

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning **OCT 1, 2000** and ending **SEP 30, 2001**

B Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	C Name of organization UNITED CEREBRAL PALSY ASSOCIATION, INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1660 L STREET, N.W. 700 City or town, state or country, and ZIP WASHINGTON, DC 20036	D Employer identification number 13-1641079 E Telephone number 202-973-7132 F Check <input type="checkbox"/> if application pending
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G Organization type (check only one) 501(c) (3) (insert no.) 527
 OR 4947(a)(1)

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

J Accounting method: Cash Accrual Other (specify)

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

(H and I are not applicable to section 527 orgs.)
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN)
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a	2,030,429.
	b	Indirect public support	1b	2,465,154.
	c	Government contributions (grants)	1c	2,679,113.
	d	Total (add lines 1a through 1c) (cash \$ 7,174,696. noncash \$)	1d	7,174,696.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	75,521.
	3	Membership dues and assessments	3	
	4	Interest on savings and temporary cash investments	4	406,212.
	5	Dividends and interest from securities	5	182,612.
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe)	7		
8a		(A) Securities	(B) Other	
		14,684,912.	8a	
		14,284,941.	8b	
		399,971.	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	399,971.	
9a		Gross revenue (not including \$ of contributions reported on line 1a)	9a	
		Less: direct expenses other than fundraising expenses	9b	
		Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
10a		Gross sales of inventory, less returns and allowances	10a	
		Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	8,239,012.	
Expenses	13	Program services (from line 44, column (B))	13	5,050,596.
	14	Management and general (from line 44, column (C))	14	2,074,378.
	15	Fundraising (from line 44, column (D))	15	529,107.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	7,654,081.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	584,931.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,296,424.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	86,512.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	11,967,867.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization UNITED CEREBRAL PALSY ASSOCIATION, INC	Employer identification number 13-1641079
	Number, street, and room or suite no. If a P.O. box, see instructions. 1660 L STREET, N.W.	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.**
- 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, 2002

5 For calendar year _____, or other tax year beginning OCT 1, 2000 and ending SEP 30, 2001

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
THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN IS NOT YET AVAILABLE.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Karen Wolke Title CPA Date 4/24/02

Notice to Applicant - To Be Completed by the IRS

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

Director _____ By: _____ Date _____

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

Type or print	Name ARTHUR ANDERSEN LLP, LARISA AYRAPETOVA RM 1128D
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 1345 AVENUE OF THE AMERICAS
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10105

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

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

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization UNITED CEREBRAL PALSY ASSOCIATION, INC	Employer identification number 13-1641079
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 STREET, N.W.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20036	

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

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

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **MAY 15, 2002** 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, 2000**, and ending **SEP 30, 2001**

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

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

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

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **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 ▶ *W. Wallace* Title ▶ *CPA* Date ▶ *2-12-02*
LHA For Paperwork Reduction Act Notice, see instruction Form **8868** (12-2000)

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) cash \$ 685,598 • noncash \$	685,598.	685,598.	STATEMENT 4		
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	163,293.	163,293.	0.	0.	
26	Other salaries and wages	1,976,565.	1,196,784.	565,182.	214,599.	
27	Pension plan contributions					
28	Other employee benefits	430,387.	287,267.	104,979.	38,141.	
29	Payroll taxes					
30	Professional fundraising fees					
31	Accounting fees					
32	Legal fees					
33	Supplies	99,218.	37,555.	53,704.	7,959.	
34	Telephone	69,645.	32,293.	33,196.	4,156.	
35	Postage and shipping	63,073.	37,105.	16,975.	8,993.	
36	Occupancy	504,116.	30,106.	474,010.		
37	Equipment rental and maintenance					
38	Printing and publications	123,382.	112,207.	1,160.	10,015.	
39	Travel	390,942.	250,712.	89,495.	50,735.	
40	Conferences, conventions, and meetings	445,338.	344,555.	44,075.	56,708.	
41	Interest	19,113.		19,113.		
42	Depreciation, depletion, etc. (attach schedule)	70,537.		70,537.		
43	Other expenses (itemize):					
a		43a				
b		43b				
c		43c				
d		43d				
e	SEE STATEMENT 3	43e	2,612,874.	1,873,121.	601,952.	137,801.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,654,081.	5,050,596.	2,074,378.	529,107.

