

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

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 09/30/2006

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: UNITED CEREBRAL PALSY ASSOCIATIONS, INC. D Employer identification number: 13-1641079 E Telephone number: (202) 776-0406 F Accounting method: Cash, Accrual, Other (specify)

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? (If "No," attach a list. See instructions.) Yes No

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

I Group Exemption Number

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

G Website: WWW.UCP.ORG

J Organization type (check only one) 501(c)(3) 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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 8,150,268.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss); 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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

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
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization UNITED CEREBRAL PALSY ASSOCIATIONS, INC.	Employer identification number 13-1641079
	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 L STREET, NW, SUITE 700	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

- The books are in the care of ▶ THE ASSOCIATION

Telephone No. ▶ 202 776-0406 FAX No. ▶ _____

- 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-months for a **Form 990-T corporation**) extension of time until 05/15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or

▶ tax year beginning 10/01, 2005, and ending 09/30, 2006.

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 \$ N/A

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 \$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

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. (See the instructions.)

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 \$ <u>469,267.</u> , noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22	469,267.	469,267.	STMT 9	
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	396,040.	170,297.	146,535.	79,208.
26 Other salaries and wages	26	1,814,310.	1,526,041.	69,981.	218,288.
27 Pension plan contributions	27	73,360.	61,571.	2,817.	8,972.
28 Other employee benefits	28	234,328.	188,262.	15,811.	30,255.
29 Payroll taxes	29	121,499.	99,056.	7,029.	15,414.
30 Professional fundraising fees	30	246,007.	115,623.		130,384.
31 Accounting fees	31	69,315.	50,583.	4,599.	14,133.
32 Legal fees	32	40,377.	29,465.	2,679.	8,233.
33 Supplies	33	18,830.	13,824.	2,042.	2,964.
34 Telephone	34	46,997.	37,449.	3,706.	5,842.
35 Postage and shipping	35	198,911.	97,465.	3,677.	97,769.
36 Occupancy	36	576,808.	433,608.	48,440.	94,760.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	297,195.	147,294.	7,114.	142,787.
39 Travel	39	208,099.	125,685.	65,951.	16,463.
40 Conferences, conventions, and meetings	40	138,911.	134,482.	4,328.	101.
41 Interest	41	69,228.	46,818.	13,475.	8,935.
42 Depreciation, depletion, etc. (attach schedule)	42	65,945.	49,719.	5,581.	10,645.
43 Other expenses not covered above (itemize):		STMT 10			
a PROGRAM, PROFESSIONAL, AND	43a				
b CONTRACT SERVICES	43b	959,544.	764,141.	79,984.	115,419.
c MEMBERSHIP DUES, SUPPORT	43c				
d AND SUBSCRIPTIONS	43d	79,200.	64,143.	8,099.	6,958.
e EMPLOYEE RECRUITMENT	43e	696.	525.	59.	112.
f MISCELLANEOUS	43f	162,853.	68,418.	12,226.	82,209.
g UNCOLLECTIBLE DUES	43g	8,174.	8,174.		
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	6,295,894.	4,701,910.	504,133.	1,089,851.

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 \$ 2,019,000.; (ii) the amount allocated to Program services \$ 867,000.;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ 1,152,000.

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
Assets	45 Cash - non-interest-bearing	249,603.	45	181,396.
	46 Savings and temporary cash investments	228,070.	46	685,187.
	47a Accounts receivable	47a 305,986.		
	b Less: allowance for doubtful accounts	47b	127,680.	47c 305,986.
	48a Pledges receivable	48a 35,047.		
	b Less: allowance for doubtful accounts	48b	157,115.	48c 35,047.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	83,790.	52	NONE
	53 Prepaid expenses and deferred charges	100,823.	53	140,571.
	54 Investments - securities (attach schedule) STMT 13 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,285,889.	54	13,098,918.
	55a Investments - land, buildings, and equipment: basis	55a		
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments - other (attach schedule)		56		
57a Land, buildings, and equipment: basis STMT 14 57a 931,694.				
b Less: accumulated depreciation (attach schedule)	57b 745,024.	237,893.	57c 186,670.	
58 Other assets (describe <input type="checkbox"/> STMT 15)	431,169.	58	449,365.	
59 Total assets (must equal line 74). Add lines 45 through 58.	14,902,032.	59	15,083,140.	
Liabilities	60 Accounts payable and accrued expenses	934,903.	60	1,013,969.
	61 Grants payable		61	
	62 Deferred revenue	86,782.	62	193,741.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) STMT 16	1,000,000.	64b	330,000.
	65 Other liabilities (describe <input type="checkbox"/> STMT 17)	141,761.	65	192,347.
66 Total liabilities. Add lines 60 through 65	2,163,446.	66	1,730,057.	
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	4,864,150.	67	5,201,964.
	68 Temporarily restricted	3,226,364.	68	3,497,757.
	69 Permanently restricted	4,648,072.	69	4,653,362.
	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; column (B) must equal line 21)	12,738,586.	73	13,353,083.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	14,902,032.	74	15,083,140.

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

a	Total revenue, gains, and other support per audited financial statements	a	7,027,328.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	287,508.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>SEE STATEMENT 18</u>	b4	5,290.
	Add lines b1 through b4	b	292,798.
c	Subtract line b from line a	c	6,734,530.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): <u>SEE STATEMENT 19</u>	d2	-116,937.
	Add lines d1 and d2	d	-116,937.
e	Total revenue (Part I, line 12). Add lines c and d	e	6,617,593.

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

a	Total expenses and losses per audited financial statements	a	6,412,831.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify): <u>SEE STATEMENT 20</u>	b4	116,937.
	Add lines b1 through b4	b	116,937.
c	Subtract line b from line a	c	6,295,894.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	6,295,894.

Part V Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
SEE STATEMENT 21		360,000.	36,040.	NONE
Directors and officers liability insurance premiums have been paid by the organizations. This benefit is being reported in total and is not shown in the allocation of part V.		Current Year Premium	\$8,188	

