Form 990

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 8 **Open to Public** . Inspection

ternal Revenue Service	epartment of the Treasury	
	ternal Revenue Service	

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information			-	Open to Public Inspection		
AF	or the	e 2018 calend	ar year, or tax year beginning JUL 1, 2018 and	ending J	JN 30, 2019	
B C a	heck if oplicabl	e: UNITED	forganization CEREBRAL PALSY ASSOCIATION OF		D Employer identifica	tion number
	Addre	e CENTRA	L ARIZONA			
	Name Chang	e Doing b	usiness as		86-011	0967
	Initial	Number	and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return		EST PARKSIDE LANE		602-943-	
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	12,697,016.
	Amen return	FHOENI	X, AZ 85027		H(a) Is this a group retu	
	Applic tion pendi	r Name a	nd address of principal officer: BRENDA HANSERD ST PARKSIDE LANE, PHOENIX, AZ 85027		for subordinates? H(b) Are all subordinates inclu	
I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instruction						st. (see instructions)
J Website: ► UCPOFCENTRALAZ.ORG H(c) Group exemption number ►						number 🕨
			x Corporation	L Year	of formation: 1952 M S	State of legal domicile: AZ
Pa	rt I	Summary				
nce	1	Briefly describ	be the organization's mission or most significant activities: $_$ LIFE W	ITHOUT LI	MITS FOR PEOPLE	
rna	2	Check this bo	x 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net asset	S.
ove	3	Number of vo	ting members of the governing body (Part VI, line 1a)			10
Ğ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			10
Activities & Governance	5	Total number	of individuals employed in calendar year 2018 (Part V, line 2a)			359
	6	Total number	of volunteers (estimate if necessary)		6	74
	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
1	b	Net unrelated	business taxable income from Form 990-T, line 38		7b	0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		4,263,727.	3,963,192.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		7,022,360.	6,997,770.
Sev			come (Part VIII, column (A), lines 3, 4, and 7d)		286,349.	157,542.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		171,961.	52,085.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,744,397.	11,170,589.
	13	Grants and sir	milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	•	to or for members (Part IX, column (A), line 4)		0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		9,549,793.	9,414,197.
sue			undraising fees (Part IX, column (A), line 11e)		288,007.	262,317.
Expenses			ing expenses (Part IX, column (D), line 25)	684.	0 505 045	0.504.000
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,737,315.	2,534,293.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,575,115.	12,210,807.
	19	Revenue less expenses. Subtract line 18 from line 12		-830,718.	-1,040,218.	
s or					ginning of Current Year	End of Year
Net Assets or Fund Balances	20		Part X, line 16)		12,069,747.	11,310,526.
et A nd F	21		(Part X, line 26)		1,327,876.	1,550,747.
	22 rt II	Net assets or Signature	fund balances. Subtract line 21 from line 20		10,741,871.	9,759,779.
		-		and atotases	nto and to the bast of sources	noulodge and helief it '-
			I declare that I have examined this return, including accompanying schedules			nowieage and beliet, it is
uue,	correc	i, and complete	. Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge.	
Sigr	ı	Signatur	e of officer		Date	

Here	BRENDA HANSERD, CEO					
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	KRISTEN BASS		01/31/20	self-employed	P01247587	
Preparer	Firm's name 🕒 CBIZ MHM, LLC		F	Firm's EIN 🕨	34-1884125	
Use Only	Firm's address 🖕 4722 N 24TH ST, STE 300					
	PHOENIX, AZ 85016 Phone no.602-264-6835					
May the IF	RS discuss this return with the preparer shown abov	e? (see instructions)			X Yes	No
					- 000	

