WEGNER CPAS LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> UNITED CEREBRAL PALSY, INC. 1825 K ST NW WASHINGTON, DC 20006

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			** PUBLIC DISCLOSURE COPY *				
	Ω	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047		
For	m y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (		2020		
Dep	artment	ay be made public.	Open to Public				
Inte	nal Reve	enue Service	► Go to www.irs.gov/Form990 for instructions and the lat		Inspection		
				SEP 30, 2021			
	Check if applicab	le: C Name of	forganization	D Employer identificat	ion number		
	Addre		ED CEREBRAL PALSY, INC.				
F	Chang		usiness as	**-***8840	1		
F	chang Initial returr		and street (or P.O. box if mail is not delivered to street address) Room/si				
	Final	1825	K ST NW	202-776-04	.06		
	termi		own, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	1,992,500.		
	Amer returr	ded WACT	INGTON, DC 20006	H(a) Is this a group retur	'n		
	Appli tion	<sup>ca-</sup> <b>F</b> Name a	nd address of principal officer: ARMANDO CONTRERAS	for subordinates?	Yes X No		
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates includ	ied? Yes No		
		empt status:		527 If "No," attach a list	. See instructions		
		ite: ▶ UCP .		H(c) Group exemption n			
	Form o <b>art I</b>		X Corporation Trust Association Other ► L Y	Year of formation: 2005 M S	tate of legal domicile: DC		
F	T	Summary			DECOIDCE		
e	1		e the organization's mission or most significant activities: <u>TO BE TH</u> IVIDUALS WITH CEREBRAL PALSY AND OTHER				
and	2		$x \models \square$ if the organization discontinued its operations or disposed of m	,	-		
Governance	3				. 17		
с С	4		lependent voting members of the governing body (Part VI, line 1a)		17		
			4				
Activities &	6		of individuals employed in calendar year 2020 (Part V, line 2a) of volunteers (estimate if necessary)		19		
cti V	7 a		d business revenue from Part VIII, column (C), line 12		0.		
_	b		business taxable income from Form 990-T, Part I, line 11		0.		
				Prior Year	Current Year		
٩	8	Contributions	and grants (Part VIII, line 1h)	642,845.	545,813.		
Revenue	9		ce revenue (Part VIII, line 2g)	996,225.	1,019,502.		
2eV	10		come (Part VIII, column (A), lines 3, 4, and 7d)	101,656.	135,161.		
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	514,428.	292,024.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,255,154.	1,992,500.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.		
	40		to or for members (Part IX, column (A), line 4)	556,370.	557,468.		
Exnenses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)undraising fees (Part IX, column (A), line 11e)	17,771.	18,678.		
Den	h		ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 255, 466.	1,1,1,1,1	2070701		
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	1,822,571.	1,739,378.		
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,396,712.	2,315,524.		
	19		expenses. Subtract line 18 from line 12	-141,558.	-323,024.		
or	E E			Beginning of Current Year	End of Year		
sets	20	Total assets (F	Part X, line 16)	9,876,308.	10,898,034.		
Net Assets or	21		(Part X, line 26)	640,062.	461,658.		
			fund balances. Subtract line 21 from line 20	9,236,246.	10,436,376.		
	art II						
			I declare that I have examined this return, including accompanying schedules and stat		owledge and belief, it is		
true	e, corre	ci, and complete.	Declaration of preparer (other than officer) is based on all information of which prepared	arer nas any knowledge.			

	Signature of officer			Date								
Sign	Signature of officer			Dale								
Here	ARMANDO CONTRERAS, PRE	SIDENT & CEO										
	Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	JENNY TARKOWSKI, CPA	JENNY TARKOWSKI,										
Preparer	Firm's name 🕨 WEGNER CPAS LLP			Firm's EIN 🕨 **-**4031								
Use Only	Firm's address 2921 LANDMARK PL	STE 300										
	MADISON, WI 5371	Phone no. (608) 274-4020										
May the IF	May the IRS discuss this return with the preparer shown above? See instructions											
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)											

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

_		***8840	Р
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		<u></u>
1	Briefly describe the organization's mission:		
	UNITED CEREBRAL PALSY (UCP) AND ITS 58 AFFILIATES SHARE A MIS		
	BE THE INDISPENSABLE RESOURCE FOR INDIVIDUALS WITH CEREBRAL F	PALSY AN	D
	OTHER DISABILITIES, THEIR FAMILIES, AND THEIR COMMUNITIES.		
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	Σ
	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	Σ
	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 measure	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to		
	revenue, if any, for each program service reported.	,,	
4a		1,019,	50
ти	NON-FEDERAL (BELLOWS):		
	ASSISTIVE TECHNOLOGY OFTEN PLAYS A VITAL ROLE IN THE LIVES OF	F PEOPLE	
	WITH DISABILITIES. ASSISTIVE TECHNOLOGY IS ANY ITEM, PIECE OF		
	EQUIPMENT, OR PRODUCT THAT IS USED TO INCREASE, MAINTAIN, OR		
	THE FUNCTIONAL CAPABILITIES OF INDIVIDUALS WITH DISABILITIES.		
		THE BELL	UN
	GRANT, WHICH HELPS PAY FOR ASSISTIVE TECHNOLOGY EQUIPMENT TO		
	INDIVIDUALS WITH DISABILITIES THAT CANNOT AFFORD TO PURCHASE		VE
	CHANGING EQUIPMENT OR SPECIAL DEVICES. USE OF THIS PROGRAM	LS	
	AVAILABLE ONLY THROUGH UCP AFFILIATES.		
	200 001 0		
4b	(Code:) (Expenses \$388,001. including grants of \$) (Revenue \$)		
	SUPPORT OF AFFILIATES:		
	· · · · · · · · · · · · · · · · · · ·	56 IN TH	E
	US AND 2 IN CANADA) REACHED MORE THAN 155,000 INDIVIDUALS AND		
	FAMILIES ON AN ANNUAL BASIS. AFFILIATES SERVICES INCLUDE HOUS		
	CLINICAL THERAPIES, ASSISTIVE TECHNOLOGY TRAINING, EARLY INTE		N
	PROGRAMS, TRANSPORTATION, INDIVIDUAL AND FAMILY SUPPORT, SOCI		
	RECREATION PROGRAMS, COMMUNITY LIVING, STATE AND LOCAL REFERE		
	EMPLOYMENT ASSISTANCE AND TRAINING, ADVOCACY, INFORMATION, AM		RA
	AND PROMOTE RESEARCH. UCP NATIONAL SUPPORTS THE NETWORK OF ME		
	THROUGH AFFILIATE AND NATIONAL REVENUE SHARING PROGRAMS (ONL)	<u>(NE GIVI</u>	NG
	THE VEHICLE DONATION PROGRAM, DIRECT MAIL, AND WORKPLACE GIVI	ING). I	Ν
	ADDITION, UCP NATIONAL FACILITATES A NATIONAL ANNUAL MEETING,	, TWO	
4c	(Code:) (Expenses \$140,813. including grants of \$) (Revenue \$)		
	PUBLIC EDUCATION:		
	THE UCP AFFILIATES PROVIDE SUPPORT AND SERVICES TO MORE THAN	155,000	
	PEOPLE WITH DISABILITIES ON AN ANNUAL BASIS, ONE PERSON AT A		
	FAMILY AT A TIME, MEETING THE UNIQUE NEEDS THAT EACH POSSESSE		
	OUR AFFILIATE NETWORK, UCP PROVIDES SUCH DIVERSE PROGRAMS AS		
	SUPPORTED LIVING, EDUCATION, HEALTH, EMPLOYMENT, AND RECREAT		
	ACTIVITIES. UCP SUPPORTS PUBLIC EDUCATION AND OUTREACH PROGRA		
	PROVIDING INFORMATION, RESOURCES, AND SOCIAL NETWORKING RESOURCES.		
	PARENTS, CAREGIVERS, AND PEOPLE WITH DISABILITIES. AROUND THE		
	ADDITION, UCP EDUCATES THE AFFILIATE NETWORK THROUGH THE LIFE		T.
	LIMITS AND NETWORK NEWS E-NEWSLETTER AND SEMINARS, SUCH AS TH		
	PROFESSIONAL LEARNING SERIES AND NEWLY DEVELOPED AFFILIATE PO	DRTAL	AЛ
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u>4e</u>	Total program service expenses 1,105,119.		
		Form 9	90
3200	SEE SCHEDULE O FOR CONTINUATION(S)		
	3		
07	721 788028 14192.5AU01 2020.06000 UNITED CEREBRAL PA	LSY, IN	14

