

Form **990**

Return of Organization Exempt From Income Tax

2008

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

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 **2008** calendar year, or tax year beginning **OCT 1, 2008** and ending **SEP 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED CEREBRAL PALSY INC.		D Employer identification number 20-3568840	
		Doing Business As		E Telephone number 202-776-0406	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 17,456,209	
		1660 L ST, NW	700		
City or town, state or country, and ZIP + 4 WASHINGTON, DC 20036		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
F Name and address of principal officer: STEPHEN BENNETT		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
SAME AS C ABOVE		H(c) Group exemption number			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.UCP.ORG					
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2005		
M State of legal domicile: DC					

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>(SEE SCHEDULE O)</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of employees (Part V, line 2a)	5	30
	6 Total number of volunteers (estimate if necessary)	6	50
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 31	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,730,370.	3,157,652.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,239,315.	2,665,330.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	265,867.	-505,364.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	186,123.	142,332.
	12	3,421,675.	5,459,950.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		11,619.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,255,612.	2,253,269.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	90,241.	
	b Total fundraising expenses (Part IX, column (D), line 25) 708,450.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,835,046.	4,357,186.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,180,899.	6,622,074.
19 Revenue less expenses. Subtract line 18 from line 12	240,776.	-1,162,124.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	11,658,165.	9,568,023.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,146,900.	1,834,802.
22	9,511,265.	7,733,221.	

Part II Signature Block

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.

PUBLIC INSPECTION COPY - RETAIN FOR YOUR RECORDS

Sign Here Signature of officer: **STEPHEN BENNETT, PRESIDENT** Date: _____

Paid Preparer's Use Only Preparer's signature: *[Signature]* Date: **8/13/10** Check if self-employed: Preparer's identifying number (see instructions): _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY, INC., 9737 WASHINGTONIAN BLVD., #400, GAITHERSBURG, MD 20878-7340** EIN: _____ Phone no.: **(301) 296-3600**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO ADVANCE THE INDEPENDENCE, PRODUCTIVITY AND FULL CITIZENSHIP OF PEOPLE WITH DISABILITIES THROUGH AN AFFILIATE NETWORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 1,375,106, including grants of \$ 11,619.) (Revenue \$ 943,982.)

PUBLIC EDUCATION - UCP ENDEAVORED TO CREATE BROAD-SCALE SYSTEM CHANGE BY ARMING SOCIETY WITH THE LATEST INFORMATION ON DISABILITIES ISSUES AND BY FACILITATING THE CREATION OF SELF-SUSTAINING NETWORKS FOR PEOPLE WITH DISABILITIES, THEIR LOVED ONES AND THE SOCIETY AT LARGE. UCP PROVIDED PUBLIC INFORMATION ON DISABILITIES AND LINKED PEOPLE TO DIRECT SERVICES THROUGH ITS COMPREHENSIVE INFORMATION AND REFERRAL PROGRAM. IT CONTINUED TO CREATE WEB-BASED SYSTEMS TO CONNECT COMMUNITIES AND ADVOCATES TO DISABILITY ISSUES. UCP ADVANCED ITS MY CHILD WITHOUT LIMITS PROGRAM, PROVIDING FAMILY MEMBERS OF THOSE WITH DISABILITIES THE KNOWLEDGE, RESOURCES, AND NETWORK TO ENSURE A FUTURE IS WITHOUT LIMITS FOR PERSONS WITH DISABILITIES BY ASSISTING FAMILIES IN OBTAINING THE NECESSARY SUPPORT AND SERVICES IN CHILD CARE, SUPPORTED LIVING,

4b (Code:) (Expenses \$ 1,861,240, including grants of \$) (Revenue \$ 2,461,495.)