Reporting of Joint Costs. Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
SEE ATTACHED STATEMENT	
a SEE ATTACHED STATEMENT	
(Grants and allocations \$ 685,598.)	5,050,596.
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,050,596.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing		45	
	46 Savings and temporary cash investments	421,659.	46	831,196.
	47 a Accounts receivable	108,378.		
	47a			
	b Less: allowance for doubtful accounts		47c	108,378.
	47b			
	48 a Pledges receivable	389,549.		
	48a			
	b Less: allowance for doubtful accounts		48c	389,549.
	48b			
	49 Grants receivable	412,109.	49	667,247.
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51a			
	b Less: allowance for doubtful accounts		51c	
51b				
52 Inventories for sale or use		52		
53 Prepaid expenses and deferred charges	1,834,845.	53		
54 Investments - securities STMT 6				
<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,837,671.	54	11,344,537.	
55 a Investments - land, buildings, and equipment: basis				
55a				
b Less: accumulated depreciation		55c		
55b				
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	604,906.			
57a				
b Less: accumulated depreciation		57c	93,882.	
57b	511,024.			
58 Other assets (describe ▶ DUE FROM AFFILIATES)	310,201.	58	336,511.	
59 Total assets (add lines 45 through 58) (must equal line 74)	13,484,383.	59	13,771,300.	
Liabilities	60 Accounts payable and accrued expenses	909,593.	60	1,167,408.
	61 Grants payable		61	
	62 Deferred revenue	53,094.	62	30,370.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable	494,159.	64b	
	65 Other liabilities (describe ▶ DUE TO AFFILIATES)	731,113.	65	605,655.
66 Total liabilities (add lines 60 through 65)	2,187,959.	66	1,803,433.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,506,162.	67	6,312,654.
	68 Temporarily restricted	3,309,403.	68	1,174,354.
	69 Permanently restricted	4,480,859.	69	4,480,859.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)	11,296,424.	73	11,967,867.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	13,484,383.	74	13,771,300.

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

Part VI Other Information		N/A	Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization UCP RESEARCH FOUNDATION and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a	Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		0.
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		2,654,902.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b		
c	Dues, assessments, and similar amounts from members	85c		N/A
d	Section 162(e) lobbying and political expenditures	85d		N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	85g		N/A
h	If section 6033(e)(1)(A) dues notice were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed DISTRICT OF COLUMBIA AND NEW YORK	90a		31
b	Number of employees employed in the pay period that includes March 12, 2000	90b		
91	The books are in care of UNITED CEREBRAL PALSY ASSOCIATION Telephone no. 202-973-7132 Located at 1660 L STREET, N.W. WASHINGTON, D.C. ZIP code 20036			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a WORKSHOPS/SEMINARS/CONF					71,128.
b PUBLICATIONS					4,393.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	406,212.	
96 Dividends and interest from securities			14	182,612.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	399,971.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		988,795.	75,521.
105 Total (add line 104, columns (B), (D), and (E))					1,064,316.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
7	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction W.)

Please Sign Here

Signature of officer: *Paul J. Thure* Date: 5/24/02 Type or print name and title: CPA

Preparer's signature: *Paul J. Thure* Date: 5/24/02 Check if self-employed: Preparer's SSN or PTIN: 121-58-1069

Preparer's Use Only: Firm's name (or yours if self-employed) and address, and ZIP code: ARTHUR ANDERSEN LLP, 1345 AVENUE OF THE AMERICAS, NEW YORK, NY 10105 EIN: Phone no.:

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information

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

OMB No. 1545-0047

2000

Name of the organization **UNITED CEREBRAL PALSY ASSOCIATION, INC** Employer identification number **13 1641079**

