### Part I Summary

Briefly describe the organization's mission or most significant activities:

- **Enhance the quality of life for people with disabilities by providing services that enable them to realize their goals and achieve their highest level of independence.**

Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

#### Activities & Governance

1. Number of voting members of the governing body (Part VI, line 1a)
   - Prior Year: 3
   - Current Year: 12

2. Number of independent voting members of the governing body (Part VI, line 1b)
   - Prior Year: 4
   - Current Year: 12

3. Total number of individuals employed in calendar year 2017 (Part V, line 2a)
   - Prior Year: 7a
   - Current Year: 0

4. Net unrelated business taxable income from Form 990-T, line 34
   - Prior Year: 822,794
   - Current Year: 0

5. Total unrelated business revenue from Part VIII, line 1h
   - Prior Year: 5,800
   - Current Year: 9,574

6. Total fundraising expenses (Part IX, column (D), line 25)
   - Prior Year: 1,604,701
   - Current Year: 1,626,133

7. Net assets or fund balances (Part IX, line 24)
   - Prior Year: 3,228,181
   - Current Year: 3,969,485

#### Revenue

8. Contributions and grants (Part VIII, line 1h)
   - Prior Year: 36,891
   - Current Year: 35,185

9. Program service revenue (Part VIII, line 2g)
   - Prior Year: 7,669,271
   - Current Year: 8,303,767

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d)
    - Prior Year: 9,574
    - Current Year: 5,800

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
    - Prior Year: 107,893
    - Current Year: 136,313

12. Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)
    - Prior Year: 7,823,629
    - Current Year: 8,481,065

#### Expenses

13. Grants and similar amounts paid (Part IX, column (A), lines 1-3)
    - Prior Year: 5,792,193
    - Current Year: 6,032,138

14. Benefits paid to or for members (Part IX, column (A), line 4)
    - Prior Year: 5,792,193
    - Current Year: 6,032,138

15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
    - Prior Year: 5,792,193
    - Current Year: 6,032,138

16a. Professional fundraising fees (Part IX, column (A), line 11e)
    - Prior Year: 426,735
    - Current Year: 822,794

17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)
    - Prior Year: 1,604,701
    - Current Year: 1,626,133

18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
    - Prior Year: 7,396,894
    - Current Year: 7,658,271

19. Revenue less expenses. Subtract line 18 from line 12
    - Prior Year: 822,794
    - Current Year: 822,794

#### Not Assets or Fund Balances

20. Total assets (Part X, line 16)
    - Prior Year: 3,228,181
    - Current Year: 3,969,485

21. Total liabilities (Part X, line 26)
    - Prior Year: 367,133
    - Current Year: 285,643

22. Net assets or fund balances. Subtract line 21 from line 20
    - Prior Year: 2,861,048
    - Current Year: 3,683,842

### 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.

**Signature of officer**

**LYNN HOGUE**

**Date**

**CEO**

**Type of print name and title**

### Paid Preparer Use Only

**Preparer's name**

**ROBERT S. GROSS**

**Preparer's signature**

**Date**

10/30/18

**Check if self-employed**

**PTIN**

P00228692

**Preparer's address**

**SCHWARTZ GIANNINI LANTSBERGER & ADAMSON, CPAS**

**Firm's EIN**

68-0290029

**Firm's address**

4578 FEATHER RIVER DRIVE #D

**Phone no.**

(209) 474-1084

May the IRS discuss this return with the preparer shown above? (see instructions)

**X Yes**

**No**
**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III. ❌

1. Briefly describe the organization's mission:
   SEE SCHEDULE O

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

   **4a** (Code: ) (Expenses $2,830,157. including grants of $ ) (Revenue $ )
   
   ADULT SERVICES - THE ORGANIZATION HAS LOCATIONS IN MANTECA, STOCKTON AND TRACY. THESE ADULT DEVELOPMENT CENTERS ASSIST ADULT PARTICIPANTS IN GAINING BASIC SKILLS IN THE AREAS OF SELF-HELP, PERSONAL NEEDS, AND FUNCTIONAL SKILLS WHICH ARE CRITICAL TO INDIVIDUAL INDEPENDENCE. THE ORGANIZATION ALSO PROVIDES AN ADULT DAY CARE PROGRAM. THE ORGANIZATION ALSO PROVIDES SOME ADULTS WITH ASSISTIVE TECHNOLOGY THAT ALLOWS THEM TO PERFORM FUNCTIONS THAT MIGHT OTHERWISE BE DIFFICULT OR IMPOSSIBLE. SERVICES PROVIDED INCLUDE: COMPUTER ACCESS; AUGMENTATIVE AND ALTERNATIVE COMMUNICATION; ENVIRONMENTAL ACCESS AND CONTROL; SEATING, POSITIONING AND MOBILITY; AND WORK ACCESS.

   **4b** (Code: ) (Expenses $1,195,178. including grants of $ ) (Revenue $ )
   
   EARLY INTERVENTION - THIS PROGRAM ASSESSES THE LEVEL OF DEVELOPMENTAL NEEDS OF CHILDREN WITH DISABILITIES AND PROVIDE PARENTS WITH TOOLS, TRAINING AND SUPPORT TO MEET THESE NEEDS.

   **4c** (Code: ) (Expenses $894,033. including grants of $ ) (Revenue $ )
   
   FAMILY SUPPORT NETWORK - PROVIDE FAMILIES WITH INFORMATION AND SUPPORT WITH REGARDS TO CEREBRAL PALSY AND RELATED DISABILITIES.