Form	990	(2020)
	330	(2020)

UNITED CEREBRAL PALSY, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u></u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>_</b>		
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		X
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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			77
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	<u>14a</u>		
Ø	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	14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV 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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
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	21		Х
032003	3 12-23-20	Form	990	(2020)

032003 12-23-20

Form	aan	(2020)
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Form	990 (2020) UNITED CEREBRAL PALSY, INC. **-***	3840	Þ	age <b>4</b>				
	t IV Checklist of Required Schedules (continued)	010	F	age •				
			Yes	No				
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	22		X X				
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	23	х					
24a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		<u> </u>				
214	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	24a		x				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c		<u> </u>				
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┝──				
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X X				
D	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							
		25b		x				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
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):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x				
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X				
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200						
Ŭ	"Yes," complete Schedule L, Part IV	28c		x				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		X				
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X				
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x				
34	sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33						
34	Part V, line 1	34		x				
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	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	35b						
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	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x					
Pa	Note: All Form 990 filers are required to complete Schedule O           Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L				
	Check if Schedule O contains a response or note to any line in this Part V							
			Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	)						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
	(gambling) winnings to prize winners?	1c	0000					
032004	± 12-23-20	Form	990	(2020)				

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Form Par	990 (2020) UNITED CEREBRAL PALSY, INC. **-**8 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	840	P	age <b>5</b>			
			Yes	No			
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 2a 4						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	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)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L			
6a	Does 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?	6a		X X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b		<u> </u>			
7	Organizations that may receive deductible contributions under section 170(c).			37			
a	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?	7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v			
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		x			
e 4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X			
f							
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	7h					
0	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b						
	Enter the amount of reserves on hand			v			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		X X			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X			
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16					
	If "Yes," complete Form 4720, Schedule O.		000				

Form **990** (2020)

032005 12-23-20

Form 990	(2020)
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UNITED CEREBRAL PALSY, INC.

\*\*-\*\*8840 Page 6

Pa	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule			'No" re	espons	e
						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6	Did the organization have members or stockholders?			6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint o	one or			
	more members of the governing body?			7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	t the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	•				
				10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befor	e filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," de	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approv	•	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official			15a	X	v
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange					v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	•				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga			101		
Sac	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed $AL$ , $AK$ , $AZ$ , $AR$ , $C$	7 <u>3</u> C	ר אין אין ר	FT.	C7	нт
17 10						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection, indicate how you made these available. Check all that apply	anu 990	1 (Section 501(C)(3)	s or iiy)	avalla	nie
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other (explain the control of the con					
10			,	finan		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.	onnict 0	Timerest policy, and	man	Jai	
	Statemente available to the public during the tax year.					

	5 5	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	
	DANIEL SCHULTZ - 202-776-0406	
	1825 K ST NW WASHINGTON DC 20006	

_	TOZO	n	ST	INW,	WASHINGTON	Ν,	DC	20000	5			
0	32006 12-23-20			SEI	E SCHEDULE	0	FOR	FULL	LIST	OF	STATES	Form <b>990</b> (2020)
									7			

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Т

Part VII	compensation of Officers, Directors, Trustees, Key Employees, Highest Compensate	ed
	mployees, and Independent Contractors	

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

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

1a 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.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee 

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box,	, unles	s per	son i	s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related organizations	rustee	trust		ee	npens		(00-2/1099-00150)		organization and related
	below	dual ti	itiona	_	nploy	st cor	-			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizatione
(1) ARMANDO CONTRERAS	40.00	_	_				-			
PRESIDENT & CEO				Х				223,200.	0.	14,587.
(2) ANITA PORCO	40.00									
VP OF AFFILIATE NETWORK					Х			183,521.	0.	15,159.
(3) KEITH GRAHAM	1.00									
CHAIR		Х		Х				0.	0.	0.
(4) JOHN R. HANCOCK, CPA	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(5) WILLIAM THRASH	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) PAULA RADER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) DIANE WILUSH	1.00									
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
<pre>(8) APRIL KAYLOR, CCP, PMP</pre>	1.00									
TRUSTEE		Х						0.	0.	0.
(9) DIANE WILUSH	1.00									
TRUSTEE		Х						0.	0.	0.
(10) DR. ILENE WILKINS	1.00									
TRUSTEE		Х						0.	0.	0.
(11) JEANNE DE SA	1.00									_
TRUSTEE		Х						0.	0.	0.
(12) JOHN ANDERSON	1.00									
TRUSTEE		Х						0.	0.	0.
(13) KELLY PIACENTI, MA, CHSNC	1.00									•
TRUSTEE	1	Х						0.	0.	0.
(14) LUIS RAMIREZ THOMAS	1.00									•
TRUSTEE	1	Х						0.	0.	0.
(15) MARGARET FARMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(16) DR. MARK GORMLEY, M.D.	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(17) MARK R. LEZOTTE	1.00									<u> </u>
TRUSTEE		Х						0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