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

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MURRY GOLDSTEIN ----- 1660 L STREET, N.W, WASHINGTON, DC 2003640	MED. DIR	165,619.	808.	
PAUL BURKE ----- 1660 L STREET, N.W, WASHINGTON, DC 2003640	ASSOC. DIR	160,787.	808.	
GARY DAVIS ----- 1660 L STREET, N.W, WASHINGTON, DC 2003640	DIRECTOR	98,183.	548.	
DAVID GRIBBLE ----- 1660 L STREET, N.W, WASHINGTON, DC 2003640	DIRECTOR	89,108.	808.	
SUE JONES ----- 1660 L STREET, N.W, WASHINGTON, DC 2003640	DIRECTOR	87,921.	850.	
Total number of other employees paid over \$50,000 ▶	0			

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

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
KAYE SCHOLER FIEMAN ----- WASHINGTON, D.C.	LEGAL SERVICES	348,513.
LEROS TECH ----- FAIRFAX, VA	IT SERVICES	108,453.
ARTHUR ANDERSEN ----- VIENNA, VA	AUDIT AND TAX SERVICES	91,700.
----- ----- -----		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See page 2 of the instructions.) SEE STATEMENT 8		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2).** (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

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

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

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01-09-01

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

Calendar year (or fiscal year beginning in) ▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	8,309,937.	8,211,390.	9,072,152.	9,989,539.	35,583,018.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose	206,116.	159,031.	408,011.	254,044.	1,027,202.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	441,473.	562,093.	583,619.	392,054.	1,979,239.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	8,957,526.	8,932,514.	10,063,782.	10,635,637.	38,589,459.
24 Line 23 minus line 17	8,751,410.	8,773,483.	9,655,771.	10,381,593.	37,562,257.
25 Enter 1% of line 23	89,575.	89,325.	100,638.	106,356.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 751,245.
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts SEE STATEMENT 9 ▶					26b 81,590.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 37,562,257.
d Add: Amounts from column (e) for lines: 18 <u>1,979,239.</u> 19 _____ 22 _____ 26b <u>81,590.</u> ▶					26d 2,060,829.
e Public support (line 26c minus line 26d total) ▶					26e 35,501,428.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 94.5136%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year: (1999) <u>N/A</u> (1998) _____ (1997) _____ (1996) _____					
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <u>N/A</u> (1999) _____ (1998) _____ (1997) _____ (1996) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f <u>N/A</u>					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)

NONE

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

N/A

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

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

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

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities

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

N/A

- Check here If the organization belongs to an affiliated group.
- Check here If you checked "a" above and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		
	The lobbying nontaxable amount is -		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45	Lobbying nontaxable amount	555,312.	646,943.	689,178.	1,891,433.
46	Lobbying ceiling amount (150% of line 45(e))				2,837,150.
47	Total lobbying expenditures	80,000.		55,946.	135,946.
48	Grassroots nontaxable amount	138,828.	161,736.	172,295.	472,859.
49	Grassroots ceiling amount (150% of line 48(e))				709,289.
50	Grassroots lobbying expenditures			20,994.	20,994.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

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

UNITED CEREBRAL PALSY ASSOCIATION, INC.
(THE NATIONAL ASSOCIATION)
EIN: 13-1641079

FOR YEAR ENDED SEPTEMBER 30, 2001

FORM 990 PART III

A) Research Activities:

Implementation of research activities by a grant to the UCP Research Foundation and by means of symposia, workshops, seminars, in service training on an interdisciplinary basis.

Grants : \$150,000 Prog. Exp: \$528,203

B) Affiliate Services:

This core function is focused on assisting UCCP affiliates. The focus is upon value added efforts that emphasize brokering the expertise that already exists among affiliates.

An Affiliate Profile was developed of all UCP affiliates, the most extensive in many years. Survey responses are posted on the www.ucp.org website.

A biweekly internal newsletter called "UCP is Us" was launched and distributed both on-line and hard copy. This newsletter contains lead stories and regular columns pertaining to Public Policy, Grants and Contracts, Marketing and Calendar of Events.