SUPPORT FOR AFFILIATES - APPROXIMATELY 100 LOCAL SERVICE PROVIDERS, OR UCP AFFILIATES, REACHED MORE THAN 176,000 INDIVIDUALS AND THEIR FAMILIES DAILY IN THE U.S., AUSTRALIA, CANADA, AND THE U.K. (SCOTLAND). AFFILIATES' SERVICES INCLUDE HOUSING, THERAPY, ASSISTIVE TECHNOLOGY TRAINING, EARLY INTERVENTION PROGRAMS, INDIVIDUAL AND FAMILY SUPPORT, SOCIAL AND RECREATION PROGRAMS, COMMUNITY LIVING, STATE AND LOCAL REFERRALS, EMPLOYMENT ASSISTANCE AND ADVOCACY. UCP NATIONAL SUPPORTED THE AFFILIATE NETWORK THROUGH FUNDRAISING, MARKETING AND COMMUNICATIONS, BEST PRACTICES AND PROGRAMMATIC SUPPORT. IN ADDITION, IT FACILITATED A NATIONAL ANNUAL MEETING, REGIONAL MEETINGS AND LAUNCHED A NEW BUSINESS DEVELOPMENT UNIT TO AID IN STRATEGIC PLANNING, GOVERNANCE, EXECUTIVE RECRUITING, MERGERS AND ACQUISITION AND

4c (Code:) (Expenses \$ 620,993, including grants of \$) (Revenue \$)

PUBLIC POLICY - UCP CONTINUED TO ADVOCATE ON BEHALF OF INDIVIDUALS WITH DISABILITIES, ADVANCING FEDERAL DISABILITY PUBLIC POLICY THROUGH ITS DISABILITY POLICY COLLABORATION. UCP IMPACTED NATIONAL PUBLIC POLICY FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES BY EDUCATING CONGRESS AND THE ADMINISTRATION ON SEVERAL MAJOR LAWS AND PENDING BILLS THAT IMPACT THE DISABILITIES COMMUNITY. IT ALSO CONTINUED TO PLAY AN ACTIVE ROLE IN SHAPING PENDING FEDERAL REGULATIONS THAT IMPACT THE DISABILITIES COMMUNITY.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 177,025, including grants of \$) (Revenue \$)

4e Total program service expenses \$ 4,034,364. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 12a regarding IRS filings, Form 990-T, and charitable trusts.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (19); 1b Enter the number of voting members that are independent (18); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (Yes); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (Yes); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9a Does the organization have local chapters, branches, or affiliates? (Yes); 9b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (Yes); 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 (Yes); 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include: 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: a The organization's CEO, Executive Director, or top management official? (Yes); b Other officers or key employees of the organization? (Yes); Describe the process in Schedule O. (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (No).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. (X) Own website, () Another's website, (X) Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: (STEPHEN BENNETT - 202-776-0406, 1660 L ST, NW, NO. 700, WASHINGTON, DC 20036).

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE FRIED CHAIR	1.00	X		X				0.	0.	0.
KEITH GREEN VICE CHAIR	1.00	X		X				0.	0.	0.
MICHAEL GRESALFI, PH.D. SECRETARY	1.00	X		X				0.	0.	0.
JOHN "JACK" MAGUIRE TREASURER	1.00	X		X				0.	0.	0.
LOREEN ARBUS TRUSTEE	1.00	X						0.	0.	0.
DR. JAMES BENNETT TRUSTEE	1.00	X						0.	0.	0.
MARK BOLES TRUSTEE	1.00	X						0.	0.	0.
MICHAEL BURKE TRUSTEE	1.00	X						0.	0.	0.
RICHARD DONOVAN TRUSTEE	1.00	X						0.	0.	0.
NINA EATON TRUSTEE	1.00	X						0.	0.	0.
JOHN HEALD TRUSTEE	1.00	X						0.	0.	0.
ERIC HESPENHEIDE TRUSTEE	1.00	X						0.	0.	0.
CHERYL HINES TRUSTEE	1.00	X						0.	0.	0.
GLORIA JOHNSON-CUSACK TRUSTEE	1.00	X						0.	0.	0.
THOMAS O'DONNELL TRUSTEE	1.00	X						0.	0.	0.
ANNE RADER TRUSTEE	1.00	X						0.	0.	0.
IAN RIDLON TRUSTEE	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DUNCAN O. WYETH TRUSTEE	1.00	X						0.	0.	
STEPHEN BENNETT PRESIDENT/CEO/EX OFFICIO	60.00			X				396,608.	19,082.	
CHRISTOPHER THOMSON VP OF CORP AFFAIRS	40.00					X		149,423.	9,678.	
ARMETTA PARKER VP MARKETING	40.00					X		144,614.	9,683.	
ANITA PORCO VP AFFILIATE NETWORK	40.00					X		141,872.	12,683.	
CATHERINE BRACK DIR OF CORP GIVING	40.00					X		128,733.	8,053.	
JULIE WARD DIRECTOR EMPT. & TRANS	40.00					X		103,976.	5,199.	
1b Total								1,065,226.	64,378.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 6