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	990 (2020) UNITED CI	EREBRAL	PA	LS	Y,	I	NC	•		**_*:	**8	340	Pa	ige <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	Average     Position       ours per     (do not check more the box, unless person is to officer and a director/t       list any     5				than o s both r/trus	tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations (W-2/1099-MISC)	on d s	am com	(F) timated ount c other pensat	of ion
		related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orga anc	om the anizatio I relate nizatio	on ed
	PETER QUATTROMANI	1.00	x						0.		ο.			0
$\frac{\text{TRUS}}{(19)}$	TERESA GAGLIANO	1.00	^						0.		0.			0.
TRUS			x						0.		0.			0.
			-											
			-											
									406 701		_			
	Subtotal								406,721.		0.	23	9,74	$\frac{10}{0}$
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								406,721.		0.	29	9,74	
2	Total number of individuals (including but n							o re		000 of reportable	) )			
	compensation from the organization												Yes	2 No
3	Did the organization list any former officer,	director, trust	ee, ŀ	key e	empl	oye	e, or	hig	hest compensated emp	oyee on	[		103	
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5	Did any person listed on line 1a receive or a	,		•										
	rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ich r	oers	on .					5		Х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	pensat	ion fro	m	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A) Name and business	address							<b>(B)</b> Description of s	ervices	С	(C omper	) Isation	1
	RRIS & GWENDOLYN CAFRIT 25 K STREET, NW, SUITE				-	mΩ	NT		LEASE ADMINI			7/1	L,05	: ว
102	IS & SIREEI, NW, SUITE	1400, W	AD	<u>пт</u> .	NG	10.	LN ,		DEASE ADMINI	SIRATION		/4.	L, UJ	- 2 •
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lir	niteo	d to t	thos 1		ted	above) who received mo	ore than				
												Form 9	<b>990</b> (2	020)

032008 12-23-20

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Form	n 990	0 (2	2020) UNITED CERE	EBRAL P	ALSY,	, INC.		**-***8	840 Page 9
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a respo	onse or note t	o any line		(D)	(0)	
						<b>(A)</b> Total revenue	(B) Related or exempt	<b>(C)</b> Unrelated	(D) Revenue excluded
								business revenue	from tax under sections 512 - 514
	4			1 2	765.				Sections 512 - 514
ants ints	1		Federated campaigns     1a       Membership dues     1b	14,	/05.				
Gra			Membership dues     1b       Fundraising events     1c						
ifts, r Aı			Related organizations						
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contributions)						
Sir			All other contributions, gifts, grants, and						
buti			similar amounts not included above <b>1f</b>	533,	048.				
d Of		g	Noncash contributions included in lines 1a-1f						
anc O		h	Total. Add lines 1a-1f		🕨	545,813.			
					ss Code				
e	2		MEMBERSHIP FEES		099	987,002.			
ervi		b	ANNUAL CONFERENCE	900	099	32,500.	32,500.		
n Se enu		С							
Program Service Revenue		d							
rog		е							
д.			All other program service revenue	-	_	1,019,502.			
	3		Total. Add lines 2a-2f Investment income (including dividends, i		🕨 i	1,019,302.			
	3		other similar amounts)			135,161.			135,161.
	4		Income from investment of tax-exempt bo			100/1010			100/1010
	5		Royalties	-	r	1,098.			1,098.
	-		(i) Rea	l (ii) Pe	rsonal	,			,
	6	а	Gross rents 6a 290,79	92.					
		b	Less: rental expenses 6b	0.					
			Rental income or (loss) 6c 290,79	92.					
		d	Net rental income or (loss)	<u></u>	🕨	290,792.			290,792.
	7	а	Gross amount from sales of (i) Securit	ties (ii) C	Other				
			assets other than inventory <b>7a</b>						
		b	Less: cost or other basis						
venue			and sales expenses 7b						
			Gain or (loss) 7c						
Other Re			Net gain or (loss)		🕨				
the	8	а	Gross income from fundraising events (not including \$ of						
0			contributions reported on line 1c). See						
			Part IV, line 18	8a					
		b	Less: direct expenses	8b					
			Net income or (loss) from fundraising ever		🕨				
	9		Gross income from gaming activities. See						
			Part IV, line 19	9a					
			Less: direct expenses	9b					
		с	Net income or (loss) from gaming activitie	s	🕨				
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
			Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of invento		🕨				
s		~		Busines	ss Code				
ieot ue	11			—					
ven		b		—					
Miscellaneous Revenue		с С	All other revenue	900	099	134.			134.
Ϊ			Total. Add lines 11a-11d			134.			T 2 4 0
	12		Total revenue. See instructions				1,019,502.	0.	427,185.
03200						•		•	Form <b>990</b> (2020

UNITED CEREBRAL PALSY, Part IX Statement of Functional Expenses

	t include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
			expenses	general expenses	expenses
	Grants and other assistance to domestic organizations nd domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	429,604.	158,953.	193,322.	77,329
	Compensation not included above to disqualified		,		
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)				
	Dther salaries and wages	86,566.	34,005.	37,939.	14,622
	Pension plan accruals and contributions (include		-		•
	ection 401(k) and 403(b) employer contributions)				
	Other employee benefits	7,841.	3,164.	3,291.	1,38
	Payroll taxes	33,457.	12,379.	15,056.	6,02
	ees for services (nonemployees):				
	/anagement				
	egal	40,152.		40,152.	
		47,505.		47,505.	
d L	obbying				
e P	Professional fundraising services. See Part IV, line 17	18,678.			18,67
f Ir	nvestment management fees	52,617.		52,617.	
g C	Other. (If line 11g amount exceeds 10% of line 25,				
C	olumn (A) amount, list line 11g expenses on Sch 0.)	155,796.	15,423.	114,189.	26,184
<u>2</u> A	Advertising and promotion				
<b>C</b>	Office expenses	27,634.	1,201.	23,625.	2,808
↓ Ir	nformation technology				
5 F	Royalties				
; C	Decupancy	576,032.	147,670.	338,214.	90,148
'Т	ravel	27,162.		23,338.	3,82
8 F	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials		4 4 9 5	6.056	
) (	Conferences, conventions, and meetings	7,445.	1,127.	6,256.	62
	nterest	CO1 001	C01 001		
	Payments to affiliates	621,381.	621,381.	40.050	40 50
	Depreciation, depletion, and amortization	85,042.	22,158.	49,356.	13,52
	Other expenses. Itemize expenses not covered bove (List miscellaneous expenses on line 24e. If				
li	ne 24e amount exceeds 10% of line 25, column (A)				
	mount, list line 24e expenses on Schedule 0.)	84,906.	91 006		
_	DUES & SUBSCRIPTIONS BAD DEBT EXPENSE	10,000.	84,906.	10,000.	
_		10,000.		10,000.	
с					
d _		3,706.	2,752.	79.	87
	All other expenses	2,315,524.	1,105,119.	954,939.	255,46
	otal functional expenses. Add lines 1 through 24e	4,JIJ,J44.	,_UJ,J9.		40,40
	oint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				

INC.

032010 12-23-20

Form 990 (2020)

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9,236,246.

9,876,308.

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33

10,436,376.

10,898,034.