   **4d** Other program services (Describe in Schedule O.)
   SEE SCHEDULE O
   
   (Expenses $1,892,407. including grants of $ ) (Revenue $ )

   **4e** Total program service expenses ► $6,811,775.

   **BAA**

   TEEA0102L 12/05/17
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>2. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>3. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>4. Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>5. Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>6. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>7. Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>8. Did the organization maintain collections of works of art, historical treasures, or other similar assets?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>9. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>10. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>11. If the organization’s answers to any of the following questions is ‘Yes’, then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>b. Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>c. Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>d. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>e. Did the organization report an amount for other liabilities in Part X, line 25?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>12a. Did the organization obtain separate, independent audited financial statements for the tax year?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>b. Was the organization included in consolidated, independent audited financial statements for the tax year?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>13. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>14a. Did the organization maintain an office, employees, or agents outside of the United States?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>b. Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>15. Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>16. Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>17. Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>18. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a?</td>
<td>Yes</td>
<td>X</td>
</tr>
<tr>
<td>19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a?</td>
<td>Yes</td>
<td>X</td>
</tr>
</tbody>
</table>
20a Did the organization operate one or more hospital facilities? If ‘Yes,’ complete Schedule H.  
   b If ‘Yes’ to line 20a, did the organization attach a copy of its audited financial statements to this return?  
21 Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If ‘Yes,’ complete Schedule I, Parts I and II.  
22 Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If ‘Yes,’ complete Schedule I, Parts I and III.  
23 Did the organization answer ‘Yes’ to Part VII, Section A, line 3, 4, or 5 about compensation of the organization’s current and former officers, directors, trustees, key employees, and highest compensated employees? If ‘Yes,’ complete Schedule J.  
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? If ‘Yes,’ answer lines 24b through 24d and complete Schedule K. If ‘No,’ go to line 25a.  
   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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If ‘Yes,’ complete Schedule L, Part I.  
   b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization’s prior Forms 990 or 990-EZ? If ‘Yes,’ complete Schedule L, Part I.  
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If ‘Yes,’ complete Schedule L, Part II.  
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If ‘Yes,’ complete Schedule L, Part III.  
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  
   a A current or former officer, director, trustee, or key employee? If ‘Yes,’ complete Schedule L, Part IV.  
   b A family member of a current or former officer, director, trustee, or key employee? If ‘Yes,’ complete Schedule L, Part IV.  
   c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If ‘Yes,’ complete Schedule L, Part IV.  
29 Did the organization receive more than $25,000 in non-cash contributions? If ‘Yes,’ complete Schedule M.  
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If ‘Yes,’ complete Schedule M.  
31 Did the organization liquidate, terminate, or dissolve and cease operations? If ‘Yes,’ complete Schedule N, Part I.  
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If ‘Yes,’ complete Schedule N, Part II.  
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? If ‘Yes,’ complete Schedule R, Part I.  
34 Was the organization related to any tax-exempt or taxable entity? If ‘Yes,’ complete Schedule R, Part II, III, or IV, and Part V, line 1.  
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  
   b If ‘Yes’ to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If ‘Yes,’ complete Schedule R, Part V, line 2.  
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If ‘Yes,’ complete Schedule R, Part V, line 2.  
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? If ‘Yes,’ complete Schedule R, Part VI.  
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  
   Note. All Form 990 filers are required to complete Schedule O.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</td>
<td>304</td>
<td></td>
</tr>
<tr>
<td>2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3a Did the organization have unrelated business gross income of $1,000 or more during the year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4b If 'Yes,' enter the name of the foreign country: ▶</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a Did the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>5b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>6b Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8828?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7c If 'Yes,' indicate the number of Forms 8828 filed during the year</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Did the sponsoring organization maintain donor advised funds?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>8b Did the sponsoring organization maintain donor advised funds?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9a Did the sponsoring organization make any taxable distributions under section 4966?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10a Gross income from members or shareholders</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>10b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>12b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13a Did the organization receive any payments for indoor tanning services during the tax year?</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>13b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
Part VI Governance, Management, and Disclosure

For each ‘Yes’ response to lines 2 through 7b below, and for a ‘No’ response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

1. Enter the number of voting members of the governing body at the end of the tax year. (Line 1a).
   - Yes: ___________ No: ___________

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? (Line 2).
   - Yes: ___________ 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? (Line 3).
   - Yes: ___________ No: ___________

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Line 4).
   - Yes: ___________ No: ___________

5. Did the organization become aware during the year of a significant diversion of the organization’s assets? (Line 5).
   - Yes: ___________ No: ___________

6. Did the organization have members or stockholders? (Line 6).
   - Yes: ___________ No: ___________

7. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Line 7a).
   - Yes: ___________ No: ___________

   b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Line 7b).
      - Yes: ___________ No: ___________

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: (Line 8).
   a. The governing body? (Line 8a).
      - Yes: ___________ No: ___________

   b. Each committee with authority to act on behalf of the governing body? (Line 8b).
      - Yes: ___________ No: ___________

9. Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? (Line 9).
   - Yes: ___________ No: ___________

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10. Did the organization have local chapters, branches, or affiliates? (Line 10a).
    - Yes: ___________ No: ___________

   b. If ‘Yes,’ did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization’s exempt purposes? (Line 10b).
      - Yes: ___________ No: ___________

11. a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Line 11a).
    - Yes: ___________ No: ___________

    b. Describe in Schedule O the process, if any, used by the organization to review this Form 990. (Line 11b).
      - Yes: ___________ No: ___________

12. Did the organization have a written conflict of interest policy? If ‘No,’ go to line 13. (Line 12a).
    - Yes: ___________ No: ___________

   b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Line 12b).
      - Yes: ___________ No: ___________

   c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If ‘Yes,’ describe in Schedule O how this was done. (Line 12c).
      - Yes: ___________ No: ___________

13. Did the organization have a written whistleblower policy? (Line 13).
    - Yes: ___________ No: ___________

14. Did the organization have a written document retention and destruction policy? (Line 14).
    - Yes: ___________ No: ___________

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? (Line 15).
    a. The organization’s CEO, Executive Director, or top management official. (Line 15a).
       - Yes: ___________ No: ___________

    b. Other officers or key employees of the organization. (Line 15b).
       - Yes: ___________ No: ___________

16. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Line 16a).
    - Yes: ___________ No: ___________

   b. If ‘Yes,’ did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization’s exempt status with respect to such arrangements? (Line 16b).
      - Yes: ___________ No: ___________