	UNITED CEREBRAL PALSY ASSOCIATION OF			
Form	990 (2018) CENTRAL ARIZONA	86-	0110967	Page 2
	t III Statement of Program Service Accomplishments			<u></u>
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission:			
	UCP OF CENTRAL ARIZONA PROVIDES COMPREHENSIVE SERVICES TO INDIVIDUALS			
	WITH DISABILITIES AND THEIR FAMILIES BY PROVIDING PHYSICAL AND			
	DEVELOPMENTAL SUPPORT AS WELL AS EDUCATIONAL GROWTH WHICH IS THE			
	FOUNDATION FOR INDEPENDENT LIVING. "LIFE WITHOUT LIMITS"			
2	Did the organization undertake any significant program services during the year which were not liste	ed on the		
	prior Form 990 or 990-EZ?		Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	m services?	Yes [X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measur	ed by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	tions to others, the t	otal expenses, and	
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$6,593,634. including grants of \$) (Revenue \$	3,559,	817.)
	CHILDREN'S SERVICES - INCLUDES EARLY INTERVENTION, EARLY LEARNING			
	CENTER, THERAPY SERVICES, AND DAY TREATMENT & TRAINING. EARLY			
	INTERVENTION SERVES INFANTS AND TODDLERS UP TO AGE THREE WITH			
	DEVELOPMENTAL DELAYS OR DISABILITIES. THE EARLY LEARNING CENTER SERVES			
	CHILDREN WITH AND WITHOUT DISABILITIES FROM SIX WEEKS TO FIVE YEARS OF			
	AGE. OUR INCLUSIVE SETTING OFFERS DEVELOPMENTALLY APPROPRIATE LEARNING			
	OPPORTUNITIES FOR ALL CHILDREN. THERAPISTS WORK TO DEVELOP FINE AND			
	GROSS MOTOR SKILLS, SENSORY INTEGRATION, AND COMMUNICATION. WE PROVIDE			
	OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPIES TO CHILDREN AND ADULTS IN			
	A VARIETY OF SETTINGS. DAY TREATMENT & TRAINING IS FOCUSED ON			
	DEVELOPING SOCIAL, COGNITIVE, AND INDEPENDENT LIVING SKILLS,			
	REINFORCEMENT OF COMMUNICATION, SOCIALIZATION, FINE AND GROSS MOTOR			
4b	(Code:) (Expenses \$3,393,829. including grants of \$) (Revenue \$	2,765,	826.)
	HOME CARE - INCLUDES ATTENDANT CARE AND RESPITE SERVICES. ATTENDANT			
	CARE PROVIDES INDIVIDUALS WITH SIGNIFICANT PHYSICAL LIMITATIONS			
	ASSISTANCE TO COMPLETE INDEPENDENT LIVING TASKS. FOR MANY CONSUMERS,			
	THE EXTRA SUPPORT MEANS THAT THEY ARE ABLE TO REMAIN AT HOME AND LIVE			
	INDEPENDENTLY. THE CARE PROVIDES ASSISTANCE WITH PERSONAL HYGIENE AND			
	DAILY LIVING ACTIVITIES, HELP IN PLANNING AND PREPARING MEALS, AND			
	MAINTAIN A CLEAN LIVING ENVIRONMENT. RESPITE SERVICES ARE DESIGNED TO			
	GIVE PARENTS AND CAREGIVERS A SHORT-TERM BREAK SO THAT THEY CAN GET THE			
	BREAK THEY NEED TO CARE FOR THEIR CHILD OR LOVED ONES IN THE BEST WAY			
	POSSIBLE.			
			71 3	907.)
4c	(Code:) (Expenses \$1,072,508. including grants of \$ ADULT SERVICES - THE DAY TREATMENT AND TRAINING PROGRAM FOR ADULTS) (Revenue \$,13,	<u> </u>
	SERVES HIGH SCHOOL GRADUATES OR ADULTS OVER THE AGE OF TWENTY-TWO WITH			

	SERVES HIGH SCHOOL GRADDATES OR ADDITS OVER THE AGE OF TWENTI-TWO WITH						
	DISABILITIES AND HELPS THEM DEVELOP THE SKILLS NECESSARY TO LIVE MORE						
	INDEPENDENT AND SELF-SUFFICIENT LIVES DESIGNED TO ENHANCE COMMUNITY						
	INTEGRATION, PHYSICAL HEALTH, AND/OR EMPLOYMENT SKILLS. THE PROGRAM						
	ALSO PROVIDES ACTIVITIES OF DAILY LIVING AND SOCIALIZATION						
	OPPORTUNITIES. THE PROGRAM INCLUDES RESOURCES FOR HELPING FAMILIES AND						
	INDIVIDUALS WITH DISABILITIES TO LOCATE THE SERVICES AND SUPPORT THEY						
	SEEK, IN THE FOLLOWING AREAS: EDUCATION; FAMILY SUPPORT GROUPS;						
	HOUSING; INDEPENDENT LIVING SKILLS; INDIVIDUALIZED FUNDING ASSISTANCE;						
	MANAGED CARE AND LONG-TERM CARE; RESOURCES FOR ADVOCACY;						
	SAFEGUARDS/ABUSE; RESOURCES FOR EMPLOYMENT.						
4d	Other program services (Describe in Schedule O.)						
	(Expenses \$ including grants of \$) (Revenue \$)						
4e	Total program service expenses 11,059,971.						
	Form 990 (2018)						
832002	12-31-18 SEE SCHEDULE O FOR CONTINUATION(S)						
	2						

	990 (2018) CENTRAL ARIZONA 86-01109	67	Р	age 3
Par	t 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	Х	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
'		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, 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	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
.,		17	х	
10	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 ''		<u> </u>
18		10	х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
~-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	000	X
832003	3 12-31-18	Form	990	(2018)

11520131 143399 201130

Form	990 (2018) CENTRAL ARIZONA 86-01109	67	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			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
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		v	
~ ~	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	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):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
U	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L</i> , <i>Part IV</i>	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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
00	· · · ·	38	x	
Par		1.00		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 12	2		
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	
832004	12-31-18	Form	990	(2018)

Form	990 (2018) CENTRAL ARIZONA	86-011096	7	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				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 359			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	is?	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			3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ac	counts (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 transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X X
f					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?				
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
_			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
			9b		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	44-			
a L	Gross income from members or shareholders	<u>11a</u>			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	146			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.0			
			13a		
u	Note. See the instructions for additional information the organization must report on Schedule O.		100		
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			
с	Enter the amount of reserves on hand	13c			
14a	Did the second string as a first second state of a state string second string the terms of a		14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15	L	x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
			-	. 000	(0040

Form **990** (2018)

