

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 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.	G Name of organization UNITED CEREBRAL PALSY ASSOCIATIONS, INC.		D Employer identification number 13-1641079	
		Number and street (or P.O. box if mail is not delivered to street address) 1660 L STREET, NW		Room/suite 700	E Telephone number (202) 776-0406
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? **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	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	1,941,228.		
	b Indirect public support	1b	379,728.		
	c Government contributions (grants)	1c	300,103.		
	d Total (add lines 1a through 1c) (cash \$ 2,621,059. noncash \$ _____) ...	1d	2,621,059.		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	68,628.		
	3 Membership dues and assessments	3	2,184,863.		
	4 Interest on savings and temporary cash investments	4	8,875.		
	5 Dividends and interest from securities	5	399,091.		
	6 a 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				
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	8,358,839.	8a			
	8,456,834.	8b			
	<97,995.>	8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1		<97,995.>	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
b Less: direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a 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				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,184,521.			
Expenses	13 Program services (from line 44, column (B))	13	4,790,962.		
	14 Management and general (from line 44, column (C))	14	625,540.		
	15 Fundraising (from line 44, column (D))	15	1,009,053.		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17	6,425,555.		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	<1,241,034.>		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	13,086,502.		
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	706,170.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	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 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
8b 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
8c 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

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.

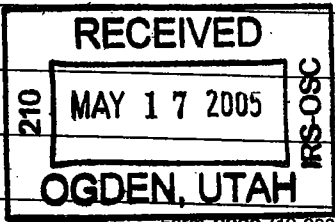
Signature: Margaret A. Bradshaw CPA Agent Date: 5/12/05

Notice to Applicant - To Be Completed by the IRS
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

Director: By: MAY 27 2005 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



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 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	
	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 |

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

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

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 STMT 5 <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 STMT 6	57b 628,242.	57c 64,450.	
58 Other assets (describe ▶ SEE STATEMENT 7)	353,499.	58 401,273.	
59 Total assets (add lines 45 through 58) (must equal line 74)	14,811,424.	59 14,416,287.	
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 STMT 8	0.	64b 100,000.
65 Other liabilities (describe ▶ DUE TO AFFILIATES)	630,467.	65 450,043.	
66 Total liabilities (add lines 60 through 65)	1,724,922.	66 1,864,649.	
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	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.
	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)	13,086,502.	73 12,551,638.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	14,811,424.	74 14,416,287.	

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? N/A	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 UCP RESEARCH FOUNDATION AND AFFILIATES 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 81a 0.		
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.) 82b		
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? N/A	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	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? N/A	85h	
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	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
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.		
90 a	List the states with which a copy of this return is filed SEE EXHIBIT 2		
b	Number of employees employed in the pay period that includes March 12, 2003 90b 30		
91	The books are in care of UNITED CEREBRAL PALSY ASSOCIATION Telephone no. (202) 776-0406		

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

Part VII Analysis of Income-Producing Activities (See page 33 of the 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) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ANNUAL CONFERENCE					68,628.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					2,184,863.
95 Interest on savings and temporary cash investments			14	8,875.	
96 Dividends and interest from securities			14	399,091.	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<97,995.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		309,971.	2,253,491.
105 Total (add line 104, columns (B), (D), and (E))					2,563,462.

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 page 34 of the 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 page 34 of the instructions.)

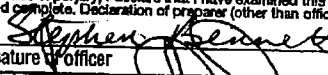
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

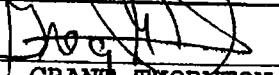
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (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:  Date: 6/15/05 Type or print name and title: _____

Paid Preparer's Use Only: Preparer's signature:  Date: 6/6/05 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP, 2070 CHAIN BRIDGE ROAD, SUITE 300, VIENNA, VA 22182

EIN: _____ Phone no.: (703) 847-7500

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(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.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2003

Name of the organization

UNITED CEREBRAL PALSY ASSOCIATIONS, INC.

Employer identification number

13 1641079

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

(See page 1 of the 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
<u>MURRAY GOLDSTEIN</u> 1660 L ST. NW, WASHINGTON, DC 20036	DIR R&E FDN 10ASSOC/30FDN	170,201.	23,916.	0.
<u>DAVID BENNETT</u> 1660 L ST. NW, WASHINGTON, DC 20036	VP DEVELOP 40	136,010.	10,929.	0.
<u>CHRISTOPHER THOMSON</u> 1660 L ST. NW, WASHINGTON, DC 20036	DIR CORP AFF 40	102,994.	10,637.	0.
<u>SUE A. JONES</u> 1660 L ST. NW, WASHINGTON, DC 20036	DIR HR&ADMIN 40	94,298.	6,538.	0.
<u>GARY DAVIS</u> 1660 L ST. NW, WASHINGTON, DC 20036	DIR AFFILIATE 40	91,702.	15,840.	0.
Total number of other employees paid over \$50,000 ▶	9			

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

(See page 2 of the 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
<u>GRANT THORNTON LLP</u> 666 THIRD AVENUE, NEW YORK, NY 10017	AUDIT	51,300.
<u>WILLIAM JONES</u> 8400 DELONGRE AVENUE, #405, LOS ANGELES, CA 90069	DIRECT MAIL CONSULTANT	90,923.