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. NONE

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	51,948.					
	d	Related organizations	1d						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,105,704.					
	g	Noncash contributions included in lines 1a-1f: \$							
	h	Total. Add lines 1a-1f		3,157,652.					
	Program Service Revenue	2 a	MEMBERSHIP FEES	Business Code 900099	2,461,495.	2,461,495.			
		b	ANNUAL CONFERENCE	900099	203,835.	203,835.			
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f		2,665,330.					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		525,142.			525,142.	
	4	Income from investment of tax-exempt bond proceeds							
	5	Royalties							
	6 a	Gross Rents	(i) Real	(ii) Personal					
			131,744.						
			b	Less: rental expenses					
			c	Rental income or (loss)	131,744.				
	d	Net rental income or (loss)			131,744.		131,744.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			10,887,602.						
			b	Less: cost or other basis and sales expenses	11,917,441.	667.			
			c	Gain or (loss)	-1,029,839.	-667.			
	d	Net gain or (loss)			-1,030,506.		-1,030,506.		
	8 a	Gross income from fundraising events (not including \$ 51,948. of contributions reported on line 1c). See Part IV, line 18	a	51,947.					
			b	Less: direct expenses	78,151.				
			c	Net income or (loss) from fundraising events			-26,204.		-26,204.
	9 a	Gross income from gaming activities. See Part IV, line 19	a						
			b	Less: direct expenses					
c			Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a							
		b	Less: cost of goods sold						
		c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code						
11 a	OTHER REVENUE	900099	36,792.			36,792.			
b									
c									
d	All other revenue								
e	Total. Add lines 11a-11d			36,792.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			5,459,950.	2,665,330.	0.	-363,032.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	11,619.	11,619.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	410,031.	219,673.	121,596.	68,762.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,508,240.	808,034.	447,273.	252,933.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,918.	38,530.	21,328.	12,060.
9 Other employee benefits	127,455.	68,284.	37,797.	21,374.
10 Payroll taxes	135,625.	72,661.	40,220.	22,744.
11 Fees for services (non-employees):				
a Management				
b Legal	23,782.	16,252.	7,317.	213.
c Accounting	41,403.	28,292.	12,739.	372.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,338.		23,338.	
g Other	944,224.	465,360.	214,736.	264,128.
12 Advertising and promotion				
13 Office expenses	79,008.	15,356.	55,408.	8,244.
14 Information technology				
15 Royalties				
16 Occupancy	641,635.	54,842.	586,793.	
17 Travel	81,702.	33,437.	39,970.	8,295.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	85,528.	79,541.	3,759.	2,228.
20 Interest	61,641.		61,641.	
21 Payments to affiliates	1,674,765.	1,610,075.	41,490.	23,200.
22 Depreciation, depletion, and amortization	61,664.		61,664.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>EVENTS SUPPORT</u>	285,817.	285,817.		
b <u>MEMBERSHIP DUES, SUPPOR</u>	276,367.	225,020.	43,754.	7,593.
c <u>OTHER EXPENSES</u>	45,112.	1,536.	27,382.	16,194.
d <u>RECRUITMENT</u>	18,200.	35.	18,055.	110.
e <u>UNCOLLECTIBLE DUES</u>	13,000.		13,000.	
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,622,074.	4,034,364.	1,879,260.	708,450.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	500.	1	500.
	2	Savings and temporary cash investments	530,723.	2	670,597.
	3	Pledges and grants receivable, net	500,000.	3	
	4	Accounts receivable, net	285,070.	4	269,367.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	280,000.	7	108,000.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	134,407.	9	31,056.
	10a	Land, buildings, and equipment: cost basis ...	608,505.		
	10b	Less: accumulated depreciation. Complete Part VI of Schedule D	510,904.		
	10c		159,500.		97,601.
	11	Investments - publicly traded securities	9,586,815.	11	8,229,687.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	181,150.	15	161,215.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	11,658,165.	16	9,568,023.	
Liabilities	17	Accounts payable and accrued expenses	804,035.	17	606,788.
	18	Grants payable		18	
	19	Deferred revenue	74,072.	19	31,769.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,158,688.	23	860,589.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	110,105.	25	335,656.
	26	Total liabilities. Add lines 17 through 25	2,146,900.	26	1,834,802.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,639,106.	27	2,284,129.
	28	Temporarily restricted net assets	3,237,477.	28	824,585.
	29	Permanently restricted net assets	4,634,682.	29	4,624,507.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	9,511,265.	33	7,733,221.
	34	Total liabilities and net assets/fund balances	11,658,165.	34	9,568,023.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		x
b Were the organization's financial statements audited by an independent accountant?	x	
c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	x	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		x
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED CEREBRAL PALSY INC.** Employer identification number **20-3568840**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,717,123.	5,965,810.	7,003,498.	6,038,512.	5,619,147.	30,344,090.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	5,717,123.	5,965,810.	7,003,498.	6,038,512.	5,619,147.	30,344,090.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,478,030.
6 Public Support. Subtract line 5 from line 4.						28,866,060.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	5,717,123.	5,965,810.	7,003,498.	6,038,512.	5,619,147.	30,344,090.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	575,159.	656,898.	797,396.	658,022.	656,886.	3,344,361.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,001,237.	69,087.	6,683.	141,785.	36,792.	1,255,584.
11 Total support. Add lines 7 through 10						34,944,035.
12 Gross receipts from related activities, etc. (see instructions)					12	651,807.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	82.61	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	81.56	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