832005 12-31-18

11520131 143399 201130

UNITED	CEREBRAL	PALSY	ASSOCIATION	OF	

Form	990 (2018) CENTRAL ARIZONA		86-01109	67	Р	age 6
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 thro	ouah 7k	below. and for a	"No" re	espons	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S					
	Check if Schedule O contains a response or note to any line in this Part VI					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	1	0		
	If there are material differences in voting rights among members of the governing body, or if the governing	<u> </u>		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or		v other	-		
-	officer, director, trustee, or key employee?			2		x
3	Did the organization delegate control over management duties customarily performed by or under the			-		
U	of officers, directors, or 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 99			4		x
5	Did the organization become aware during the year of a significant diversion of the organization's asse			5		x
6	Did the organization have members or stockholders?			6	x	
	Did the organization have members, stockholders, or other persons who had the power to elect or app					
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckhold	ers or	14		
	nonconsistent the second se			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
	The governing body?		-	8a	x	
				8b	х	
9	Each committee with authority to act on behalf of the governing body?					
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve			J		
	The menal new concession of requests information about policies not required by the menal new		Jue.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
			inniacoo,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	001010		110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			12b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye					
•	in Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	х	
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 approval l					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	х	
-	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 arrangement	ent with	a			
	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 organiz	-				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	990-T	Section 501(c)(3)	s onlv)	availat	ole
-	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website I Upon request Other (explain i	n Scho	dula ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, confi			d financ	ial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's book	s and r	ecords			
	PATTI PHILLIPS - (602) 313-8885					
	1802 WEST PARKSIDE LANE, PHOENIX, AZ 85027					
832004	12-31-18			Form	י 990	(2018)
	6					(_0.0)
001						117

Form 990 (2			Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year endi	ng with or within the organization's ta	ax 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."

(D)

UNITED CEREBRAL PALSY ASSOCIATION OF

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

 $\langle \mathbf{C} \rangle$

(D)

Т

(E)

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		Pos) than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	nd a d I	irecto	r/trus [.] T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e a			ted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			pense		(W-2/1099-MISC)		organization
	organizations	ial tru	onal 1		ploye	ee com				and related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	ľ	Ĕ	5	Ke	ĒĒ	Б			
(1) MANNY CAIRO	1.00									<u> </u>
CHAIR	1 00	х		X		-		0.	0.	0.
(2) DAN WILLIAMS (AS OF 3/2019)	1.00									
TREASURER		х	<u> </u>	X	<u> </u>			0.	0.	0.
(3) GARY BRENNAN	1.00									
SECRETARY		Х		х				0.	0.	0.
(4) NICOLE ALMOND ANDERSON	1.00									
MEMBER		Х						0.	0.	0.
(5) PHIL BARBER	1.00									
MEMBER		Х						٥.	0.	0.
(6) BRETT HEISING	1.00									
MEMBER		х						0.	٥.	0.
(7) RANDALL HOWE	1.00									
MEMBER		х						0.	0.	0.
(8) MICHAEL KRUER MD	1.00									
MEMBER		х						0.	٥.	0.
(9) SON YONG PAK	1.00									
MEMBER		х						0.	٥.	0.
(10) SUZY PEEL	1.00									
MEMBER		х						0.	0.	0.
(11) BRENT TAYLOR (THRU 3/2019)	1.00									
TREASURER		х		x				0.	٥.	٥.
(12) BRENDA HANSERD	40.00									
CEO/CFO				x				161,728.	0.	12,197.
(13) VALERIE PIERACCINI	40.00									
DIRECTOR OF THERAPY & ELC						x		126,202.	0.	7,572.
										i
832007 12-31-18	L	1				1		1	1	Form 990 (2018)

11520131 143399 201130

2018.05030 UNITED CEREBRAL PALSY ASS 201130_1

7

	990 (2018) CENTRAL ARIZO	ONA								86-01	.1096	7	Pa	age 8
Par	t VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box	not c , unle	Pos heck ss per id a d	more rson i	Highest compensated Highest compensated employee	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d is	an com fr org an	(F) stimate nount other pensa rom the anizati d relate anizatio	of tion e ion ed
		line)	Indivi	Institu	Officer	Key er	Highe	Former						
	0.1.4.4								287,930.		0.		10	769.
	Sub-total Total from continuation sheets to Part VII								0.		0.		,	0.
d	Total (add lines 1b and 1c)								287,930.		٥.		19,	769.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	io re	eceived more than \$100,	000 of reportable	3			2
													Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	-			•	•	•		•			3		х
4	For any individual listed on line 1a, is the su											0		
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,		•								4	X	
	rendered to the organization? If "Yes," com	-				-			-			5		х
<u>Sec</u>	tion B. Independent Contractors Complete this table for your five highest cor	monopoted ind		ndo	at or		acto	ro th	ant reactived more than ¢	100 000 of com		ion fr		
	the organization. Report compensation for t	•	•							•			<u></u>	
	(A) Name and business	address							(B) Description of s	ervices	С)) eamo)) nsatioi	n
CIRC	LE K													
	W WARNER ROAD, TEMPE, AZ 85284 AR INFORMATICA, LLC, 500 N ESTREI	.τ.δ							CAMPAIGN MANAGEMEN	Т			262,	317.
	AY, SUITE B2, GOODYEAR, AZ 85338								IT SERVICES				174,	759.
_														
2	Total number of independent contractors (ir	•	ot lin	nited	d to			ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz	ation P					2					Form	990 (2	2018)