Form 990 (2020)

Form 990 (2020)	UNITED	CEREBRAL	PALSY,	INC.
Part X Balance Sheet				

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

(A) (B) Beginning of year End of year 988,016. 1,193,904. 1 Cash - non-interest-bearing 72,888. 71,865. Savings and temporary cash investments 2 39,506. Pledges and grants receivable, net 3 0. 252,635. 80,328. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 8 36,990. 32,237. 9 1,125,863. 1,048,188. 160,476. 77,675. 10c 7,983,325. 9,032,955. 11 8,830. 8,830. 12 13 14 338,395. 395,487. 15 9,876,308. 10,898,034. 16 203,794. 186,102. 17 18 63,187. 76,539. 19 20 21 22 23 24 373,081. 199,017. 25 640,062. 461,658. 26 3,084,448. 2,667,235. 27 6,569,011. 7,351,928. 28

Notes and loans receivable, net 7 Assets 8 Inventories for sale or use 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a b Less: accumulated depreciation \_\_\_\_\_ 10b Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 15 Other assets. See Part IV, line 11 16 **Total assets.** Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 18 Grants payable 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 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 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here  $\blacktriangleright$   $\overline{X}$ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 27 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30

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Form	1990 (2020) UNITED CEREBRAL PALSY, INC.	**-	-***884	<b>1</b> 0	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		992		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,3	315	, 52	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	- 3	323	,02	24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,2	236	,24	16.
5	Net unrealized gains (losses) on investments	5	1,4	166	,06	52.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		57	,09	92.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10,4	136	,37	76.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				~		_

Form **990** (2020)

032012 12-23-20

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)	
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# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public Inspection

Т

# Name of the organization

Nan	e of t	the organization							identification number	
		UNIT	ED CEREBRA	L PALSY, INC	•				*-**8840	
Pa	rtI	Reason for Public (	Charity Status.	(All organizations must o	omplete th	his part.) Se	e instruction	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)(1)	(A)(i).			
2		A school described in section	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative								
4		A medical research organize	ation operated in co	njunction with a hospital	described	in section	170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		llege or university owned	l or operat	ed by a gov	ernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)(v	/).			
7	X	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). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city, a	and state of	the college	or	
		university:								
10		An organization that norma								
		activities related to its exem		-					-	
		income and unrelated busir		(less section 511 tax) fro	m busines	sses acquire	ed by the org	anization a	fter June 30, 1975.	
		See section 509(a)(2). (Cor	• •							
11		An organization organized a	•							
12		An organization organized a	-	-	-			•		
		more publicly supported or	-						Check the box in	
		lines 12a through 12d that	• ·			-		-		
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-				
		the supported organization			majority c	of the directo	ors or truste	es of the su	ipporting	
		organization. You must o	-					- (-)		
b		<b>Type II.</b> A supporting org	-				-		-	
		control or management o			ame perso	ins that con	troi or manag	ge the supp	orted	
_		organization(s). You mus	-						ما د	
с		J Type III functionally inte						ly integrate	a with,	
ام		its supported organization		-				tod organi-	ration(a)	
d		J Type III non-functionally						-		
		that is not functionally int requirement (see instructi			•	-		anallenin	reness	
		¬ · ·		•	-					
е		Check this box if the orga functionally integrated, or					ype i, Type	п, туре п		
f	Ento	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	ig organiz	ation.				
		vide the following information	•	d organization(c)						
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount of	monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No S	support (see ir	structions)	support (see instructions)	
				above (see instructions))						
Tota	l									
LHA	For F	Paperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 o	990-EZ.	032021 01-25	5-21 Sche	dule A (For	m 990 or 990-EZ) 2020	

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# Schedule A (Form 990 or 990-EZ) 2020 UNITED CEREBRAL PALSY, INC. \*\*-\*\*8 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

\*\*-\*\*\*8840 Page 2

(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.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	2659082.	2580771.	658,987.	642,845.	545,813.	7087498.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	2650002	2500771	650 007	642 045	E4E 012	7007400			
	Total. Add lines 1 through 3	2659082.	2580771.	658,987.	642,845.	545,813.	7087498.			
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,						010 220			
-	column (f)						919,328.			
	Public support. Subtract line 5 from line 4.						6168170.			
		(-) 0010	(1-) 0017	(-) 0010	(4) 0010	(-) 0000	(6) Tatal			
	ndar year (or fiscal year beginning in)	(a) 2016 2659082.	(b) 2017 2580771.	(c) 2018 658,987.	(d) 2019 642,845.	(e)2020 545,813.	(f) Total 7087498.			
	Amounts from line 4	2039002.	2300771.	030,907.	042,043.	J4J,01J.	1001490.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	428,692.	405,334.	549,497.	526,588.	427,051.	2337162.			
~	and income from similar sources	420,092.	405,554.	545,457.	520,500.	427,0JI.	2337102.			
9	Net income from unrelated business									
	activities, whether or not the									
40	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	9,572.	2,119.	9,678.	226,593.		247,962.			
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	5,572.	2,119.	5,070.	220,355.		9672622.			
						12 3	,254,639.			
	Gross receipts from related activities, <b>First 5 years.</b> If the Form 990 is for th			fourth or fifth tax y			,254,055			
13	organization, check this box and stor	0				.,.,				
Sec	ction C. Computation of Publi									
	Public support percentage for 2020 (I			column (f))		14	63.77 %			
	Public support percentage from 2019		•	.,,		15	73.18 %			
	<b>33 1/3% support test - 2020.</b> If the c									
	stop here. The organization qualifies						N V			
b	<b>33 1/3% support test - 2019.</b> If the c		•							
-	and <b>stop here.</b> The organization qual									
17a	10% -facts-and-circumstances test									
_		-								
	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									
b	10% -facts-and-circumstances test	-			-					
	more, and if the organization meets th	-								
	organization meets the facts-and-circu									
<u>1</u> 8	Private foundation. If the organizatio				• •					
						edule A (Form 990				

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#### 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.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	, ,					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Public	<u>c Support Per</u>	centage			, <u>,</u>	
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					<b>18</b>	<u>%</u>
19a	<b>33 1/3% support tests - 2020.</b> If the						
	more than 33 1/3%, check this box an						
b	<b>33 1/3% support tests - 2019.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 14, 19	a, or 190, check t			
03202	23 01-25-21		16		Sch	euule A (Form 99	90 or 990-EZ) 2020

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? If "Yes," provide detail in **Part VI**.
- **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)? *If* "Yes," *answer line 10b below.*
- **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.)