UNITED CEREBRAL PALSY INC.

20-3568840

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

UNITED CEREBRAL PALSY INC.

20-3568840

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 92,158.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <p align="center">UNITED CEREBRAL PALSY INC.</p>	Employer identification number <p align="center">20-3568840</p>
--	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	16,000.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	26,000.													
c	Total lobbying expenditures (add lines 1a and 1b)	42,000.													
d	Other exempt purpose expenditures	6,580,074.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	6,622,074.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	481,104.													
<table border="1"> <thead> <tr> <th>if the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		if the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
if the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	120,276.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount	464,795.	581,780.	362,186.	481,104.	1,889,865.
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,834,798.
c	Total lobbying expenditures	75,789.	70,000.	34,579.	42,000.	222,368.
d	Grassroots non-taxable amount	116,199.	145,445.	90,547.	120,276.	472,467.
e	Grassroots ceiling amount (150% of line 2d, column (e))					708,701.
f	Grassroots lobbying expenditures	16,639.	15,000.	1,202.	16,000.	48,841.

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
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 Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

UNITED CEREBRAL PALSY INC.

Employer identification number

20-3568840

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors...?, 6 Did the organization inform all grantees...?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historic land area, historic structure) and a table for 'Held at the End of the Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report... provide, in Part XIV, the text of the footnote...
1b If the organization elected, as permitted under SFAS 116, to report... provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
a Revenues included in Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,471,740.				
b Contributions					
c Investment earnings or losses	-469,440.				
d Grants or scholarships					
e Other expenditures for facilities and programs	210,484.				
f Administrative expenses	10,547.				
g End of year balance	7,781,269.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 40.57 %
- b Permanent endowment 59.43 %
- c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	x	
3a(ii)		x
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		608,505.	510,904.	97,601.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				97,601.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
DUE TO AFFILIATES	335,656.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	335,656.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,459,950.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,622,074.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-1,162,124.
4	Net unrealized gains (losses) on investments	4	-595,985.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-19,935.
9	Total adjustments (net). Add lines 4-8	9	-615,920.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-1,778,044.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	4,925,598.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-595,985.
b	Donated services and use of facilities	2b	2,750.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-19,935.
e	Add lines 2a through 2d	2e	-613,170.
3	Subtract line 2e from line 1	3	5,538,768.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-78,818.
c	Add lines 4a and 4b	4c	-78,818.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,459,950.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	6,703,642.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,750.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	78,818.
e	Add lines 2a through 2d	2e	81,568.
3	Subtract line 2e from line 1	3	6,622,074.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,622,074.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: PERMANENTLY RESTRICTED NET ASSETS AT SEPTEMBER 30,

2009, CONSIST OF THE BELLOWS ENDOWMENT DETAILED ABOVE, AS WELL AS

CHARITABLE ANNUITY TRUST INTERESTS. EARNINGS ON THE BELLOWS ENDOWMENT

FUND ARE TEMPORARILY RESTRICTED FOR PROGRAM PURPOSES AS SPECIFIED BY THE

DONOR. UCP IS THE BENEFICIARY OF THE INCOME OF TWO CHARITABLE ANNUITY

TRUSTS THAT IT DOES NOT ADMINISTER. THE INVESTMENTS OF EACH TRUST ARE

ADMINISTERED BY A TRUSTEE WHO IS INDEPENDENT OF UCP, AND DISTRIBUTIONS ARE

MADE TO UCP IN ACCORDANCE WITH THE TRUST AGREEMENT FOR EACH TRUST. THESE

Part XIV Supplemental Information (continued)