CENTRAL ARIZONA 86-0110967 Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Revenue excluded Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 106,860 1a Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns 1b **b** Membership dues 753,315. c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 3,103,017. 1f 42,449 **g** Noncash contributions included in lines 1a-1f: \$ 3,963,192, h Total. Add lines 1a-1f ► Business Code 2 a FED CONTRACTS-DDD 624100 4,119,630 4,119,630 Program Service Revenue 624100 1,610,010 1,610,010 INSURANCE & CLIENT FEE b FED CONTRACTS-AZEIP 624100 1,121,543 1,121,543 С OTHER CONTRACTS-AHCCCS 624100 146,587. 146,587. d е f All other program service revenue 6,997,770 g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and 151,559 151,559 other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) **d** Net rental income or (loss) ► 7 a Gross amount from sales of (i) Securities (ii) Other 1,418,321 15,948. assets other than inventory b Less: cost or other basis 1,372,916. 55,370 and sales expenses -39,422 c Gain or (loss) 45,405. 5,983. 5,983. ► d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 753,315. of including \$ contributions reported on line 1c). See Part IV, line 18 92,304 92,304 **b** Less: direct expenses 0 c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See 4,783 Part IV, line 19 а Ο. **b** Less: direct expenses 4,783 4,783. c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns 8,455. and allowances 5,837. b Less: cost of goods sold 2,618. 2,618. c Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code 11 a DEVELOPMENT FEES 541900 36,176 36,176 2,670 624100 2,670 **b** INSURANCE RECOVERY MEDICAL RECORDS 624100 316 316 С 900099 5,522. 5,522 d All other revenue 44,684 Total. Add lines 11a-11d е ► 11,170,589 7,039,550. 0. 167,847. Total revenue. See instructions ► 12

832009 12-31-18

9

2018.05030 UNITED CEREBRAL PALSY ASS 201130_1

Form 990 (2018)

CENTRAL ARIZONA

Form 990 (2018)	CENTRAL ARIZONA	86-0110967	Page 10
Part IX Statement	of Functional Expenses		
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organization	ons must complete column (A).	

	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
Do no	t include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 (Grants and other assistance to domestic organizations		·		·
а	and domestic governments. See Part IV, line 21				
2 (Grants and other assistance to domestic				
i	ndividuals. See Part IV, line 22				
3 (Grants and other assistance to foreign				
c	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees	173,925.	147,662.	23,132.	3,131.
6 (Compensation not included above, to disqualified				
p	persons (as defined under section 4958(f)(1)) and				
p	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages	7,705,718.	7,310,127.	155,542.	240,049.
8 F	Pension plan accruals and contributions (include				
S	section 401(k) and 403(b) employer contributions)	216,654.	206,082.	5,922.	4,650. 26,263.
9 (Other employee benefits	743,279.	700,670.	16,346.	26,263.
	Payroll taxes	574,621.	544,620.	12,442.	17,559.
	Fees for services (non-employees):				
a M	Management				
bι	_egal	16,555.	14,055.	2,202.	298.
c /	Accounting	56,880.	48,291.	7,565.	1,024.
	_obbying				
	Professional fundraising services. See Part IV, line 17	262,317.			262,317.
f l	nvestment management fees	39,685.		39,685.	
g (Other. (If line 11g amount exceeds 10% of line 25,				
C	column (A) amount, list line 11g expenses on Sch 0.)	457,496.	438,855.	10,873.	7,768.
12 /	Advertising and promotion				
13 (Office expenses	22,003.	11,943.	983.	9,077.
	nformation technology				
1 5 F	Royalties				
16	Dccupancy	512,578.	431,100.	77,585.	3,893.
17 7	Travel	234,107.	229,662.	1,057.	3,388.
18 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates	24,500.	24,500.		
22 [Depreciation, depletion, and amortization	307,563.	239,425.	65,670.	2,468.
23 I	nsurance	71,984.	51,574.	5,185.	15,225.
	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
- ⁻	DUES & SUBSCRIPTIONS	212,207.	194,517.	13,430.	4,260.
b S	SUPPLES	139,977.	130,131.	5,068.	4,778.
· -	TELEPHONE	121,981.	113,161.	4,565.	4,255.
d <u>c</u>	COMMUNITY AWARENESS	109,676.	80,878.	12,100.	16,698.
e A	All other expenses	207,101.	142,718.	9,800.	54,583.
25 T	Total functional expenses. Add lines 1 through 24e	12,210,807.	11,059,971.	469,152.	681,684.
26 J	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
е	educational campaign and fundraising solicitation.				
~	Check here if following SOP 98-2 (ASC 958-720)				

11520131 143399 201130

art)		2018) CENTRAL ARIZONA Balance Sheet				110967 Page
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		579,869.	1	512,353
	2	Savings and temporary cash investments		282,625.	2	272,674
	3	Pledges and grants receivable, net		960,082.	3	779,309
4	4	Accounts receivable, net		312,937.	4	298,39
4	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated e	mployees. Complete			
		Part II of Schedule L			5	
6	6	Loans and other receivables from other disqualified p	ersons (as defined under			
		section 4958(f)(1)), persons described in section 4958	B(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 5				
		employees' beneficiary organizations (see instr). Com			6	
	7	Notes and loans receivable, net			7	
! {	8	Inventories for sale or use			8	
9	9			39,642.	9	53,15
10	0a	Land, buildings, and equipment: cost or other	1			
		basis. Complete Part VI of Schedule D 10a	7,951,592.			
	b	Less: accumulated depreciation 10		4,708,428.	10c	4,466,48
1		Investments - publicly traded securities		5,176,974.	11	4,917,47
12	2	Investments - other securities. See Part IV, line 11			12	
1:	3	Investments - program-related. See Part IV, line 11			13	
14	4	Intangible assets			14	
15	5	Other assets. See Part IV, line 11		9,190.	15	10,69
16	6	Total assets. Add lines 1 through 15 (must equal line		12,069,747.	16	11,310,52
17	7	Accounts payable and accrued expenses		833,823.	17	1,305,74
18	8	Grants payable		18		
19	9	Deferred revenue		7,053.	19	
20	0	Tax-exempt bond liabilities			20	
2	1	Escrow or custodial account liability. Complete Part I			21	
22	2	Loans and other payables to current and former offic	ers, directors, trustees,			
		key employees, highest compensated employees, an	d disqualified persons.			
		Complete Part II of Schedule L			22	
i 2:	3	Secured mortgages and notes payable to unrelated t	nird parties	487,000.	23	245,00
24	4	Unsecured notes and loans payable to unrelated third	l parties		24	
2	5	Other liabilities (including federal income tax, payable	s to related third			
		parties, and other liabilities not included on lines 17-2	4). Complete Part X of			
		Schedule D			25	
26	6	Total liabilities. Add lines 17 through 25		1,327,876.	26	1,550,74
		Organizations that follow SFAS 117 (ASC 958), che	eck here 🕨 🗴 and			
2		complete lines 27 through 29, and lines 33 and 34.				
27	7	Unrestricted net assets		10,243,110.	27	9,421,10
28	8	Temporarily restricted net assets		498,761.	28	338,67
29	9	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 9	58), check here 🕨 📃			
27 28 29 30 31 31		and complete lines 30 through 34.				
30	0	Capital stock or trust principal, or current funds			30	
3	1	Paid-in or capital surplus, or land, building, or equipm	ent fund		31	
3	2	Retained earnings, endowment, accumulated income			32	
3	3	Total net assets or fund balances		10,741,871.	33	9,759,77
34	4			12,069,747.	34	11,310,52