Section C. Disclosure

17. List the states with which a copy of this Form 990 is required to be filed: ___________.

18. Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

   a. Own website ___________
   b. Another’s website X ________
   c. Upon request ___________
   d. Other (explain in Schedule O) ___________

19. Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. (Line 19).
    - Yes: ___________ No: ___________

20. State the name, address, and telephone number of the person who possesses the organization’s books and records: Lillian Callangan 333 W Benjamin Holt Drive, No 1 Stockton CA 95207 209-751-3008 (Line 20).
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (list any hours for related organizations below dotted line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) KATHLEEN SKEELS</td>
<td>2</td>
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<td>0.</td>
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</tr>
<tr>
<td>PAST PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) JUSTIN REDMAN</td>
<td>2</td>
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<td>0.</td>
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<tr>
<td>MEMBER</td>
<td></td>
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</tr>
<tr>
<td>(3) CARMIN TOMASSI</td>
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<tr>
<td>TREASURER</td>
<td></td>
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</tr>
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<td>(4) DANIEL NATIVIDAD</td>
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<tr>
<td>PRESIDENT</td>
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<td>(5) DEANNA MORENO</td>
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<tr>
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<td>(6) ERRIA KAALUND</td>
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<td>(7) KAREN REA-WILLIAMS</td>
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<td>(10) CHRISTINA RUSK</td>
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<td>(11) JOSHUA DOBERNECK</td>
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<td>0.</td>
<td>0.</td>
<td>0.</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>(12) JASON LEGASPI</td>
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<td></td>
</tr>
<tr>
<td>(13) LYNN HOGUE</td>
<td>40</td>
<td>0 X X</td>
<td>115,218.</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>CEO</td>
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<tr>
<td>(14)</td>
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</tbody>
</table>
**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
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<tbody>
<tr>
<td>(15)</td>
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<td>(25)</td>
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</table>

1 b Sub-total:  
2 Total from continuation sheets to Part VII, Section A: 115,218. 0.0. 0.0.
3 Total (add lines 1b and 1c): 115,218. 0.0. 0.0.

**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. Report compensation for the calendar year ending with or within the organization's tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization: 0.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>3</td>
<td>X</td>
</tr>
<tr>
<td>4</td>
<td>X</td>
</tr>
<tr>
<td>5</td>
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</tbody>
</table>

UNITED CEREBRAL PALSY ASSOCIATION 94-6124281

BAA
**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

<table>
<thead>
<tr>
<th>Contributions, Gifts, Grants and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f.</strong></td>
<td><strong>35,185.</strong></td>
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</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>FEES FOR SERVICES</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td>624100</td>
<td></td>
<td>8,303,767</td>
<td>8,303,767</td>
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</tbody>
</table>

**Investment income (including dividends, interest and other similar amounts)**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,800</td>
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**Royalties**

<table>
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<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Gross rents**

<table>
<thead>
<tr>
<th>(i) Real</th>
<th>(ii) Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Less: rental expenses**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Rental income or (loss)**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

**Net rental income or (loss)**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Gross amount from sales of assets other than inventory**

<table>
<thead>
<tr>
<th>(i) Securities</th>
<th>(ii) Other</th>
</tr>
</thead>
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</table>

**Less: cost or other basis and sales expenses**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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<tbody>
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</table>

**Gain or (loss)**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Net gain or (loss)**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Gross income from fundraising events**

(Not including § of contributions reported on line 1c).

See Part IV, line 18

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</table>

**Less: direct expenses**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Net income or (loss) from fundraising events**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td></td>
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</table>

**Gross income from gaming activities**

See Part IV, line 19

<table>
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<th>Total</th>
<th>Related or exempt function revenue</th>
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</table>

**Less: direct expenses**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
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<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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<tbody>
<tr>
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**Net income or (loss) from gaming activities**

<table>
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<th>Total</th>
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<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td></td>
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**Gross sales of inventory, less returns and allowances**

<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
<td></td>
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**Less: cost of goods sold**

<table>
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<th>Unrelated business revenue</th>
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</thead>
<tbody>
<tr>
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**Net income or (loss) from sales of inventory**

<table>
<thead>
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<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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</thead>
<tbody>
<tr>
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**Miscellaneous Revenue**

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<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
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<table>
<thead>
<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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<tbody>
<tr>
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**All other revenue**

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<tr>
<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
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**Total. Add lines 11a-11d.**

<table>
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<th>Total</th>
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**Total revenue. See instructions**

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<th>Business Code</th>
<th>Total</th>
<th>Related or exempt function revenue</th>
<th>Unrelated business revenue</th>
<th>Revenue excluded from tax under sections 512-514</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8,481,065 | 8,303,767 | 0 | 142,113 |
### Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

<table>
<thead>
<tr>
<th></th>
<th>Column (A)</th>
<th>Column (B)</th>
<th>Column (C)</th>
<th>Column (D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>115,218</td>
<td>0</td>
<td>115,218</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>5,069,879</td>
<td>4,638,812</td>
<td>346,947</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>464,824</td>
<td>405,161</td>
<td>45,501</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>382,217</td>
<td>344,293</td>
<td>37,924</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>169,719</td>
<td>127,994</td>
<td>39,408</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>339,398</td>
<td>339,062</td>
<td>336</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>214,645</td>
<td>200,440</td>
<td>10,254</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td>24,999</td>
<td></td>
<td>24,999</td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>117,040</td>
<td>96,044</td>
<td>20,996</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>60,710</td>
<td>58,393</td>
<td>2,317</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>WORKMANS COMP INSURANCE</td>
<td>224,688</td>
<td>211,648</td>
<td>11,986</td>
</tr>
<tr>
<td>b</td>
<td>INDEPENDENT CONTRACTORS</td>
<td>195,014</td>
<td>158,368</td>
<td>36,646</td>
</tr>
<tr>
<td>c</td>
<td>TELEPHONE &amp; UTILITIES</td>
<td>132,538</td>
<td>117,319</td>
<td>14,319</td>
</tr>
<tr>
<td>d</td>
<td>EQUIPMENT MAINTENANCE</td>
<td>46,154</td>
<td>39,461</td>
<td>6,693</td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>101,228</td>
<td>74,780</td>
<td>20,096</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>7,658,271</td>
<td>6,811,775</td>
<td>733,640</td>
</tr>
</tbody>
</table>