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Schedule A (Form 990 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

	idule A (Form ago of ago-Ez) 2020 ONTIED CEREDICAL TALDI, INC.	004	0 Pa	age <b>o</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		L
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers of appoint and/or remove officers, directors, or trustees were allocated among the powers.</i>	1		
~	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	-		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Soc	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
			Yes	No
1	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)? 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). tion D. All Type III Supporting Organizations	1		L
bec	uon D. Ali Type III Supporting Organizations		<b></b>	
			Yes	No
1	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			1
	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?	1		<u> </u>
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
				1

income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	· (see instructions).

a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent	of each o	f its supported	organizations.	Complete line 3 b	elow.
---	--	------------------	---------------	-----------	-----------------	----------------	-------------------	-------

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	).
---	--	---	--	----

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- 2 Activities Test. Answer lines 2a and 2b below.
- a 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? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** 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? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.* 

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Schedule A (Form 990 or 990-EZ) 2020

З

2a

2b

3a

3b

Yes No

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Part V	Type III Non-	Functionally	<sup>,</sup> Integrated	509(a)(3)	Supporting	Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
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)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	llv integrate	d Type III supporting orga	nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(continu</sub>	Jed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	ıs	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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chequie A	(Form 990 or 990-EZ) 2020 UNITE	J CEREBRAL	PALSY,	INC.	**-**8840 Pa
Part VI	line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V	b, 4c, 5a, 6, 9a, 9b, 3; Part IV, Section E	90, 11a, 11b, , lines 1c, 2a, 2	2b, 3a, and 3b; Part V	, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)				

# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INC.

OMB No. 1545-0047

2020

Employer identification number

**_**	*8840
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Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

UNITED CEREBRAL PALSY,

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 (entering "N/A" in column (b) instead of the contributor name and address), 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  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

\*\*-\*\*\*8840 UNITED CEREBRAL PALSY, INC. Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 21,002. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 65,771. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 63,387. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 11,411. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 11,050. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 X Person Payroll 39,506. Noncash \$ (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

noncash contributions.)

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2020.06000 UNITED CEREBRAL PALSY, IN 14192.51

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Name of organization

Employer identification number

\*\*-\*\*8840 UNITED CEREBRAL PALSY, INC. Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 115,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

(Complete Part II for noncash contributions.)

023452 11-25-20

Name of organization

Employer identification number

\*\*-\*\*\*8840

UNITED CEREBRAL PALSY, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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ame of orga	anization		Employer identification numb
	CEREBRAL PALSY, INC.		**-***8840
	from any one contributor. Complete columns (a)	) through (e) and the following line e charitable, etc., contributions of <b>\$1,000</b> c	entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
 		(e) Transfer of g	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of g	gift Relationship of transferor to transferee
-			

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SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 1545-0047
(Form 990 or 990-EZ)			-	-	07	2020
	For Organizations Exempt From Income Tax Under section 501(c) and section 527					
Department of the Treasury						Open to Public Inspection
Internal Revenue Service						
•		Form 990, Part IV, line 3, or Form		ne 46 (Political Camp	aign Acti	vities), then
		plete Parts I-A and B. Do not comp		Do not complete Dor		
		)1(c)(3)) organizations: Complete Pa	arts I-A and C below.	Do not complete Par	[ І-В.	
• Section 527 organization		Part I-A only. I Form 990, Part IV, line 4, or Fori	m 000 EZ Dort VI liv	no 17 (Lobbying Acti	vition) th	on.
-		nave filed Form 5768 (election und				
		nave NOT filed Form 5768 (election		•	•	
		Form 990, Part IV, line 5 (Proxy				•
Tax) (See separate inst						
		ions: Complete Part III.				
Name of organization		·			Employe	er identification number
	UNITED	CEREBRAL PALSY, II	NC.		,	**-***8840
Part I-A Comple		anization is exempt under		or is a section 52	27 orgar	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities ir	n Part IV.		
2 Political campaign	activity expendit	ures			▶\$	
3 Volunteer hours for	political campai	gn activities				
Part I-B Comple	ete if the org	anization is exempt under	section 501(c)(	3).		
1 Enter the amount o	f any excise tax	incurred by the organization under	section 4955		·	
	•	incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	excent section P	501(0)(3)	
-	-	•		-		
		by the filing organization for section			•	
exempt function ac		ization's funds contributed to othe			▶\$	
•		. Add lines 1 and 2. Enter here and			ΨΨ	
•	•				▶\$	
					· · <u> </u>	Yes No
		nployer identification number (EIN)				
		tion listed, enter the amount paid f				
contributions receiv	ed that were pro	omptly and directly delivered to a s	eparate political orga	anization, such as a se	eparate se	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provide	e information in Part I	IV.		
( <b>a)</b> Name	;	(b) Address	(c) EIN	(d) Amount paid filing organizatic funds. If none, ent	on's co er -0	(e) Amount of political portributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020	JNITED CERE	BRAL PALSY,	INC.		**8840 Page 2			
	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).								
			Part IV each amiliated	group member s name	e, address, EIN,			
	e of excess lobbying e	• •	viciono onnhu					
B Check ▶ if the filing organizat	ION CHECKED DOX A ar	nd "limited control" pro	visions apply.	(a) Filing	(b) Affiliated group			
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to influe	ence public opinion (g	grassroots lobbying)						
<b>b</b> Total lobbying expenditures to influe	ence a legislative bod	y (direct lobbying)						
c Total lobbying expenditures (add lin	es 1a and 1b)							
d Other exempt purpose expenditures	s			2,315,524.				
e Total exempt purpose expenditures	(add lines 1c and 1d	)		2,315,524.				
f Lobbying nontaxable amount. Enter	the amount from the	following table in both	n columns.	265,776.				
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable amo	ount is:					
Not over \$500,000	20% of	the amount on line 1e.						
Over \$500,000 but not over \$1,000,	,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.					
Over \$1,000,000 but not over \$1,50	0,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.					
Over \$1,500,000 but not over \$17,0	00,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.					
Over \$17,000,000	\$1,000,	000.						
<b>g</b> Grassroots nontaxable amount (entr	er 25% of line 1f)			66,444.				
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.				
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.				
j If there is an amount other than zero	o on either line 1h or l	ine 1i, did the organiza	ation file Form 4720					
reporting section 4911 tax for this y				[	Yes No			
	4-Year Ave	eraging Period Under	Section 501(h)					
(Some organizations the		01(h) election do not h ate instructions for lin		of the five columns be	low.			
	Lobbying Exper	nditures During 4-Yea	r Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	( <b>d)</b> 2020	(e) Total			
2a Lobbying nontaxable amount	268,423.	274,017.	269,836.	265,776.	1,078,052.			
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					1,617,078.			
c Total lobbying expenditures								
d Grassroots nontaxable amount	67,106.	68,504.	67,459.	66,444.	269,513.			
e Grassroots ceiling amount								
(150% of line 2d, column (e))					404,270.			
f Grassroots lobbying expenditures								

Schedule C (Form 990 or 990-EZ) 2020

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#### \*\*-\*\*8840 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	i), or sec	tion		
	501(c)(6).					
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	3			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (	b) Part I	II-A, line	3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
	Carryover from last year					
	Total					
3						
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce					
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (See instructions)					
Par			V			
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (See		