	UNITED CEREBRAL PALSY ASSOCIATION OF				
Form	990 (2018) CENTRAL ARIZONA	86-011096	7	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		170,	589.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,	210,	807.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,	040,	218.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,	741,	871.
5	Net unrealized gains (losses) on investments	5		58,	126.
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 in Schedule O)	9			٥.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9,	759,	779.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	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 O).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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 in Scher	lule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A-133?		3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X	
			_	COA	(0010)

Form **990** (2018)

832012 12-31-18

SC	HEDULE A		Dublic Cha	rity Status an		slia Qu	innort		OMB No. 1545-0047
(Fo	rm 990 or 990-EZ)	~		-					2012
		U		nization is a section 50 [.] 947(a)(1) nonexempt cha			or a section		2010
	rtment of the Treasury al Revenue Service		►	Attach to Form 990 or I	orm 990-	EZ.			Open to Public
			-	v/Form990 for instruction	ons and th	ne latest in	nformation.	F	Inspection
Nan	ne of the organization			Y ASSOCIATION OF					identification number
Da	rt I Reason		AL ARIZONA			:			86-0110967
				(All organizations must co			e instructions	6.	
	<u> </u>	-		(For lines 1 through 12, c	-				
1				on of churches described			1)(A)(I).		
2				(Attach Schedule E (Forr			::)		
3 4	·	•		anization described in s				VIII) Entor	the hespital's name
4	city, and state	-		пјанскоп мата позрпа	described	Section			the nospital s hame,
5		-	or the benefit of a co	ollege or university owned	l or operat	ed by a do	vernmental u	nit describe	ed in
J		•	Complete Part II.)		or operat	ou by u ge			
6				mental unit described in	section 17	70(b)(1)(A)	(v).		
7			-	antial part of its support f				ne general r	oublic described in
-	-		Complete Part II.)		3			- 3	
8	A community	trust describ	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	An agricultura	al research or	ganization described	d in section 170(b)(1)(A)	ix) operate	ed in conju	unction with a	land-grant	college
	or university of	or a non-land-	grant college of agrid	culture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10	An organizati	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from o	contributio	ns, membersl	nip fees, an	d gross receipts from
	activities relat	ted to its exer	mpt functions - subje	ect to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support f	rom gross investment
	income and u	inrelated busi	ness taxable income	e (less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
			omplete Part III.)						
11				sively to test for public sa					
12	-	•	-	sively for the benefit of, to	-			•	-
			-	ed in section 509(a)(1) o					heck the box in
_		-		of supporting organization				-	-1
а				supervised, or controlled	•	-			
		0	complete Part IV, S	• • • • •	i majonty c				pporting
b			-	d or controlled in connec	tion with it	s sunnorte	ad organizatio	n(s) by bay	ina
				anization vested in the s			-		-
			st complete Part IV		ante perce			90o osipi	
с			-	ng organization operated	in connect	tion with, a	and functional	lly integrate	d with,
				s). You must complete				, 0	,
d	Type III no	n-functionall	y integrated. A sup	porting organization oper	ated in co	nnection v	vith its suppo	ted organiz	ation(s)
	that is not f	unctionally in	tegrated. The organi	zation generally must sat	isfy a distr	ibution red	quirement and	I an attentiv	reness
	requiremen	t (see instruct	tions). You must co	mplete Part IV, Sections	s A and D,	and Part	V.		
е	Check this	box if the org	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, c	r Type III non-functio	onally integrated supporti	ng organiz	ation.			· · · · · · · · · · · · · · · · · · ·
	Enter the number	• •	•						
g	Provide the followi (i) Name of support		n about the support (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
	organization			(described on lines 1-10	in your governi	ing document?	support (see in	,	support (see instructions)
	5			above (see instructions))	Yes	No		,	
			1		1				
Tota	al								
LHA	For Paperwork Re	duction Act I	Notice, see the Inst	ructions for Form 990 o	r 990-EZ .	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018
				13					

UNITED CEREBRAL PALSY ASSOCIATION O	JNITED	CEREBRAL	PALSY	ASSOCIATION	OF
-------------------------------------	--------	----------	-------	-------------	----