### Joint costs

Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here □ if following SOP 98-2 (ASC 958-720).
### Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. [ ]

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash – non-interest-bearing</td>
<td>1,640,171.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>2,516,727.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>794,137.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td>4</td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>11,151.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>2,011,930.</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>1,330,466.</td>
</tr>
<tr>
<td>11</td>
<td>Investments – publicly traded securities</td>
<td>10c</td>
</tr>
<tr>
<td>12</td>
<td>Investments – other securities. See Part IV, line 11</td>
<td>11</td>
</tr>
<tr>
<td>13</td>
<td>Investments – program-related. See Part IV, line 11</td>
<td>12</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>13</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>14</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>3,228,181.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>16</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>367,133.</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>18</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>19</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>20</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td>21</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>22</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.</td>
<td>24</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>25</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>367,133.</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>28</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>32</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>33</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>34</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12):</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25):</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1:</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)):</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments:</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities:</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses:</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments:</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O):</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)):</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
</tr>
<tr>
<td></td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3a</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

UNITED CEREBRAL PALSY ASSOCIATION 94-6124281

8,481,065.  7,658,271.  822,794.  2,861,048.  3,683,842.
### Part I: Reason for Public Charity Status

(All organizations must complete this part.) See instructions.

<table>
<thead>
<tr>
<th></th>
<th>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 Part III.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>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 in lines 13a through 13d that describes the type of supporting organization and complete lines 13e, 13f, and 13g.</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Enter the number of supported organizations.</td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Provide the following information about the supported organization(s).</td>
<td></td>
</tr>
</tbody>
</table>

#### Table: Name of supported organization, EIN, Type of organization (described on lines 1-10 above (see instructions)), Is the organization listed in your governing document?, Amount of monetary support (see instructions), Amount of other support (see instructions)

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(A)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>(C)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>(D)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(E)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total**

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2017**

**TEEA0401L 08/10/17**
## 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

### Section A. Public Support

#### Calendar year (or fiscal year beginning in) 2013 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total

| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'usual grants.') | 118,032. | 77,174. | 55,875. | 36,891. | 35,185. | 323,157. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. | | | | | | 0. |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 | Total. Add lines 1 through 3 | 118,032. | 77,174. | 55,875. | 36,891. | 35,185. | 323,157. |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 323,157. |

### Section B. Total Support

#### Calendar year (or fiscal year beginning in) 2013 (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) Total

| 7 | Amounts from line 4 | 118,032. | 77,174. | 55,875. | 36,891. | 35,185. | 323,157. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2,776. | 3,970. | 4,557. | 9,574. | 5,800. | 26,677. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). | | | | | | 0. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 349,834. |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 36,232,723. |
| 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 | | | | | |

### Section C. Computation of Public Support Percentage

| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 92.37 % |
| 15 | Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 94.40 % |

| 16a | 33-1/3% support test—2017. 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 | | X |
| 17a | 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | X |
| 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 | | X |
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gifts, grants, contributions, and membership fees received. (Do not include any ‘unusual grants.’)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public support. (Subtract line 8 from line 6.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total support. (Add lines 9, 10c, 11, and 12.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income percentage from 2016 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>(a) 2013</th>
<th>(b) 2014</th>
<th>(c) 2015</th>
<th>(d) 2016</th>
<th>(e) 2017</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>33-1/3% support tests—2017. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33-1/3% support tests—2016. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are all of the organization's supported organizations listed by name in the organization's governing documents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization have a supported organization described in section 501(c)(4), (5), or (6)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' describe in Part VI when and how the organization made the determination.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Was any supported organization not organized in the United States (&quot;foreign supported organization&quot;)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes' and you checked 12a or 12b in Part I, answer (b) and (c) below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5a. Did the organization add, substitute, or remove any supported organizations during the tax year?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Substitutions only. Was the substitution the result of an event beyond the organization's control?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' provide detail in Part VI.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If 'Yes,' answer 10b below.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part IV Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Has the organization accepted a gift or contribution from any of the following persons?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>A family member of a person described in (a) above?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>A 35% controlled entity of a person described in (a) or (b) above? <strong>If 'Yes' to a, b, or c, provide detail in Part VI.</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Type II Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <strong>If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Section D. All Type III Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <strong>If 'No,' explain in Part VI how control or management of the supported organization(s) that operated, supervised, or controlled the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Section E. Type III Functionally Integrated Supporting Organizations

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year <strong>(see instructions).</strong></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization satisfied the Activities Test. <strong>Complete line 2 below.</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>The organization is the parent of each of its supported organizations. <strong>Complete line 3 below.</strong></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>The organization supported a governmental entity. <strong>Describe in Part VI how you supported a government entity (see instructions).</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Activities Test. **Answer (a) and (b) below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <strong>If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <strong>If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</strong></td>
<td></td>
</tr>
</tbody>
</table>

#### Parent of Supported Organizations. **Answer (a) and (b) below.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <strong>Provide details in Part VI.</strong></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <strong>If 'Yes,' describe in Part VI the role played by the organization in this regard.</strong></td>
<td></td>
</tr>
</tbody>
</table>
**Part V**  Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

