, depletion, etc. (attach schedule)	42 <b>15,371.</b>	<b>12,230.</b>	<b>1,158.</b>	<b>1,983.</b>
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	<b>SEE STATEMENT 3</b>	43e <b>1,313,375.</b>	<b>1,096,569.</b>	<b>97,779.</b>	<b>119,027.</b>
44	<b>Total functional expenses (add lines 22 through 43)</b> <small>Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44 <b>6,425,555.</b>	<b>4,790,962.</b>	<b>625,540.</b>	<b>1,009,053.</b>

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 \$ **1,551,000.** ; (ii) the amount allocated to Program services \$ **542,000.** ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ **1,009,000.**

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE EXHIBIT 1**

**SEE EXHIBIT 1**

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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

a	<b>SEE EXHIBIT 1</b>	(Grants and allocations \$ <b>622,582.</b> )	<b>4,790,962.</b>
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		<b>4,790,962.</b>

**Part IV Balance Sheets**

**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		45
	46 Savings and temporary cash investments	1,664,230.	46 619,167.
	47 a Accounts receivable	47a 351,673.	
	b Less: allowance for doubtful accounts	47b	47c 351,673.
	48 a Pledges receivable	48a 128,162.	
	b Less: allowance for doubtful accounts	48b	48c 128,162.
	49 Grants receivable	152,999.	49 0.
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 Investments - securities <b>STMT 5</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	11,921,241.	54 12,851,562.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 692,692.		
b Less: accumulated depreciation <b>STMT 6</b>	57b 628,242.	57c 64,450.	
58 Other assets (describe <b>▶ SEE STATEMENT 7</b> )	353,499.	58 401,273.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>14,811,424.</b>	<b>59 14,416,287.</b>	
Liabilities	60 Accounts payable and accrued expenses	1,094,455.	60 1,304,875.
	61 Grants payable		61
	62 Deferred revenue	0.	62 9,731.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable <b>STMT 8</b>	0.	64b 100,000.
65 Other liabilities (describe <b>▶ DUE TO AFFILIATES</b> )	630,467.	65 450,043.	
<b>66 Total liabilities</b> (add lines 60 through 65)	<b>1,724,922.</b>	<b>66 1,864,649.</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,178,613.	67 5,199,749.
	68 Temporarily restricted	2,269,082.	68 2,710,617.
	69 Permanently restricted	4,638,807.	69 4,641,272.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> 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
<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	<b>13,086,502.</b>	<b>73 12,551,638.</b>	
<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>14,811,424.</b>	<b>74 14,416,287.</b>	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	
a Total revenue, gains, and other support per audited financial statements	a 5,890,691.
b Amounts included on line a but not on line 12, Form 990:	
(1) Net unrealized gains on investments \$ 703,705.	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify): STMT 9 \$ 2,465.	
Add amounts on lines (1) through (4)	b 706,170.
c Line a minus line b	c 5,184,521.
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 0.
e Total revenue per line 12, Form 990 (line c plus line d)	e 5,184,521.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	a 6,425,555.
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): \$	
Add amounts on lines (1) through (4)	b 0.
c Line a minus line b	c 6,425,555.
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 0.
e Total expenses per line 17, Form 990 (line c plus line d)	e 6,425,555.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)				
(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
STEPHEN L. BENNETT 1660 L STREET, NW, #700 WASHINGTON, DC 20036	PRESIDENT AND CEO 40	316,058.	22,721.	0.
ANITA PORCO 1660 L STREET, NW, #700 WASHINGTON, DC 20036	BOARD CHAIR (PAST) 1	0.	0.	0.
THOMAS O'DONNELL 1660 L STREET, NW, #700 WASHINGTON, DC 20036	BOARD CHAIR (PRESENT) 1	0.	0.	0.
DUNCAN WYETH 1660 L STREET, NW, #700 WASHINGTON, DC 20036	BOARD VICE-CHAIR 1	0.	0.	0.
KEVIN KELLY 1660 L STREET, NW, #700 WASHINGTON, DC 20036	TREASURER 1	0.	0.	0.
RICK FLEETWOOD 1660 L STREET, NW, #700 WASHINGTON, DC 20036	SECRETARY 1	0.	0.	0.
EXHIBIT 3				
Directors and officers liability insurance premiums have been paid by the organization. This benefit is being reported in total and is not shown in the allocation of Part V.	Current Year Premium -		9,426	

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? If "Yes," attach schedule.  Yes  No

Part VI Other Information	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	76	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.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year? <span style="float: right;">N/A</span>	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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?	80a	X
b If "Yes," enter the name of the organization <b>▶ UCP RESEARCH FOUNDATION AND AFFILIATES</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct or indirect political expenditures. See line 81 instructions <span style="float: right;">81a</span> <u>0.</u>		
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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?	82a	X
b 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.) <span style="float: right;">82b</span>		
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? <span style="float: right;">N/A</span>	84a	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <span style="float: right;">N/A</span>	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float: right;">N/A</span>	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? <span style="float: right;">N/A</span>	85b	
c Dues, assessments, and similar amounts from members <span style="float: right;">85c</span> <u>N/A</u>		
d Section 162(e) lobbying and political expenditures <span style="float: right;">85d</span> <u>N/A</u>		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float: right;">85e</span> <u>N/A</u>		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float: right;">85f</span> <u>N/A</u>		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float: right;">N/A</span>	85g	
h 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? <span style="float: right;">N/A</span>	85h	
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 <span style="float: right;">86a</span> <u>N/A</u>		
b Gross receipts, included on line 12, for public use of club facilities <span style="float: right;">86b</span> <u>N/A</u>		
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders <span style="float: right;">87a</span> <u>N/A</u>		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float: right;">87b</span> <u>N/A</u>		
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	88	X
89 a 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 <span style="float: right;">▶</span> <u>0.</u>		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float: right;">▶</span> <u>0.</u>		
90 a List the states with which a copy of this return is filed <b>▶ SEE EXHIBIT 2</b>		
b Number of employees employed in the pay period that includes March 12, 2003 <span style="float: right;">90b</span> <u>30</u>		
91 The books are in care of <b>▶ UNITED CEREBRAL PALSY ASSOCIATION</b> Telephone no. <b>▶ (202) 776-0406</b>		

Located at **▶ 1660 L STREET, NW, WASHINGTON, DC**

ZIP + 4 **▶ 20036**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here  and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