Schedule A (Form 990 or 990-EZ) 2018 CENTRAL ARIZONA

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

Se	ction A. Public Support		-				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,987,233.	4,942,444.	4,554,316.	4,263,727.	3,963,192.	22,710,912.
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						
4	Total. Add lines 1 through 3	4,987,233.	4,942,444.	4,554,316.	4,263,727.	3,963,192.	22,710,912.
	The portion of total contributions			, ,	. ,	, ,	
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						22,710,912.
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	4,987,233.	4,942,444.	4,554,316.	4,263,727.	3,963,192.	22,710,912.
	Gross income from interest,	, , -	, , -	, , .	, , .	, , , -	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	290,192.	263,638.	170,496.	151,184.	151,559.	1,027,069.
۵	Net income from unrelated business				,		_,,
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	·	3,461.	8,771.	9,487.	485.	5,522.	27,726.
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10	5,101.	0,,,1	5,107.	100.	5,522.	23,765,707.
	Gross receipts from related activities, e		20)			12	36,955,940.
12 13			,	fourth or fifth to			
13	organization, check this box and stop				5		
Se	ction C. Computation of Public		centage				
	Public support percentage for 2018 (lir			lump (f))		14	95.56 %
						15	95.50 %
	a 33 1/3% support test - 2018. If the or						,,,
100	stop here. The organization qualifies a						
,	33 1/3% support test - 2017. If the or						······ •
	and stop here. The organization qualif	•					
17/							
1/6	a 10% -facts-and-circumstances test -	-					
	and if the organization meets the "facts				-	-	
	meets the "facts-and-circumstances" to						
t	10% -facts-and-circumstances test -	-					
	more, and if the organization meets the						, •
40	organization meets the "facts-and-circu						
18	Private foundation. If the organization	i did not check a b	box on line 13, 16a	, 100, 17a, or 17b,		nd see instructions edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

11520131 143399 201130

86 - 0110967

Page 2

Schedule A (Form 990 or 990-EZ) 2018 CENTRAL ARIZONA

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)			L Countra COL 1		- 501(-)(0)	
14 First five years. If the Form 990 is fo	0					
check this box and stop here Section C. Computation of Publ						
•		•	(1)			
15 Public support percentage for 2018 (2			15	<u>%</u>
16 Public support percentage from 2017 Section D. Computation of Inves	stment Income	e Percentage			16	%
17 Investment income percentage for 20	018 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2018. If the						17 is not
more than 33 1/3%, check this box a						▶∟
b 33 1/3% support tests - 2017. If the						
line 18 is not more than 33 1/3%, che						▶∐
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
832023 10-11-18		15	5	Sch	edule A (Form 99	90 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 CENTRAL ARIZONA

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 disgualified 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 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.)

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

16 2018.05030 UNITED CEREBRAL PALSY ASS 201130_1

3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

1

2

3a

No Yes

Sche		86-0110967	Pa	age 5
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 (b) and (c)			
	below, the governing body of a supported organization?	11a		┝───
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
	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		
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		<u> </u>
3	By reason of the relationship described in (2), 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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
		(ationa)		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. <i>Complete</i> line 2 below.	ictions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. <i>Describe in</i> Part VI how you supported a government entity	leas instructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	3a		
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	3b		l i

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

Sche	edule A (Form 990 or 990-EZ) 2018 CENTRAL ARIZONA	-		86-0110967 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	j Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ections 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 1-1/2% 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 .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 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

		SI ASSOCIATION OF		
	Adule A (Form 990 or 990-EZ) 2018 CENTRAL ARIZONA	(a)(2) Supporting Orga		86-0110967 Page 7
	rt V Type III Non-Functionally Integrated 509(a)(5) Supporting Orga	nizations (continued)	Current Year
<u>3ec</u>	Amounts paid to supported organizations to accomplish exer	mot purposes		
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			
2	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
0	(provide details in Part VI). See instructions.	ie organization is responsive		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
e	Excess from 2018			(Form 000 or 000 EZ) 0018

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

86-0110967 Page 8

Schedule A (Form 990 or 990 EZ) 2018 CENTRAL ARIZONA **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2018 AMOUNT: \$ 5	5,522.	
2017 AMOUNT: \$ 4	185.	
2016 AMOUNT: \$ 9	9,487.	
2015 AMOUNT: \$ 8	3,771.	
2014 AMOUNT: \$ 3	3,461.	

Schedule B

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

Internal Revenue Service

** 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.

OMB No. 1545-0047

2018

Employer identification number

86-0110967

UNITED	CEREBRAL	PALSY	ASSOCIATION	OF
CENTRAL	ARIZONA			

• • ••			
Organization	type	(cneck one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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 for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable.

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).

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

	3 (Form 990, 990-EZ, or 990-PF) (2018)		1	Page 2
Name of or	-		Employe	er identification number
UNITED C	EREBRAL PALSY ASSOCIATION OF		86-	-0110967
				0110907
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.		
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
		\$2,761,		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
2		\$106,		Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	าร	Type of contribution
		\$		Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	าร	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ıs	(d) Type of contribution
		\$		Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