<table>
<thead>
<tr>
<th>Section A — Adjusted Net Income</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Net short-term capital gain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Recoveries of prior-year distributions</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Other gross income (see instructions)</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Add lines 1 through 3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Depreciation and depletion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Other expenses (see instructions)</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B — Minimum Asset Amount</th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Average monthly value of securities</td>
<td>1a</td>
<td></td>
</tr>
<tr>
<td>b Average monthly cash balances</td>
<td>1b</td>
<td></td>
</tr>
<tr>
<td>c Fair market value of other non-exempt-use assets</td>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>d Total (add lines 1a, 1b, and 1c)</td>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>e Discount claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3 Subtract line 2 from line 1d.</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5 Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6 Multiply line 5 by .035.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7 Recoveries of prior-year distributions</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8 Minimum Asset Amount (add line 7 to line 6)</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

**Section C — Distributable Amount**

| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1             |                           |
| 2 Enter 85% of line 1. | 2             |                           |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3             |                           |
| 4 Enter greater of line 2 or line 3. | 4             |                           |
| 5 Income tax imposed in prior year | 5             |                           |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6             |                           |
| 7 Check here if the current year is the organization’s first as a non-functionally integrated Type III supporting organization (see instructions). | 7             |                           |
### Section D — Distributions

<table>
<thead>
<tr>
<th></th>
<th>Part V</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions. Add lines 1 through 6.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
<td></td>
</tr>
</tbody>
</table>

### Section E — Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th></th>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2017</th>
<th>(iii) Distributable Amount for 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Distributable amount for 2017 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Underdistributions, if any, for years prior to 2017 (reasonable cause required — explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess distributions carryover, if any, to 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>From 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>From 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c</td>
<td>From 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3d</td>
<td>From 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3e</td>
<td>Total of lines 3a through 3d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2017 from Section D, line 7:</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>4a</td>
<td>Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Applied to 2017 distributable amount</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td>Carryover from 2012 not applied (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4d</td>
<td>Remainder. Subtract lines 3g, 3h, and 3i from 3f.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Excess distributions carryover to 2018. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Breakdown of line 7:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a</td>
<td>Excess from 2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b</td>
<td>Excess from 2014</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c</td>
<td>Excess from 2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8d</td>
<td>Excess from 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8e</td>
<td>Excess from 2017</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section C, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)
## Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

### Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

#### Name of the organization

| UNITED CEREBRAL PALSY ASSOCIATION |

#### Employer identification number

| 94-6124281 |

#### Organization type (check one):

- **Form 990 or 990-EZ**
  - [X] 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution.** An organization that isn’t covered by the General Rule and/or the Special Rules doesn’t file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn’t meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

---

BAA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.
## Noncash Property

(see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(a) No. from Part I

<table>
<thead>
<tr>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. from Part I</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Use duplicate copies of Part III if additional space is needed.
Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  
   [ ] Yes  [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   [ ] Yes  [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
   [ ] Preservation of land for public use (e.g., recreation or education)
   [ ] Preservation of a historically important land area
   [ ] Protection of natural habitat
   [ ] Preservation of a certified historic structure
   [ ] Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

   a Total number of conservation easements.
   b Total acreage restricted by conservation easements.
   c Number of conservation easements on a certified historic structure included in (a).
   d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4 Number of states where property subject to conservation easement is located.

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   [ ] Yes  [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year.
   $ 

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  
   [ ] Yes  [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III  Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
   b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
      (i) Revenue included on 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 (ASC 958) relating to these items:
   a Revenue included on 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 acquisition, 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 XIII.

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

1 a 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 XIII and complete the following table:

   

<table>
<thead>
<tr>
<th>Description of property</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

   b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V | Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

1 a Beginning of year balance...

   b Contributions...

   c Net investment earnings, gains, and losses...

   d Grants or scholarships...

   e Other expenditures for facilities and programs...

   f Administrative expenses...

   g End of year balance...

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   a Board designated or quasi-endowment %
   b Permanent endowment %
   c Temporarily restricted endowment %

   The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a 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

   b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

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

Part VI | Land, Buildings, and Equipment.

   Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

   Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value
   -------------------------|----------------------------------|--------------------------------|-----------------------------|----------------|
   1 a Land...
   b Buildings...
   c Leasehold improvements...
   d Equipment...
   e Other...

   Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 681,464.

BAA
### Part VII Investments – Other Securities

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<tr>
<td>(C)</td>
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<td>(D)</td>
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<td>(G)</td>
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<tr>
<td>(H)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(I)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, column (B) line 12.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part VIII Investments – Program Related

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
<td></td>
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<tr>
<td>(4)</td>
<td></td>
<td></td>
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<tr>
<td>(5)</td>
<td></td>
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<tr>
<td>(6)</td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
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<td>(8)</td>
<td></td>
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<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, column (B) line 13.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<tr>
<td>(3)</td>
<td></td>
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<tr>
<td>(4)</td>
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<td>(5)</td>
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<tr>
<td>(9)</td>
<td></td>
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<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, column (B) line 15.)</td>
<td></td>
</tr>
</tbody>
</table>

### Part X Other Liabilities

Complete if the organization answered ‘Yes’ on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td>(10)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, column (B) line 25.)</td>
<td></td>
</tr>
</tbody>
</table>

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.
### Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains (losses) on investments.</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities.</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants.</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.).</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b.</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.).</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Donated services and use of facilities.</td>
<td>2a</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments.</td>
<td>2b</td>
</tr>
<tr>
<td></td>
<td>c Other losses.</td>
<td>2c</td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.).</td>
<td>2d</td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b.</td>
<td>4a</td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.).</td>
<td>4b</td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>5</td>
</tr>
</tbody>
</table>

### Part XIII | Supplemental Information.

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X - FIN 48 FOOTNOTE

**THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE ORGANIZATION HAS ALSO BEEN CLASSIFIED AS AN ENTITY THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI).**

**THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES.**
PART X - FIN 48 FOOTNOTE (CONTINUED)


SCHEDULE D, PART XI, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

FUNDRAISING EVENT EXPENSES ........................................................................ $ -63,389.
TOTAL $ -63,389.