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the 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: \$ _____ \$ 38,330. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) 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.	X	
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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the 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 page 5 of the 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 page 6 of the 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,385,166.	5,594,339.	7,180,248.	8,309,937.	26,469,690.
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	127,183.	56,814.	75,521.	206,116.	465,634.
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	484,613.	513,927.	588,824.	441,473.	2,028,837.
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					
23 Total of lines 15 through 22	5,996,962.	6,165,080.	7,844,593.	8,957,526.	28,964,161.
24 Line 23 minus line 17	5,869,779.	6,108,266.	7,769,072.	8,751,410.	28,498,527.
25 Enter 1% of line 23	59,970.	61,651.	78,446.	89,575.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 569,971.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 28,498,527.
d Add: Amounts from column (e) for lines: 18 2,028,837. 19 _____ 22 _____ 26b _____					26d 2,028,837.
e Public support (line 26c minus line 26d total)					26e 26,469,690.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 92.8809%
27 Organizations described on line 12: 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: N/A (2002) _____ (2001) _____ (2000) _____ (1999) _____					
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: N/A (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
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?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	38,330.
38	Total lobbying expenditures (add lines 36 and 37)	38	38,330.
39	Other exempt purpose expenditures	39	6,296,302.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	6,334,632.
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		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
41		41	466,732.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	116,683.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45	466,732.	426,594.	409,471.	532,704.	1,835,501.
46					2,753,252.
47	38,330.	0.	80,000.	0.	118,330.
48	116,683.	106,649.	102,368.	133,176.	458,876.
49					688,314.
50	0.	0.	0.	0.	0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the 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.)			0.

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

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND EQUIPMENT * TOTAL 990 PAGE 2 DEPR	VARIES		.000	16	692,692.		0.	692,692.	612,871.	0.	15,371.
						692,692.			692,692.	612,871.		15,371.

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction

(D) - Asset disposed

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	8,358,839.	8,456,834.	0.	<97,995.>
TO FORM 990, PART I, LINE 8	8,358,839.	8,456,834.	0.	<97,995.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	703,705.
CHANGE IN BENEFICIAL INTEREST IN TRUSTS HELD BY THIRD PARTIES	2,465.
TOTAL TO FORM 990, PART I, LINE 20	706,170.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PROGRAM, PROFESSIONAL, AND CONTRACT SERVICES	1,135,130.	949,965.	77,258.	107,907.
MEMBERSHIP DUES AND SUPPORT AND SUBSCRIPTIONS	59,693.	40,543.	9,924.	9,226.
MISCELLANEOUS	21,019.	10,697.	9,719.	603.
EMPLOYEE RECRUITMENT	10,863.	8,694.	878.	1,291.
UNCOLLECTIBLE DUES	86,670.	86,670.		
TOTAL TO FM 990, LN 43	1,313,375.	1,096,569.	97,779.	119,027.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS	UCP RESEARCH & EDUCATIONAL FDN	1660 L STREET NW, #700, WASHINGTON, DC 20036	RELATED ORGANIZATION	250,000.
GRANTS	UCP BELLOWS	C/O UCPA, 1660 L STREET NW, #700, WASHINGTON, DC	AFFILIATE	163,506.
GRANTS	AFFILIATES (GRANT 140 PWI)	C/O UCPA, 1660 L STREET NW, #700, WASHINGTON, DC	AFFILIATE	27,360.
GRANTS	CHRISTINE RAMSEUR	C/O UCPA, 1660 L STREET NW, #700, WASHINGTON, DC	NONE	47,817.
GRANTS	GEORGIA TECH	C/O UCPA, 1660 L STREET NW, #700, WASHINGTON, DC	NONE	123,955.
GRANTS	GRANTS UNDER \$5,000	C/O UCPA, 1660 L STREET NW, #700, WASHINGTON, DC	NONE	9,944.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				622,582.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS				12851562.	12,851,562.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND EQUIPMENT	692,692.	628,242.	64,450.
TOTAL TO FORM 990, PART IV, LN 57	<u>692,692.</u>	<u>628,242.</u>	<u>64,450.</u>

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
DUE FROM AFFILIATES	240,860.
INTEREST IN CHARITABLE ANNUITY TRUSTS	160,413.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	<u>401,273.</u>

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT
 BRANCH BANKING & TRUST INTEREST PAYABLE MONTHLY
 COMPANY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
03/27/02	07/05/05	0.	4.75%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 COMPENSATING BALANCE LINE OF CREDIT

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
CASH	100,000.	100,000.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 100,000.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 9

DESCRIPTION	AMOUNT
CHANGE IN BENEFICIAL INTEREST IN TRUSTS HELD BY THIRD PARTIES	2,465.
TOTAL TO FORM 990, PART IV-A	2,465.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 10