Inform Description of noncash property given (See I Part I	86-0110967 ace is needed. (d) (c) (d) / (or estimate)
Image: Second system Noncash Property (see instructions). Use duplicate copies of Part II if additional space (a) (b) FMV (see instructions). Use duplicate copies of Part II if additional space Part I Description of noncash property given \$	ace is needed. (c) (d) (d) Date received (c) (c) (c) (c) (c) (d) Date received
(a) No. (b) FMV (see intervention of noncash property given Part 1	(c) (d) (d) Date received (c) (d) (c) (d) (c) (d) (c) (d) Detereceived
No. from Part I (b) Description of noncash property given FMV ((See) (a) No. from Part I (b) Description of noncash property given \$	(c) (c) (c) (c) (c) (c) (c) (c) (d) (d) Date received
(a) No. (b) FMV (see integration of noncash property given integration integrated integration integrated integrated integrated	(0) (or estimate)
No. from Part I (b) Description of noncash property given FMV ((See i) (a) No. from (b) Description of noncash property given \$	(0) (or estimate)
(a) (b) FMV (See in the second s	
No. (b) FMV ((See 1) Part I Description of noncash property given (See 1)	
(a) (b) FMV (see from Description of noncash property given Part I	(c) (d) (or estimate) e instructions.) Date received
No. from Part I (b) Description of noncash property given FMV ((See) (a) No. from (b) Description of noncash property given \$	
(a) No. (b) from Description of papageh property given	(c) (d) (or estimate) e instructions.)
No. (b) FMV (from Description of noncash property given (See)	
	(c) (d) (d) Date received
\$	
	(c) (d) (or estimate) E instructions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

11520131 143399 201130

Schedule B	8 (Form 990, 990-EZ, or 990-PF) (2018)			Page ⁴			
Name of or	ganization			Employer identification number			
UNITED CI	EREBRAL PALSY ASSOCIATION OF						
CENTRAL 2				86-0110967			
Part III	from any one contributor. Complete columns (a) through (e) and the following line entr	v. For organizations				
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. (once.) ► \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.					
from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I							
Γ		(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee			
		[
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
		(e) Transfer of gift					
	_		_				
F	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee			
(a) No. from			() 5				
Part I	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
F							
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee			
F							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) De	scription of how gift is held			
Part I							
			<u> </u>				
		(e) Transfer of gift					
		(, · · ···········					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ransferor to transferee			
Γ							
			_				
823454 11-08-	18		Schedu	le B (Form 990, 990-EZ, or 990-PF) (2018)			

11520131 143399 201130

	HEDULE D	Supplementa				OMB No. 1545-0047
(Forr	n 990)	Complete if the organized part IV, line 6, 7, 8, 9, 10	anization answered " . 11a. 11b. 11c. 11d.	'Yes" on Form 990, 11e. 11f. 12a. or 12b.		ZU 18
	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form99	Attach to Form 990.	Open to Public Inspection		
-	e of the organization				Emp	bloyer identification number
	-	CENTRAL ARIZONA				86-0110967
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Other	Similar Funds or Ac	coun	ts. Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor adv	ised funds (b) Fun	ds and other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor advisors in v		held in donor advised fund	10	
U	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for	any other purpose conferri	ng	
	impermissible priva					
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "	Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization	·	,,		
		of land for public use (e.g., recreation or e	·	reservation of a historically	•	
		f natural habitat	P	reservation of a certified his	storic s	structure
2		of open space through 2d if the organization held a qualif	ied conservation cont	ribution in the form of a cor	neorvat	tion assement on the last
2	day of the tax year	• •	led conservation cont			Held at the End of the Tax Year
а		· onservation easements			2a	
b					2b	
с	Number of conserv	vation easements on a certified historic stru			2c	
d	Number of conserv	vation easements included in (c) acquired a	after 7/25/06, and not	on a historic structure		
		nal Register			2d	
3		vation easements modified, transferred, rele	eased, extinguished, o	or terminated by the organiz	zation	during the tax
	year					
4 5		where property subject to conservation eas tion have a written policy regarding the per		oction bandling of		
5	0	orcement of the conservation easements it		, C		Yes No
6	,	r hours devoted to monitoring, inspecting,		and enforcing conservatio		
•	•					
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and	enforcing conservation eas	sement	ts during the year
	▶\$					
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirem	ents of section 170(h)(4)(B)((i)	
		(4)(B)(ii)?				
9		be how the organization reports conservation				
		ble, the text of the footnote to the organizat	ion's financial stateme	ents that describes the orga	anizatio	on's accounting for
Pa	conservation ease	ations Maintaining Collections of	Art. Historical T	reasures. or Other S	imila	r Assets.
		the organization answered "Yes" on Form		· · · · · · · · · · · · · · · · · · ·		
1 a		elected, as permitted under SFAS 116 (AS		n its revenue statement and	d balar	nce sheet works of art,
	historical treasures	s, or other similar assets held for public exh	nibition, education, or	research in furtherance of p	oublic s	service, provide, in Part XIII,
	the text of the foot	note to its financial statements that describ	bes these items.			
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its	revenue statement and ba	lance	sheet works of art, historical
		similar assets held for public exhibition, ec	ducation, or research i	n furtherance of public serv	/ice, pr	rovide the following amounts
	relating to these it				•	•
		ded on Form 990, Part VIII, line 1				\$
•	.,			r acceto for financial acin, r		\$
2		received or held works of art, historical trea unts required to be reported under SFAS 1			noviae	
а		on Form 990, Part VIII, line 1				\$
		Form 990, Part X				