SCHEDULE D, PART XII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING EVENT EXPENSES ................................................................. $ 63,389.
TOTAL $ 63,389.
### Supplemental Information Regarding Fundraising or Gaming Activities

**SCHEDULE G**

(Form 990 or 990-EZ)

**Department of the Treasury**

**Internal Revenue Service**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

---

**Name of the organization**

**UNITED CEREBRAL PALSY ASSOCIATION**

**Employer identification number**

**94-6124281**

---

**Part I**

Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part.

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a. Mail solicitations
- b. Internet and email solicitations
- c. Phone solicitations
- d. In-person solicitations
- e. Solicitation of non-government grants
- f. Solicitation of government grants
- g. Special fundraising events

#### 2a. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [x] No

If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

<table>
<thead>
<tr>
<th>(i) Name and address of individual or entity (fundraiser)</th>
<th>(ii) Activity</th>
<th>(iii) Did fundraiser have custody or control of contributions?</th>
<th>(iv) Gross receipts from activity</th>
<th>(v) Amount paid to (or retained by) fundraiser listed in column (i)</th>
<th>(vi) Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>6.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: 0.

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

---

**BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule G (Form 990 or 990-EZ) 2017

**TEEA3701L 0809/17**
### Part II Fundraising Events

Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Event #1</th>
<th>Event #2</th>
<th>Other Events</th>
<th>Total Events</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross receipts</strong></td>
<td>111,362</td>
<td>55,817</td>
<td>32,523</td>
<td>199,702</td>
</tr>
<tr>
<td><strong>Less: Contributions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gross income</strong></td>
<td>111,362</td>
<td>55,817</td>
<td>32,523</td>
<td>199,702</td>
</tr>
</tbody>
</table>

#### Part III Gaming

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

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Bingo</th>
<th>Pull tabs/instant bingo/progressive bingo</th>
<th>Other gaming</th>
<th>Total gaming</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gross revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cash prizes</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>63,389</td>
</tr>
<tr>
<td><strong>Noncash prizes</strong></td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Rent/facility costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other direct expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Volunteer labor</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

#### Part III Gaming

Enter the state(s) in which the organization conducts gaming activities:

- **a** Is the organization licensed to conduct gaming activities in each of these states?  
  - Yes  
  - No

**b** If 'No,' explain:

---

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  
- Yes  
- No

**b** If 'Yes,' explain:

---

---
11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

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? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:
   a. The organization's facility .......................................................... 13a %
   b. An outside facility ...................................................................... 13b %

14 Enter 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? ☐ Yes ☐ No
   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 of the third party:

   Name ▶
   Address ▶

16 Gaming manager information:

   Name ▶
   Gaming manager compensation $ ▶
   Description of services provided ▶
   ☐ Director/officer ☐ Employee ☐ 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? ☐ Yes ☐ No
   b. Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $ ▶

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
FORM 990 - ADDITIONAL DBAS

UNITED CEREBRAL PALSY ASSOCIATION OF SAN JOAQUIN, CALAVERAS, AMADOR COUNTIES

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

WE SUPPORT LIFE WITHOUT LIMITS BY CREATING SYSTEMS THAT ARE PROGRESSIVE, ACCESSIBLE, DEPENDABLE, REFLECT QUALITY OUTCOMES AND PROMOTE INDEPENDENCE. THE ORGANIZATION PROVIDES CRUCIAL SERVICES TO OVER 2,000 INDIVIDUALS AND THEIR FAMILIES EACH YEAR AND PROVIDES MORE THAN 281,000 SERVICE HOURS

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

APPLIED ABILITIES PROGRAM - DESIGNED TO MEET THE NEEDS OF EACH INDIVIDUAL PARTICIPANT BASED ON HIS OR HER LIFE GOALS AND PASSIONS. CLIENTS PARTICIPATE IN A VARIETY OF SKILL BUILDING ACTIVITIES WITHIN THE PROGRAM AND THROUGHOUT THE COMMUNITY; INCLUDING WORKABILITY, SOCIAL SKILLS DEVELOPMENT, COOKING, HEALTHY LIVING, BUDGETING, COMPUTER SKILLS, VISUAL ARTS, AND VOLUNTEERING.

SUPPORTIVE LIVING PROGRAM—PROVIDES A SERIES OF SERVICES AND SUPPORT DESIGNED TO EMPOWER AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY AND TO ENCOURAGE THEM TO MAXIMIZE AND MAINTAIN THE SKILLS AND SUPPORTS NECESSARY TO LIVE AS INDEPENDENTLY AS POSSIBLE WITHIN THE LEAST RESTRICTIVE ENVIRONMENT.

SUPPORTED EMPLOYMENT—JOB PLACEMENT AND TRAINING WITH FOCUS ON PLACING INDIVIDUALS IN GAINFUL EMPLOYMENT IN AN INTEGRATED SETTING WITHIN THE BUSINESS COMMUNITY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A COPY OF THE 990 IS PROVIDED TO ALL BOARD MEMBERS WHICH IS REVIEWED AND APPROVED AT A BOARD MEETING PRIOR TO FILING.
**FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS**

Board members review annually their potential conflicts and report to the board.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

The board of directors consults an independent source for a comparability study of compensation and performs an annual review for the chief executive officer and the director of finance and documents the process in the board minutes.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