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

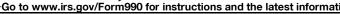
Schedule C (Form 990 or 990-EZ) 2020

SCHEDULE [	)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organizati	on			
iname of the organizati	011			

Employer identification number \* \* \*\*\*8810

	UNITED CEREBRAL PALSY, INC.			**-**8840			
Pa			or Account	S. Complete if the			
	organization answered "Yes" on Form 990, Part IV, line			I I I I I I I I I I I I I I I I I I I			
		(a) Donor advised funds	(b) Fund	s and other accounts			
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in wr	iting that the assets held in donor advise	d funds				
Ŭ	are the organization's property, subject to the organization's ex	-		Yes No			
6	Did the organization inform all grantees, donors, and donor adv						
Ŭ	for charitable purposes and not for the benefit of the donor or c						
			0	Yes No			
Pa							
1	Purpose(s) of conservation easements held by the organization		,				
•	Preservation of land for public use (for example, recreation		a historically ir	nportant land area			
	Protection of natural habitat	Preservation of					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifier	d conservation contribution in the form o	f a conservatio	n easement on the last			
2	day of the tax year.			Held at the End of the Tax Year			
а	Total number of conservation easements						
b							
c	Number of conservation easements on a certified historic struc		·····				
	Number of conservation easements included in (c) acquired after						
u	listed in the National Register						
3	Number of conservation easements modified, transferred, relea			uring the tax			
U	year	ised, extinguished, or terminated by the	Sigariization d				
4	Number of states where property subject to conservation ease	ment is located					
5	Does the organization have a written policy regarding the perio						
Ŭ	violations, and enforcement of the conservation easements it h			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha						
-	•			····· · · · · · · · · · · · · · · · ·			
7	Amount of expenses incurred in monitoring, inspecting, handlir	ng of violations. and enforcing conservati	on easements	during the year			
	► \$			0 ,			
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						
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial stateme	nts that descri	bes the			
	organization's accounting for conservation easements.	-					
Pa	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Oth	ner Similar	Assets.			
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement an	d balance she	et works			
	of art, historical treasures, or other similar assets held for public	c exhibition, education, or research in fur	therance of pu	ıblic			
	service, provide in Part XIII the text of the footnote to its financial	ial statements that describes these items	i.				
b							
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furthe	erance of publ	ic service,			
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$				
	··· · · · · · · · · · · · · · · · · ·		<b>N A</b>				
2	If the organization received or held works of art, historical treas						
	the following amounts required to be reported under FASB ASC						
а	Revenue included on Form 990, Part VIII, line 1	-	▶ \$				
	Assets included in Form 990, Part X						
	For Paperwork Reduction Act Notice, see the Instructions f			chedule D (Form 990) 202			

032051 12-01-20

Sche	Chedule D (Form 990) 2020 UNITED CEREBRAL PALSY, INC. **-**8840 Page 2									
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, or O	ther S	Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that ma	ke sign	ificant ι	use of its	•	,	
	collection items (check all that apply):									
а	Public exhibition d Loan or exchange program									
b	Scholarly research e Other									
с	c Preservation for future generations									
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 of	r receive donations o	f art, historical trea	asures, or other sir	nilar as	sets		_		_
	to be sold to raise funds rather than to be ma		<u>u</u>					Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organizati	on answered "Yes	" on Fo	orm 990	), Part IV, I	ine 9, or		
10	· · · · · · · · · · · · · · · · · · ·		any for contribution	a or other eccete	not ino	ludod				
Ia	Is the organization an agent, trustee, custodia							Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the fell	owing table:				∟			
U			owing table.					Amoun	+	
~	Beginning balance					1c		Amoun	<u>.</u>	
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.							_		]
Par	t V Endowment Funds. Complete i	f the organization and	swered "Yes" on F	orm 990, Part IV, I	line 10.					
		(a) Current year	(b) Prior year	(c) Two years ba		) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance	7,921,939.	8,416,035	. 9,311,30	00.	9,2	28,524.	9	,571,	790.
b	Contributions									
с	Net investment earnings, gains, and losses	1,496,851.	160,892	-3,25	53.	4	05,698.	1	,150,	648.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	576,213.	654,988	. 711,29	90.	3	22,922.	1	,493,	914.
f	Administrative expenses			-	180,722.					
g	End of year balance	8,842,577.	7,921,939	. 8,416,03	35.	9,3	11,300.	9	,228,	524.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (	a)) held as:						
	Board designated or quasi-endowment	22.4940	_%							
	Permanent endowment $\blacktriangleright 50.6740$	%								
С		%								
	The percentages on lines 2a, 2b, and 2c show	•								
3a	Are there endowment funds not in the posses	ssion of the organization	tion that are held a	and administered f	or the c	organiza	ation	ſ		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	X
	(ii) Related organizations							3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza							3b		
4 Par	t VI Land, Buildings, and Equipm		whent lunds.							
	Complete if the organization answered		Part IV line 11a	See Form 990 Pa	rt X lin	<u>م 10</u>				
	Description of property	(a) Cost or of				umulate	h	(d) Boo	k valu	
	Description of property	basis (investm		s (other)	• •	eciation		( <b>u</b> ) Doo	it valu	C
1a	Land	`	,	. /	<b>-</b>					
	Buildings									
	Leasehold improvements		7	00,286.	63	30,7	13.	6	9,5	73.
	Equipment			39,713.		37,0			2,6	
	Other			35,864.		30,42			5,4	
	. Add lines 1a through 1e. (Column (d) must e			· · ·					7,6	
				· · · ·			Schedule			

Part VII	Investments -	Other Securities.		
----------	---------------	-------------------	--	--

\*\*-\*\*\*8840 Page 3

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
(1) Financial derivatives							
(2) Closely held equity interests							
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)							

#### 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.

UNITED CEREBRAL PALSY, INC.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

### Part IX Other Assets.

Schedule D (Form 990) 2020

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)	
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.	
1.	(a) Description of liability	(b) Book value
(4) E		

(1) Federal income taxes	
(2) DEFERRED RENT	191,934.
(3) SECURITY DEPOSIT	7,083.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	199,017.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 UNITED CEREBRAL PALSY,	INC.		**_	***8840	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stat	tements Wit	h Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,549	,185.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	1,466,062.			
b	Donated services and use of facilities	2b	143,240.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	-52,617.			
е	Add lines 2a through 2d			2e	1,556	
3	Subtract line 2e from line 1			3	1,992,	,500.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,992,	,500.	
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	atements W	ith Expenses per l	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.				
1	Total expenses and losses per audited financial statements			1	2,406	<u>,147.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	143,240.			
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,240.
3	Subtract line 2e from line 1			3	2,262,	<u>,907.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	52,617.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		<u>,617.</u>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	2,315	,524.
Pa	t 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 V, LINE 4:

PERMANENTLY RESTRICTED NET ASSETS AT SEPTEMBER 30, 2021 CONSIST OF THE
BELLOWS ENDOWMENT DETAILED ABOVE, AS WELL AS CHARITABLE ANNUITY TRUST
INTERESTS. EARNINGS ON THE BELLOWS ENDOWMENT FUND RE TEMPORARILY
RESTRICTED FOR PROGRAM PURPOSES AS SPECIFIED BY THE DONOR. UCP IS THE
BENEFICIARY OF THE INCOME OF TWO CHARITABLE ANNUITY TRUSTS THAT IT DOES
NOT ADMINISTER. THE INVESTMENTS OF EACH TRUST ARE ADMINISTERED BY A
TRUSTEE WHO IS INDEPENDENT OF UCP, AND DISTRIBUTIONS ARE MADE TO UCP IN
ACCORDANCE WITH THE TRUST AGREEMENT FOR EACH TRUST. THESE TRUSTS ARE
INVESTED IN CASH AND CASH EQUIVALENTS, FIXED INCOME FUNDS, MUTUAL FUNDS,
AND EQUITIES. UCP RECORDS ITS INTEREST IN THESE TRUSTS AT FAIR MARKET
VALUE WITHIN PERMANENTLY RESTRICTED NET ASSESTS. ANNUALLY, UCP MAY BUDGET
032054 12-01-20 Schedule D (Form 990) 2020 34
09130721 788028 14192.5AU01 2020.06000 UNITED CEREBRAL PALSY, IN 14192.51

Schedule D (Form 990) 2020 UNITED CEREBRAL PALSY, INC.	**_***	8840 Page 5
Part XIII Supplemental Information (continued)		9
FOR 5% OF THE BOARD DESIGNATED ENDOWMENT FUNDS TO BE SPENT	IN THE	
FOLLOWING YEAR.		
FOLLOWING YEAR.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
INVESTMENT MANAGEMENT FEES REPORTED ON FORM 990, PART IX,		
LINE 11F		-52,617.
		5270170
	Schedule	D (Form 990) 2020
032055 12-01-20		-

35 2020.06000 UNITED CEREBRAL PALSY, IN 14192.51

09130721 788028 14192.5AU01

SCHEDULE G	Suppleme	ental Informat	tion Regarding	g Fund	Iraisi	ng or Gaming A	ctivitie	s	OMB No. 1545-0047
(Form 990 or 990-EZ)						Part IV, line 17, 18, o rm 990-EZ, line 6a.	r 19, or i	f the	2020
Department of the Treasury		► A	Attach to Form 99	0 or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service	► Go	o to www.irs.gov	/Form990 for inst	truction	s and	the latest informati	on.		Inspection
Name of the organization	ו								ntification number
	UNITED	CEREBRAL	PALSY, IN	NC.			**	*_**8	840
	complete this par		organization answ	vered "Y	'es" or	n Form 990, Part IV, I	ine 17. Fo	orm 990-EZ	filers are not
c Phone solicit d In-person so 2 a Did the organization	ions email solicitations tations licitations on have a written o ed in Form 990, P highest paid indiv	s or oral agreement art VII) or entity ir viduals or entities	e Solicit f Solicit g Specia with any individua	ation of ation of al fundra al (incluo professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and address or entity (fund		(ii)	Activity	fùnd have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (or re fund	ount paid tained by) draiser in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
UPTOWN DIRECT - 501	L WEST 23RD	DIRECT MAIL (	GIFT LABELS,	Yes	No				
STREET, BALTIMORE,	MD 21211	APPEALS, SOLI	<b>ICITATION</b>		X	0.		18,678.	-18,678.
				_					
Total								18,678.	-18,678.
<ol> <li>List all states in whi or licensing.</li> </ol>	ich the organizatio	on is registered or	licensed to solicit	contrib	utions	or has been notified	it is exer	npt from re	gistration

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

Schedule G (Form 990 or 990-EZ) 2020

032081 11-25-20

Part II	Fundraising Events.	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000
		outions and gross income on Form 990-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
		Cash prizes				
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E)	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
		Direct expense summary. Add lines 4 through				
Pa	<u>11</u> rt	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	ne 3, column (d)	000 Part IV line 10 or r		
		\$15,000 on Form 990-EZ, line 6a.		330, 1 art IV, inte 13, 011	eponed more man	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4					
$\neg$	1	Gross revenue				
Ises	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes%	Yes %	Yes%	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu		h-h- 0		
		he organization licensed to conduct gaming ac No," explain:		states?		Yes No
		ere any of the organization's gaming licenses re			ear?	Yes No
b	If "	Yes," explain:				
03209	2 11	-25-20			Schedule G (For	rm 990 or 990-EZ) 2020

G (F **Z**)

Sch	edule G (Form 990 or 990-EZ) 2020 UNITED CEREBRAL PALSY, INC. *	*_**	8840	Page 3
	Does the organization conduct gaming activities with nonmembers?	_	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	····· <u> </u>		
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:	·····		
	a The organization's facility	13		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			///
17				
	Name 🕨			
	Address			
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
100		····· ·		
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amoun	+		
	of gaming revenue retained by the third party $\triangleright$ \$			
	s If "Yes," enter name and address of the third party:			
Ľ	and address of the till party.			
	Name			
	Name			
	Address			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 💲			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
6	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			🗌 No
	retain the state gaming license?		_ Yes	
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie		
Do	organization's own exempt activities during the tax year <b>s</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); an		lines 0	
10		d Part III,	lines 9, s	ad, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
0320	83 11-25-20 Schedule G	(Form 99	0 or 990	-EZ) 2020
	38			

Schedule G (Form 990 or 990-EZ)	UNITED CERE	EBRAL PALSY,	INC.
Part IV Supplemental Infor	mation (continued)		

raitiv	Supplemental informatio	(continued)		
			Schedule G (For	n 990 or 990-EZ)

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ົງດ	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer i			mber
		UNITED CEREBRAL PALSY, INC.	**_*	**884	0	
Pa	rt I Question	s Regarding Compensation				
4	Obselv the service	inte le suíon) idite e superioritica que vide de su of the della viente eu fou e source liste des Fours	000		Yes	No
а		iate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	First-class or	line 1a. Complete Part III to provide any relevant information regarding these items.	naluaa			
	Travel for con					
		cation and gross-up payments Health or social club dues or initiation fee				
		spending account				
b	<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
-				1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	i			
	CEO/Executive Dir	ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensatio	n committee Written employment contract				
		compensation consultant I Compensation survey or study				
	Form 990 of c	ther organizations X Approval by the board or compensation of	ommittee			
4		d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
a		e payment or change-of-control payment?				X X
b		ceive payment from a supplemental nonqualified retirement plan?				X
С		ceive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of I	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501/	c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the					
а	•			5a		X
		ration?				X
		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the					
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1e			
				8		X
9		lid the organization also follow the rebuttable presumption procedure described in				
	Regulations section					<u> </u>
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n <b>990</b> )	2020

032111 12-07-20

Schedule J (Form 990) 2020

\*\*-\*\*8840

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) ARMANDO CONTRERAS	(i)	216,200.	7,000.	0.	10,810.	3,777.	237,787.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANITA PORCO	(i)	180,521.	3,000.	0.	8,818.	6,341.	198,680.	0.
VP OF AFFILIATE NETWORK	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

EX 2020 Open to Public Inspection Employer identification number

\*\*-\*\*\*8840

OMB No. 1545-0047

UNITED CEREBRAL PALSY, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FAMILIES, AND THEIR COMMUNITIES.