TRUSTS ARE INVESTED IN CASH AND CASH EQUIVALENTS, FIXED INCOME FUNDS,
MUTUAL FUNDS, AND EQUITIES. UCP RECORDS ITS INTEREST IN THESE TRUSTS AT
FAIR MARKET VALUE WITHIN PERMANENTLY RESTRICTED NET ASSETS.

ANNUALLY, UCP BUDGETS FOR 5% OF THE BOARD DESIGNATED ENDOWMENT FUNDS TO BE
SPENT IN THE FOLLOWING YEAR. THROUGHOUT THE YEAR, MONTHLY, 5% OF THE
INVESTMENT BALANCE IS TRANSFERRED TO OPERATIONS FOR UTILIZATION.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTERESTS IN TRUSTS HELD BY THIRD PARTIES: -19935.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTERESTS IN TRUSTS HELD BY THIRD PARTIES: -19935.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS: -667.

GALA EXPENSES: -78151.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON DISPOSAL OF FIXED ASSETS: 667.

GALA EXPENSES: 78151.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization UNITED CEREBRAL PALSY INC.	Employer identification number 20-3568840
---	---

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANT	PROGRAM SUPPORT	11,619.
Totals					11,619.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 **X**
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE (INCLUDING ICELAND AND GREENLAND)	PROGRAM SUPPORT	11,619	WIRE TRANSFER	0		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**

3 Enter total number of other organizations or entities **1**

Part IV Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: THE GRANT WAS AWARDED TO A SPANISH NON-PROFIT

IN ORDER FOR THE NON-PROFIT TO SPONSOR A DISABLED INDIVIDUAL'S TRAVEL

COSTS TO COME TO THE UNITED STATES TO WORK ON THE PROGRAMS OF UNITED

CEREBRAL PALSY, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		ECONOMIC FORUM (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	103,895.		103,895.	
	2	Less: Charitable contributions	51,948.		51,948.	
	3	Gross revenue (line 1 minus line 2)	51,947.		51,947.	
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	78,151.		78,151.	
	8	Direct expense summary. Add lines 4 through 7 in column (d)				(78,151)
	9	Net income summary. Combine lines 3 and 8 in column (d)				-26,204.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				()
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .			
c If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
17a			
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization **UNITED CEREBRAL PALSY INC.** Employer identification number **20-3568840**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? **4a** Yes No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** Yes No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** Yes No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** Yes No
- b** Any related organization? **5b** Yes No

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** Yes No
- b** Any related organization? **6b** Yes No

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7** Yes No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** Yes No

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (j).
 Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
(i) STEPHEN BENNETT	396,608.	0.	0.	8,000.	11,082.	415,690.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i) CHRISTOPHER THOMSON	149,423.	0.	0.	4,678.	5,000.	159,101.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i) ARNETTA PARKER	144,614.	0.	0.	4,683.	5,000.	154,297.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i) ANITA FORCO	141,872.	0.	0.	4,683.	8,000.	154,555.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(i)							
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(i)							
(ii)							
(i)							
(ii)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED CEREBRAL PALSY INC.

Employer identification number

20-3568840

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

UCP DISCONTINUED MAJOR SUPPORT FOR THE RIDE WITHOUT LIMITS, SOME OF

UCP'S AFFILIATES STILL UTILIZE THE PROGRAM AS A PUBLIC EDUCATION AND

FUNDRAISING VEHICLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION, HEALTH, EMPLOYMENT, HEALTH AND RECREATIONAL ACTIVITIES, UCP

RESEARCHED AND DISSEMINATED ITS ANNUAL CASE FOR INCLUSION REPORT, A

50-STATE ANALYSIS OF MEDICAID SERVICES FOR PEOPLE WITH INTELLECTUAL AND

DEVELOPMENTAL DISABILITIES, CREATING A BENCHMARK FOR STATEWIDE SERVICE

AND AN IMPORTANT EDUCATION TOOL. IT CONTINUED ITS GROUNDBREAKING LIFE

WITHOUT LIMITS INITIATIVE, CREATING AN INCUBATOR FOR NEW PROGRAMS AND

INITIATIVES TO ALLOW PEOPLE WITH DISABILITIES TO LEAD THEIR OWN LIVES

ON THEIR OWN TERMS THROUGH DYNAMIC AND SELF-SUSTAINING NETWORKS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

OPERATIONAL EFFICIENCIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDED DIRECT GRANTS TO

INDIVIDUALS FOR THE ACQUISITION OF PERSONAL ASSISTIVE TECHNOLOGY

DEVICES.