Available upon request.
Part I

### Receipts and Revenues

**1** Gross sales or receipts from other sources. From Side 2, Part II, line 8. **2**
- **1** 8,509,269.

**2** Gross dues and assessments from members and affiliates. **3**
- **2** 35,185.

**3** Gross contributions, gifts, grants, and similar amounts received. See Sch. B. **4**
- **3** 8,544,454.

**4** Total gross receipts for filing requirement test. Add line 1 through line 3. **5**
- **4** 8,544,454.

**5** Cost of goods sold. **6**
- **5**

**6** Cost or other basis, and sales expenses of assets sold. **7**
- **6**

**7** Total costs. Add line 5 and line 6. **8**
- **7** 8,544,454.

**8** Total gross income. Subtract line 7 from line 4. **9**
- **8** 7,721,660.

**9** Total expenses and disbursements. From Side 2, Part II, line 18. **10**
- **9** 822,794.

**10** Excess of receipts over expenses and disbursements. Subtract line 9 from line 8. **11**
- **10**

### Filing Fee

**11** Total payments. **12**
- **11**

**12** Use tax. See General Information K. **13**
- **12**

**13** Payments balance. If line 11 is more than line 12, subtract line 12 from line 11. **14**
- **13**

**14** Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12. **15**
- **14**

**15** Filing fee $10 or $25. See General Information F. **16**
- **15** 10.

**16** Penalties and Interest. See General Information J. **17**
- **16**

**17** Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result. **18**
- **17**

### Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

**Signature of officer**

**Title**

**CEO**

**Date**

**Telephone**

### Paid Preparer's Use Only

Firm's name (or yours, if self-employed) and address

**Schwartz Giannini Lantsberger & Adamson, CPAS**

**4578 Feather River Drive #D**

**Stockton, CA 95219**

**Telephone**

**(209) 474-1084**

**PTIN**

**00228692**

**FIRN**

**0283804**

**FEIN**

**94-6124281**

May the FTB discuss this return with the preparer shown above? See instructions. **Yes** **No**

**Yes**

**Form 199 2017 Side 1**

**Date filed with IRS**

CACA1112L 01/02/18
## Part II
Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

### Schedule L

#### Balance Sheet

<table>
<thead>
<tr>
<th>Assets</th>
<th>Beginning of taxable year</th>
<th>End of taxable year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(a)</td>
<td>(b)</td>
</tr>
<tr>
<td>1 Cash</td>
<td>1,640,171.</td>
<td></td>
</tr>
<tr>
<td>2 Net accounts receivable</td>
<td>794,137.</td>
<td></td>
</tr>
<tr>
<td>3 Net notes receivable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Inventories</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Federal and state government obligations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Investments in other bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Investments in stock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Mortgage loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Other investments. Attach schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Depreciable assets</td>
<td>1,826,265.</td>
<td>1,841,430.</td>
</tr>
<tr>
<td>b Less accumulated depreciation</td>
<td>1,214,043.</td>
<td>612,222.</td>
</tr>
<tr>
<td>11 Land</td>
<td>170,500.</td>
<td></td>
</tr>
<tr>
<td>12 Other assets. Attach schedule</td>
<td>11,151.</td>
<td></td>
</tr>
<tr>
<td>13 Total assets</td>
<td>3,228,181.</td>
<td></td>
</tr>
</tbody>
</table>

#### Liabilities and net worth

<table>
<thead>
<tr>
<th>Liabilities and net worth</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>14 Accounts payable</td>
<td>367,133.</td>
<td>285,643.</td>
</tr>
<tr>
<td>15 Contributions, gifts, or grants payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 Bonds and notes payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 Mortgages payable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 Other liabilities. Attach schedule</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 Capital stock or principal fund</td>
<td>2,861,048.</td>
<td>3,683,842.</td>
</tr>
<tr>
<td>20 Paid-in or capital surplus. Attach reconciliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21 Retained earnings or income fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22 Total liabilities and net worth</td>
<td>3,228,181.</td>
<td>3,969,485.</td>
</tr>
</tbody>
</table>

### Schedule M-1
Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books | 822,794. | 7 Income recorded on books this year not included in this return. Attach schedule.
2 Federal income tax |           | 8 Deductions in this return not charged against book income this year. Attach schedule.
3 Excess of capital losses over capital gains |           | 9 Total. Add line 7 and line 8. Subtract line 9 from line 6. 822,794.
### Schedule B

#### (Form 990, 990-EZ, or 990-PF)

#### Department of the Treasury

#### Internal Revenue Service

#### CALIFORNIA COPY

#### Schedule of Contributors

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

#### Name of the organization: UNITED CEREBRAL PALSY ASSOCIATION

#### Employer identification number: 94-6124281

<table>
<thead>
<tr>
<th>Organization type (check one):</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filers of:</td>
<td></td>
</tr>
<tr>
<td>Form 990 or 990-EZ</td>
<td>X 501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust not treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>527 political organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td></td>
</tr>
<tr>
<td></td>
<td>501(c)(3) exempt private foundation</td>
</tr>
<tr>
<td></td>
<td>4947(a)(1) nonexempt charitable trust treated as a private foundation</td>
</tr>
<tr>
<td></td>
<td>501(c)(3) taxable private foundation</td>
</tr>
</tbody>
</table>

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received **nonexclusively** religious, charitable, etc., contributions totaling $5,000 or more during the year.

**Caution.** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**BAA** For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2017)
**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (See instructions.)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**UNITED CEREBRAL PALSY ASSOCIATION**

Name of organization: UNITED CEREBRAL PALSY ASSOCIATION

Employer identification number: 94-6124281

BAA
Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.)

Use duplicate copies of Part III if additional space is needed.

<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Purpose of gift</th>
<th>Use of gift</th>
<th>Description of how gift is held</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(e) Transfer of gift

<table>
<thead>
<tr>
<th>Transferee's name, address, and ZIP + 4</th>
<th>Relationship of transferor to transferee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Use duplicate copies of Part III if additional space is needed.
STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS

$ 199,702.

PROGRAM SERVICE REVENUE

8,303,767.

TOTAL $ 8,503,469.