In June 2000, the UCP family held an Annual Conference in New Orleans that featured John Hockenberry, "Dateline" NBC Correspondent, the honorable Rodney Slater, U. S. Secretary of Transportation, breakout sessions on a variety of topics including homeownership for people with disabilities, how to influence policy at all levels of government, annual awards web-site, training, a Town Hall meeting, and a meeting of the Corporation.

Grants: \$4,404 Prog. Exp: \$576,287

C) Public Education and Information:

United Cerebral Palsy launched a Public Education Campaign (PEC) to bring the affiliates together and to update the image of 50-year old organization. Two leading companies assisted this endeavor on a pro bono basis: Landor and Associates and Young & Rubicon. The new name UCP and tag line "Understanding Disabilities, Creating Opportunities" have been widely accepted and disseminated.

United Cerebral Palsy Associations, Inc. is a nonprofit membership corporation organized under the Laws of the State of New York in the year 1948. It is tax exempt by a letter received from the United States Internal Revenue Service. It is the National Organization of a group of 152 affiliates located throughout the United States.

The purpose for which the Corporation is formed are:

- a) to promote research in cerebral palsy, the treatment, education, habilitation of persons with cerebral palsy and to subsidize professional training programs of all types related to the problem of cerebral palsy;
- b) to further, by professional and public education, information concerning all aspects of the problem of cerebral palsy;
- 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;
- 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;
- f) to establish affiliates and to cooperate with them for the above purposes;
- g) to coordinate the programs and activities of affiliates.

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

Grants: \$0 Prog. Exp: \$625,536

UNITED CEREBRAL PALSY ASSOCIATION, INC.
(THE NATIONAL ASSOCIATION)
EIN: 13-1841079

FOR YEAR ENDED SEPTEMBER 30,

FORM 990 PART III

STATEMENT 5

D) **Public Policy**

Passage of the Ticket to Work and Work Incentives Improvement Act of 1999 was the most significant Federal accomplishment during the past fiscal year. Other federal public policy milestones included the Children's Health Act establishing a new Center for Birth Defects and Developmental Disabilities within the Centers for Disease Control and Prevention, and a \$50 million appropriation for HHS grants to States for developing non-institutional services for people with disabilities. Also, a public policy workshop was held in August 2000 on direct care personnel.

Grants: \$ 0 Prog. Exp: \$ 353,648

E) **Grants and Awards**

UPC has a history of federal and private grants and contracts designed to promote best practices in services to individuals with disabilities. In FY 2000, UCP administered the following grants and awards:
Family Center on Technology and Disability, US Dept. of Education
Tech Connections, US Dept. Of Education
Southeast Disability and Business technical Assistance Center (US Dept. of Education)
Access AmeriCorps, US Corporation for National Service
Project SUCCESS, US Corporation for National Service
Employment Portfolio, US Dept of Education
Partners 2000, US Dept. of Education
One Step to Success, US Dept. of Labor
PAS-A System Change, Medtronic Foundation
Madge Gunn Training Initiative
Bellows Fellows and Assistive Technology Centers

Grants \$1,851,695 Prog. Exp: \$ 2,966,920

Total Program Service Expenses

\$ 2,106,099 \$ 5,050,596

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICALLY TRADED SECURITIES	14,684,912.	14,284,941.	0.	399,971.
TO FORM 990, PART I, LINE 8	14,684,912.	14,284,941.	0.	399,971.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS	<2,550,289.>
PENSION TERMINATION GAIN	2,636,801.
TOTAL TO FORM 990, PART I, LINE 20	86,512.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PURCHASED SERVICES	966,927.	309,749.	542,241.	114,937.
BOOKS, DUES AND SUBSCRIPTIONS	48,007.	25,306.	21,439.	1,262.
RECRUITMENT	7,623.		7,623.	
MISCELLANEOUS	97,334.	45,083.	30,649.	21,602.
UNCOLLECTIBLE DUES	72,482.	72,482.		
OTHER GRANTS	1,420,501.	1,420,501.		
TOTAL TO FM 990, LN 43	2,612,874.	1,873,121.	601,952.	137,801.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANT	UNITED CEREBRAL PALSY FOUNDATION		NONE	250,000.
GRANT	BELLOWS FELLOWS	SEE ATTACHED STATEMENT 4A	NONE	435,598.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				685,598.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS		483,634.			483,634.
OTHER FIXED INCOME SECURITIES				6,086,242.	6,086,242.
MUTUAL FUNDS				4,495,299.	4,495,299.
TO FM 990, LN 54 COL B		483,634.		10581541.	11065175.