EXPENSES \$ 177025. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: UCP'S MEMBERSHIP IS COMPOSED OF

DOMESTIC 501(C)(3) CHARITABLE NONPROFITS WHICH PROVIDE SERVICES TO AND

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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20-3568840

ADVOCACY ON BEHALF OF PEOPLE WITH DISABILITIES AND THEIR FAMILIES.

FORM 990, PART VI, SECTION A, LINE 7A: A NOMINATING COMMITTEE ASSESSES THE

NEEDS OF THE UCP BOARD AND THEN PURSUES AND BEST CANDIDATES FOR THE BOARD

OF TRUSTEES. THE NOMINATING COMMITTEE RECOMMENDS CANDIDATES TO THE MEMBERS

OF THE CORPORATION AT AN ANNUAL MEETING OF THE MEMBERS. NAMES OF FURTHER

CANDIDATES ARE SOLICITED FROM THE MEMBERSHIP AT THE ANNUAL MEETING. THE

MEMBERS THEN VOTE ON THE CANDIDATES SUBMITTED BY THE NOMINATING COMMITTEE

AS WELL AS ANY CANDIDATES WHICH ARE NOMINATED FROM THE FLOOR AT THE ANNUAL

MEETING.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS OF THE ORGANIZATION

VOTE ON CHANGES TO THE ORGANIZATIONAL DOCUMENTS OF UCP, INCLUDING ITS

ARTICLES OF INCORPORATION OR BYLAWS; ELECTION OF TRUSTEES BY THE BOARD TO

SERVE A VACANT SEAT ON THE BOARD; ELECTION OF MEMBERS OF THE NOMINATING

COMMITTEE; AND ELECTION OF MEMBERS OF THE PROFESSIONAL COUNCIL.

FORM 990, PART VI, SECTION A, LINE 10: AFTER PREPERATION OF THE FORM 990

BY UCP'S INDEPENDENT ACCOUNTING FIRM, THE FORM 990 IS REVIEWED BY SENIOR

MANAGEMENT OF THE ORGANIZATION, UCP'S 990 WAS REVIEWED BY THE BOARD AND

FINANCE COMMITTEE BEFORE BEING SIGNED BY THE PRESIDENT AND CEO.

FORM 990, PART VI, SECTION B, LINE 12C: UCP'S BOARD CHAIR ANNUALLY

REQUESTS CONFLICT OF INTEREST DISCLOSURE STATEMENTS FROM BOARD MEMBERS AND

SENIOR MANAGEMENT EMPLOYEES, WHICH ARE SUBMITTED TO UCP'S GENERAL COUNSEL.

OTHER INDIVIDUALS MAY ALSO SUBMIT TO THE GENERAL COUNSEL INFORMATION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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20-3568840