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

REGIONAL AFFILIATE CONVENINGS, AND QUARTERLY CEO VIRTUAL TOWN HALLS,

TOPICAL CALLS, AFFILIATE PORTAL, CASE FOR INCLUSION ANNUAL REPORT,

WEBINARS, NATIONAL UPDATE TOWN HALLS, AND FEDERAL-LEVEL ADVOCACY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ANNUAL MEETING, NOW OPEN TO THE PUBLIC, WHICH PROVIDE VALUABLE

INFORMATION IS SHARED ON CEREBRAL PALSY AND DISABILITY-RELATED ISSUES,

AS WELL AS PHILANTHROPY AND LEADERSHIP TOPICS. UCP ALSO EDUCATES THE

GENERAL PUBLIC THROUGH ITS NEWLY REVAMPED WEBSITE, WHICH PROVIDES

INFORMATION FOR PARENTS, CAREGIVERS, AND PEOPLE WITH DISABILITIES

AROUND THE GLOBE IN SEVERAL LANGUAGES INCLUDING A TEXT-TO-SPEECH

FEATURE. UCP WILL ALSO PROVIDE INFORMATION REFERRAL (I&R) SERVICES

THROUGH ITS PARTNERSHIP WITH AN AFFILIATE WHERE INDIVIDUALS CAN OBTAIN

INFORMATION ON HOW TO CONTACT THEIR LOCAL, STATE, AND FEDERAL RESOURCES

BY EITHER CALLING A TOLL-FREE NUMBER OR SUBMIT AN INQUIRY VIA THE UCP

WEBSITE. BI-LINGUAL STAFF MEMBERS WILL BE AVAILABLE TO ANSWER INQUIRIES

IN BOTH ENGLISH AND SPANISH. UCP ALSO PROVIDES INFORMATION REFERRAL

SERVICES FOR THE GENERAL PUBLIC AND THE DISABILITY COMMUNITY.

FORM 990, PART VI, SECTION A, LINE 6:

UCP'S MEMBERSHIP IS COMPOSED OF DOMESTIC 501(C)(3) CHARITABLE NONPROFITS

WHICH PROVIDE SERVICES TO AND ADVOCACY ON BEHALF OF PEOPLE WITH

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

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Name of the organization

UNITED CEREBRAL PALSY, INC.

DISABILITIES AND THEIR FAMILIES.

FORM 990, PART VI, SECTION A, LINE 7A:

A NOMINATING COMMITTEE ASSESSES THE NEEDS OF THE UCP BOARD AND VETS

CANDIDATES FOR THE BOARD OF TRUSTEES. THE NOMINATING COMMITTEE RECOMMENDS A

SLATE OF CANDIDATES TO THE MEMBERS OF THE CORPORATION ANNUALLY. FLOOR

NOMINATIONS ARE TAKEN AT THE ANNUAL MEETING. THE MEMBERS THAN VOTE ON THE

SLATE OF CANDIDATES FOR THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE MEMBERS OF THE ORGANIZATION VOTE ON CHANGES TO THE ORGANIZATIONAL DOCUMENTS OF UCP, INCLUDING ITS ARTICLES OF INCORPORATION OR BYLAWS; ELECTION OF TRUSTEES BY THE BOARD TO SERVE A VACANT SEAT ON THE BOARD; ELECTION OF MEMBERS OF THE NOMINATING COMMITTEE; AND ELECTION OF MEMBERS OF THE PROFESSIONAL COUNCIL.

FORM 990, PART VI, SECTION B, LINE 11B:

UCP'S AUDITED FINANCIAL STATEMENTS UPON WHICH THE FINANCIAL INFORMATION IN THE 990 IS BASED WAS REVEIWED AND ACCEPTED BY THE AUDIT COMMITTEE AND THE BOARD. UCP'S 990 WILL BE PROVIDED TO THE FINANCE COMMITTEE AND BOARD OF TRUSTEES UPON FILING.

FORM 990, PART VI, SECTION B, LINE 12C: UCP'S BOARD CHAIR ANNUALLY REQUESTS CONFLICT OF INTEREST DISCLOSURE STATEMENTS FROM THE BOARD MEMBERS AND SENIOR MANAGEMENT EMPLOYEES, WHICH ARE SUBMITTED TO UCP'S PRESIDENT AND CEO. OTHER INDIVIDUALS MAY ALSO SUBMIT TO THE PRESIDENT AND CEO INFORMATION REGARDING POTENTIAL CONFLICTS OF WHICH THEY ARE AWARE. UCP'S PRESIDENT AND CEO REVIEWS ANY POTENTIAL CONFLICT 032212 11-20-20 Schedule O (Form 990 or 990-EZ) 2020

09130721 788028 14192.5AU01

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Schedule 0 (1 0111 350 01 550-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization UNITED CEREBRAL PALSY, INC.	Employer identification number * * - * * * 8 8 4 0
DISCLOSURES AND REPORTS TO THE BOARD CHAIR OR OTHER RELEVA	NT BOARD LEADER
IF THE BOARD CHAIR IS CONFLICTED. IF AN APPARENT CONFLICT	IS PRESENT, THE
BOARD CHAIR OR OTHER BOARD LEADER WILL SEEK RECUSAL OF THE	INDIVIDUAL WITH
A CONFLICT. THE POLICY REQUIRES THAT ALL BOARD MEMBERS AND	SENIOR
MANAGEMENT EMPLOYEES SUBMIT UPDATED DISCLOSURE STATEMENTS	UPON A CHANGE IN
MATERIAL CIRCUMSTANCES WHICH MAY PRESENT THE APPEARANCE OF	A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15A:

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AZ,AR,CA,CO,CT,DE,DC,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VT,VA,WA,WV,WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE

45

MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE

POSTED TO OUR WEBSITE FOR PUBLIC VIEWING AND PRINTING, IF NEEDED.

F	'ORM	990,	PART	XI,	LINE	9,	CHANGES	IN	$\mathbf{NET}$	ASSETS:	

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O Name of the			EZ) 20	20							Page Employer identification numb
	organ	U	NIT	ED CERI	EBRAL	PALSY,	INC.				**-***8840
CHANGE	IN	VALUE	OF	BENEFI	CIAL	INTERES	STS IN	I TRUSTS	HELD	BY	
THIRD	PAR	TIES									57,092.
032212 11-20-2	D									Sch	edule O (Form 990 or 990-EZ) 20
							46				-