STATEMENT 2
FORM 199, PART II, LINE 11
COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

CURRENT OFFICERS:

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</th>
<th>TOTAL COMPENSATION</th>
<th>CONTRIBUTION TO EBP &amp; DC</th>
<th>EXPENSE ACCOUNT/OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>KATHLEEN SKEELS</td>
<td>PAST PRESIDENT</td>
<td>$ 0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 E BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUSTIN REDMAN</td>
<td>MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARMIN TOMASSI</td>
<td>TREASURER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DANIEL NATIVIDAD</td>
<td>PRESIDENT</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEANNA MORENO</td>
<td>SECRETARY</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ERRIA KAALUND</td>
<td>MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KAREN REA-WILLIAMS</td>
<td>MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICHAEL MARK</td>
<td>MEMBER</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHERON R VAIL</td>
<td>VICE PRESIDENT</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**STATEMENT 2 (CONTINUED)**  
**FORM 199, PART II, LINE 11**  
**COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES**

**CURRENT OFFICERS:**

<table>
<thead>
<tr>
<th>NAME AND ADDRESS</th>
<th>TITLE AND AVERAGE HOURS DEVOTED</th>
<th>TOTAL COMPENSATION</th>
<th>CONTRIBUTION TO ACCOUNT/EBP &amp; DC</th>
<th>EXPENSE ACCOUNT/OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHRISTINA RUSK</td>
<td>MEMBER</td>
<td>$0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR, STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JOSHUA DOBERNECK</td>
<td>MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR, STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JASON LEGASPI</td>
<td>MEMBER</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR, STOCKTON, CA 95207</td>
<td>2.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LYNN HOGUE</td>
<td>CEO</td>
<td>115,218.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>333 W BENJAMIN HOLT DR, STOCKTON, CA 95207</td>
<td>40.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL** $115,218.00 $0.00 $0.00

**STATEMENT 3**  
**FORM 199, PART II, LINE 17**  
**OTHER EXPENSES**

- EQUIPMENT MAINTENANCE: $46,154.00  
- INDEPENDENT CONTRACTORS: $195,014.00  
- INSURANCE: $60,710.00  
- LICENSES AND FEES: $40,010.00  
- OFFICE EXPENSES: $169,719.00  
- OTHER EMPLOYEE BENEFIT: $464,824.00  
- OTHER EXPENSES: $27,402.00  
- PAYMENTS TO AFFILIATES: $24,999.00  
- POSTAGE AND SHIPPING: $1,851.00  
- PRINTING AND PUBLICATIONS: $8,731.00  
- REHABILITATION & EDUCATION: $23,234.00  
- SPECIAL EVENT EXPENSES: $63,389.00  
- TELEPHONE & UTILITIES: $132,538.00  
- TRAVEL: $214,645.00  
- WORKMANS COMP INSURANCE: $224,688.00  

**TOTAL** $1,697,908.00
<table>
<thead>
<tr>
<th>Other Assets</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepaid Expenses and Deferred Charges</td>
<td>$19,790</td>
</tr>
</tbody>
</table>

TOTAL $19,790.
IN ANNUAL MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:
http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.

Check if:
[ ] Change of address
[ ] Amended report

State Charity Registration Number 001450

UNITED CEREBRAL PALSY ASSOCIATION
Name of Organization
333 W BENJAMIN HOLT DRIVE
Address (Number and Street)
STOCKTON, CA 95207-3906
City or Town State ZIP Code

Corporate or Organization No. 0283804
Federal Employer I.D. No. 94-6124281

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

<table>
<thead>
<tr>
<th>Gross Annual Revenue</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>0</td>
</tr>
<tr>
<td>Between $25,000 and $100,000</td>
<td>$25</td>
</tr>
<tr>
<td>Between $100,001 and $250,000</td>
<td>$50</td>
</tr>
<tr>
<td>Between $250,001 and $1 million</td>
<td>$75</td>
</tr>
<tr>
<td>Between $1,000,001 and $10 million</td>
<td>$150</td>
</tr>
<tr>
<td>Between $10,000,001 and $50 million</td>
<td>$225</td>
</tr>
<tr>
<td>Greater than $50 million</td>
<td>$300</td>
</tr>
</tbody>
</table>

PART A – ACTIVITIES
For your most recent full accounting period (beginning 7/01/17 ending 6/30/18) list:
Gross annual revenue $8,481,065. Total assets $3,969,485.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? [ ] Yes [ ] No

2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? [ ] Yes [ ] No

3. During this reporting period, did non-program expenditures exceed 50% of gross revenues? [ ] Yes [ ] No

4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy. [ ] Yes [ ] No

5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider. [ ] Yes [ ] No

6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. [ ] Yes [ ] No

7. During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred. [ ] Yes [ ] No

8. Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes. [ ] Yes [ ] No

9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period? [ ] Yes [ ] No

Organization’s area code and telephone number 209-956-0290
Organization’s e-mail address

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

LYNN HOGUE CEO

Signature of authorized officer Printed Name Title Date

CAEA9801L 11/30/15 RRF-1 (3-05)
STATEMENT 1
FORM RRF-1, PART B, LINE 6
GOVERNMENT AGENCY THAT PROVIDED FUNDING

FIRST 5 SAN JOAQUIN - HUMAN SERVICES AGENCY
PO BOX 201056
STOCKTON, CA 95201
(209) 468-3240

CALIFORNIA DEPARTMENT OF REHABILITATION
PO BOX 944222
SACRAMENTO, CA 94244
(916) 324-1313

CITY OF LODI
221 W. PINE ST.
LODI, CA 95241
(209) 333-6800
Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR  California e-file Return Authorization for

2017  Exempt Organizations

FORM 8453-EO

Exempt Organization name  Identifying number

UNITED CEREBRAL PALSY ASSOCIATION  94-6124281

Part I  Electronic Return Information (whole dollars only)

| 1 | Total gross receipts (Form 199, line 4) | 8,544,454. |
| 2 | Total gross income (Form 199, line 8) | 8,544,454. |
| 3 | Total expenses and disbursements (Form 199, Line 9) | 7,721,660. |

Part II  Settle Your Account Electronically for Taxable Year 2017

| 4 | Electronic funds withdrawal | 4a Amount | 4b Withdrawal date (mm/dd/yyyy) |

Part III  Banking Information (Have you verified the exempt organization's banking information?)

| 5 | Routing number |
| 6 | Account number |
| 7 | Type of account:  | Checking  | Savings |

Part IV  Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2017 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here  

CEO

Part V  Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2017 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

For Privacy Notice, get FTB 1131 ENG/SP.