REGARDING POTENTIAL CONFLICTS OF WHICH THEY ARE AWARE, UCP'S GENERAL COUNSEL REVIEWS THE POTENTIAL CONFLICT DISCLOSURES AND REPORTS CONFLICTS TO THE BOARD CHAIR OR OTHER RELEVANT BOARD LEADER IF THE BOARD CHAIR IS CONFLICTED. IF A CONFLICT IS PRESENT, THE BOARD CHAIR OR OTHER BOARD LEADER WILL SEEK RECUSAL OF THE INDIVIDUAL WITH A CONFLICT. THE POLICY REQUIRES THAT ALL BOARD MEMBERS AND SENIOR MANAGEMENT EMPLOYEES MUST SUBMIT UPDATED DISCLOSURE STATEMENTS TO THE GENERAL COUNSEL AND/OR THE BOARD CHAIR UPON A CHANGE IN MATERIAL CIRCUMSTANCES WHICH MAY PRESENT THE APPEARANCE OF A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: AN EXECUTIVE SALARY COMMITTEE OF THE BOARD CONDUCTS A SALARY AND BENEFITS REVIEW AND APPROVAL. THE COMMITTEE CONSULTS SURVEYS OF COMPARABLE SALARIES AND BENEFITS PROVIDED TO INDIVIDUALS IN SIMILAR POSITIONS WITHIN SIMILAR GEOGRAPHICAL AREAS. THE COMMITTEE ALSO REVIEWS COMPARABLE SALARIES AND BENEFITS AT OTHER 501(C)(3) NONPROFIT CORPORATIONS AVAILABLE VIA IRS 990S. THE COMMITTEE CONSIDERS INDIVIDUAL PERFORMANCE FACTORS, COMPARABLE SALARIES, AND POSITION DESCRIPTIONS IN APPROVING SALARIES AND BENEFITS. THE COMMITTEE'S RECOMMENDATION IS THEN SUBMITTED TO THE BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, LA, ME, MD, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK
OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

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Inspection

Name of the organization

UNITED CEREBRAL PALSY INC.

Employer identification number

20-3568840

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PAGE 1, PART I, LINE 1

DESCRIPTION OF ORGANIZATIONS MISSION

UNITED CEREBRAL PALSY INC. IS A NONPROFIT 501(C) (3) MEMBERSHIP

CORPORATION ORGANIZED UNDER THE LAWS OF THE DISTRICT OF COLUMBIA, 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 (DEVELOPMENTAL DISABILITIES),

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;

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization <u>UNITED CEREBRAL PALSY INC.</u>	Employer identification number <u>20-3568840</u>
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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.

FORM 990, PAGE 1

INFORMATION CONCERNING PRIOR YEARS MERGER

IN APRIL 2008, UNITED CEREBRAL PALSY ASSOCIATIONS, INC. (UCPA), A NEW
YORK NOT-FOR-PROFIT CORPORATION FORMED IN 1948, MERGED INTO UNITED
CEREBRAL PALSY, INC. (UCP), A DISTRICT OF COLUMBIA NOT-FOR-PROFIT
CORPORATION FORMED IN 2005. PRIOR TO THE MERGER, UCP WAS A WHOLLY
CONTROLLED CORPORATE ENTITY OF UCPA, AND POSSESSED NO ASSETS OR
LIABILITIES. THE LEGAL MERGER WAS UNDERTAKEN TO MOVE THE LEGAL DOMICILE
OF UNITED CEREBRAL PALSY TO THE DISTRICT OF COLUMBIA, WHEREIN UCP HAD
BEEN PRINCIPALLY LOCATED SINCE AT LEAST 1990, REVENUE AND EXPENSES
THIS TAX YEAR ARE REFLECTIVE OF THE MERGED ENTITIES. ALL ASSETS,
LIABILITIES, AND NET ASSETS WERE TRANSFERRED FROM UNITED CEREBRAL PALSY
ASSOCIATIONS AT BOOK VALUE. THE EIN OF UNITED CEREBRAL PALSY
ASSOCIATIONS, INC. WAS 13-1641079.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- 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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization UNITED CEREBRAL PALSY INC.	Employer identification number 20-3568840
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 L ST, NW, NO. 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 |

STEPHEN BENNETT

- The books are in the care of ▶ **1660 L ST, NW, NO. 700 - WASHINGTON, DC 20036**
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 corporation required to file Form 990-T) extension of time until **MAY 15, 2010**, 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 **OCT 1, 2008**, and ending **SEP 30, 2009**.

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.	3a	\$
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.	3b	\$
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.	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EF and Form 990-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)

E-FILED

• 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. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNITED CEREBRAL PALSY INC.	Employer identification number 20-3568840
	Number, street, and room or suite no. If a P.O. box, see instructions... 1660 L ST, NW, NO. 700	For IRS use only
	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):

- 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.

STEPHEN BENNETT

• The books are in the care of **1660 L ST, NW, NO. 700 - WASHINGTON, DC 20036**
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 is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2010**.

5 For calendar year _____, or other tax year beginning **OCT 1, 2008**, and ending **SEP 30, 2009**.

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 _____

INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE FIRST EXTENDED DUE DATE.

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.	8a	\$
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.	8b	\$
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.	8c	\$ 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  Title **ACCOUNTANT** Date **5/12/10**