FORM 990 GOVERNMENT SECURITIES STATEMENT 6

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. TREASURY NOTES AND GOV'T SECURITIES	279,362.		279,362.
TOTAL TO FORM 990, LINE 54, COL B	279,362.		279,362.

 LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93 A OTHER MEETINGS, PROGRAMS, AND EDUCATIONAL PUBLICATIONS OF THE NATIONAL ASSOCIATION WHICH CONTRIBUTE IMPORTANTLY TO THE ACCOMPLISHMENT OF THE ORGANIZATION'S EXEMPT PURPOSE. THE ASSOCIATION SUPPORTS AFFILIATES IN ALL FACETS OF OPERATION SUCH AS MANAGEMENT, PROGRAM SERVICES AND FUNDRAISING.

93 B AMOUNT REPRESENTS REIMBURSEMENT FOR PUBLICATIONS TO ASSIST INDIVIDUALS IN DEALING WITH DISABILITIES.

 SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 8
PART III, LINE 4

GRANTS ARE APPROVED BASED ON APPLICANT'S MERIT BY THE EXECUTIVE COMMITTEE.

 SCHEDULE A IDENTIFICATION OF EXCESS CONTRIBUTIONS STATEMENT 9
INCLUDED ON PART IV, LINE 26B

*** NOT OPEN TO PUBLIC INSPECTION ***

CONTRIBUTOR'S NAME	TOTAL CONTRIBUTION	EXCESS CONTRIBUTION
CIRCLE K	832,835.	81,590.
TOTAL EXCESS CONTRIBUTIONS TO SCHEDULE A, LINE 26B		<u>81,590.</u>

STATEMENT 4A

UNITED CEREBRAL PALSY
ASS., INC

Name and amounts of organizations that receive grants

UCP, Affiliate	Purpose	Amount
UCP of Huntsville	Bellows Fellows	6,875
UCP of North Shore	Bellows Fellows	3,325
UCP of Metropolitan Detroit	Bellows Fellows	4,983
UCP of Northeastern Maine	Bellows Fellows	3,000
UCP of Western Pennsylvania	Bellows Fellows	1,795
UCP of Greater Baton Rouge	Bellows Fellows	8,073
UCP of central maryland	Bellows Fellows	5,000
UCP of greater kansas city	Bellows Fellows	8,082
UCP of metro Boston	Bellows Fellows	5,000
UCP of Oregon and SW	Bellows Fellows	3,404
UCP of greater Birmingham	Bellows Fellows	2,061
UCP of south eastern Wisconsin	Bellows Fellows	33,000
UCP of Michigan	New Assistive Technology	49,997
UCP of Southeastern Arizona	New Assistive Technology	24,450
UCP of Kansas	Existin Assistive Technology	33,000
UCP of Idaho	Existin Assistive Technology	6,614
UCP of the Cap	Existin Assistive Technology	18,655
UCP of San Diego	Existin Assistive Technology	49,993
UCP of Central Pennsylvania	Existin Assistive Technology	33,279
UCP of Broward County	Bellows Fellows	1,678
UCP of Central Pennsylvania	Bellows Fellows	3,876
UCP of Texas	Bellows Fellows	4,200
UCP of Kansas	Bellows Fellows	3,879
UCP of Southern Arizona	New Assistive Technology	23,379
UCP of Texas	New Assistive Technology	50,000
Ucp of Huntsville	Existin Assistive Technology	50,000
		<u>435,598</u>

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May 3, 2002

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