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A&94	ANNUAL CONFERENCE AND AFFILIATES MEMBERSHIP DUES OF THE NATIONAL ASSOCIATION CONTRIBUTE IMPORTANTLY TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSE. THE ASSOCIATION SUPPORTS AFFILIATES IN ALL FACETS OF OPERATION SUCH AS MANAGEMENT, PROGRAM SERVICES, AND FUNDRAISING.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 11
PART III, LINE 3

GRANTS ARE APPROVED BASED ON APPLICANT'S MERIT BY THE GRANT MANAGER (FEDERAL GRANTS) AND BY THE BELLOWS SUBCOMMITTEE (BELLOWS FELLOWS GRANT).

UNITED CEREBRAL PALSY ASSOCIATIONS, INC.
(THE NATIONAL ASSOCIATION)
E.I.N. 13-1641079

FISCAL YEAR ENDED SEPTEMBER 30, 2004

FORM 990 PART III

United Cerebral Palsy Associations, Inc. is a nonprofit 501(c)(3) membership corporation organized under the Laws of the State of New York in 1948. It is the National Organization of a group of approximately 100 affiliates located throughout the United States.

The purpose for which the corporation was formed is:

- a) to promote research in cerebral palsy, the treatment, education, habilitation of persons with cerebral palsy and to subsidize professional training programs of all types related to the problem of cerebral palsy;
- b) to further, by professional and public education, information concerning all aspects of the problem of cerebral palsy and other disabilities;
- c) to promote better and more adequate techniques and facilities for the diagnosis and treatment of persons with cerebral palsy;
- d) to cooperate with governmental and private agencies concerned with the welfare of persons with cerebral palsy and other disabilities;
- e) to solicit, collect and otherwise raise funds and other property for the above purposes and for endowing supporting facilities for the care, treatment and study of persons with cerebral palsy and other disabilities;
- f) to establish affiliates and to cooperate with them for the above purposes;

Cerebral Palsy is a group of conditions, usually originating in childhood, characterized by paralysis, weakness in coordination or any other aberrations of motor function caused by pathology of the motor control centers of the brain. In addition to such neuromotor dysfunction, cerebral palsy may include learning difficulties, psychological dysfunctions, sensory defects, convulsions and behavioral disorder of organic origin.

Medical Research and Education

The Association continued its support of research activities by the UCP Research and Educational Foundation through a grant to the organization in FY 2004.

Support for Affiliates

This core function is focused on assisting UCP Affiliates. The Affiliate Services department assisted affiliates with territory expansion (as a means to provide services to more people in need) and in governance issues. Additionally, the department facilitated cooperation among affiliates in providing services and generating revenue for their local organizations. The department provided opportunities for affiliates to share information and best practices.

Public Education and Information

United Cerebral Palsy (UCP) strives to build general public awareness of disability issues to directly improve the lives of people with disabilities and their families, while encouraging others to consider people with disabilities in everyday life. UCP launched two regularly published electronic newsletters for the public in FY 2004 to highlight stories of people living with a disability, share best nonprofit practices with UCP affiliates, and to promote the United Cerebral Palsy brand. UCP also published 50 comprehensive One-Stop State Resource Guides for people with disabilities and their families. Each state guide contains complete state listings and contact information of nonprofit and government services for people with disabilities.

Since its inception in February 2004, United Cerebral Palsy's direct mail campaign has sent nearly 3 million pieces of mail. These letters – which educate the public about UCP's mission – feature the services our nearly 100 affiliates provide to individuals with cerebral palsy and other disabilities, as well as to their families. The letters also highlight the work of the UCP Research and Educational Foundation, whose goal is to identify the causes of cerebral palsy, search for ways to prevent it, and to improve the lives of people living with cerebral palsy and other developmental disorders.

Public Policy Analysis

Reauthorization of the Assistive Technology Act and IDEA were the most significant Federal accomplishments during the past fiscal year. Other federal public policy activities included monitoring federal implementation and funding of the Help America Vote Act, monitoring funding for federal programs that benefit people with disabilities such as Medicaid and Social Security, pushing for introduction of direct support professional wage legislation, and working with the Administration on regulations implementing Leave No Child Behind.

Grants and Awards

UCP has a history of federal and private grants and contracts designed to promote best practices in services to individuals with disabilities. In FY 2004, UCP administered the following grants and awards:

- Tech Connections, (U.S. Department of Education)
- Projects with Industry (U.S. Department of Education)
- Bellows Fellows

United Cerebral Palsy Associations
EIN: 13-1641079
Form 990

Exhibit 2

Part VI, Question 90a – List of states with which a copy of this return is filed:

Alabama
Alaska
Arizona
Arkansas
California
Connecticut
District of Columbia
Florida
Georgia
Illinois
Kansas
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin

**UNITED CEREBRAL PALSY ASSOCIATIONS, INC.
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