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
832051	1 10-29-18

11520131 143399 201130

25						
2018.05030	UNITED	CEREBRAL	PALSY	ASS	201130_	_1

	UNITED CER	EBRAL PALSY ASS	OCIATIO	ON OF							
	dule D (Form 990) 2018 CENTRAL AR							0110967		Paç	ge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	t, Histe	orical Tre	asures, or	Other	Similar Ass	ets _{(con}	tinue	d)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the f	ollowing that	are a sig	nificant use of i	its collection	on iter	ms	
	(check all that apply):										
а	Public exhibition	c	1 🗌 k	Loan or exc	hange prograi	ms					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	e organizatior	n's exem	pt purpose in F	Part XIII.			
5	During the year, did the organization solicit of	-		-	-						
	to be sold to raise funds rather than to be ma							Yes	Г		No
Pa	rt IV Escrow and Custodial Arran								or		
	reported an amount on Form 990, Pa			organizatio				,e,			
1a	Is the organization an agent, trustee, custod		liary for o	contributions	s or other ass	ets not in	cluded				
Ĩ	on Form 990, Part X?							Yes	Г		No
Ь	If "Yes," explain the arrangement in Part XIII								L		110
D		and complete the lo	nowing t	able.				Amou	unt		
	Designing holeses						4.	Amou	1111		
C	Beginning balance										
a	Additions during the year										
-	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F						y?	Yes	L		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>	<u> L</u>		
Pa	Tt V Endowment Funds. Complete										
		(a) Current year	(b) F	rior year	(c) Two years	s back 🛛 🕻	d) Three years b	ack (e) Fo	our yea	ars b	ack
	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur		e (line 1c	a, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse		ation tha	t are held ar	nd administere	ed for the	organization				
	by:						ergaatter		Ye	s	No
	(i) unrelated organizations							3a(i		<u> </u>	110
	/···									+	
ь	If "Yes" on line 3a(ii), are the related organizations	tiona liatad aa raarii								-	
_								3b			
4 Par	Describe in Part XIII the intended uses of the tt VI Land, Buildings, and Equipm		wment i	unas.							
I a				(line 11 - 0			10				
	Complete if the organization answere							(1) -		- 1	
	Description of property	(a) Cost or c		• •	or other	• •	cumulated	(d) Bo	ok va	alue	
		basis (investr	nent)		(other)	aep	reciation			0 -	2.0
	Land				,139,730.				1,13		
	Buildings			5	,202,248.		2,064,125.		3,13	8,1	23.
С	Leasehold improvements							ļ			
d	Equipment				792,088.		748,045.		4	4,0	43.
	Other				817,526.		672,942.		14	4,5	84.

4,466,480. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 CENTRAL ARIZONA		8	30-0110901	Page 🗸
Part VII Investments - Other Securities.		a 11h Cas Farm 000 Dart V line 10		
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-of-vear market	value
(1) Financial derivatives				value
(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" o				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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.) ►				
	n Form 000 Dart IV lin	a 11d See Form 000 Part V line 15		
Complete if the organization answered "Yes" o	escription	e 11d. See Form 990, Fart A, line 15.	(b) Book v	alue
(1)				
(2)				
(3) (4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line	15)		•	
Part X Other Liabilities.	10.,		1	
Complete if the organization answered "Yes" o	n Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 2	5.	
1. (a) Description of liability	, , ,	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line :	25.) ►			
2. Liability for uncertain tax positions. In Part XIII, provide t		to the organization's financial statements	that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

832053 10-29-18

Schedule D (Form 990) 2018

	UNITED CEREBRAL PALSY ASSOCIATION OF				
Sche	dule D (Form 990) 2018 CENTRAL ARIZONA			86-011	0967 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total revenue, gains, and other support per audited financial statements			1	11,234,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	58,126.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,837.		
е	Add lines 2a through 2d			2e	63,963.
3	Subtract line 2e from line 1			3	11,170,326.
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	39,685.		
b	Other (Describe in Part XIII.)	4b	-39,422.		
с	Add lines 4a and 4b			4c	263.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,170,589.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		Expenses per F	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	1.			
1	Total expenses and losses per audited financial statements			1	12,176,959.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities				
b	Prior year adjustments	. 2b			
С	Other losses	. 2c			
d	Other (Describe in Part XIII.)		5,837.		
е	Add lines 2a through 2d			2e	5,837.
3	Subtract line 2e from line 1			3	12,171,122.
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	4 a	39,685.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	39,685.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	12,210,807.
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 X, LINE 2:

THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) AS DESCRIBED IN SECTION 509(A)(1) AND 170(B)(1)(A)(VI) OF THE

INTERNAL REVENUE CODE (THE "CODE") AND, ACCORDINGLY, THERE IS NO PROVISION

FOR INCOME TAXES. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE

CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170 OF THE CODE AND HAS

BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION.

INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME WOULD BE

TAXABLE. THE ORGANIZATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY,

ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW

OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.

832054 10-29-18

	CEREBRAL PALSY ASSOCIATION OF		
Schedule D (Form 990) 2018 CENTRAL Part XIII Supplemental Information (c	ARIZONA continued)	86-0110967	Page 5
THE ORGANIZATION'S FEDERAL RETURN OF	ORGANIZATION EXEMPT FROM INCOME TAX		
(FORM 990) FOR THE YEARS ENDED JUNE 3	0, 2018, 2017, AND 2016 ARE SUBJECT		
TO EXAMINATION BY THE INTERNAL REVENU	E SERVICE, GENERALLY FOR THREE YEARS		
YEWED WEDE ETTED			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
PART XI LINE 4R - OTHER ADJUSTMENTS.			
LOSS ON SALE OF PROPERTY & EQUIPMENT	-39,422.		
PART XII, LINE 2D - OTHER ADJUSTMENTS	:		
COST OF GOODS SOLD			
	,		
		Schedule D (Form 0	20) 2040

Schedule D (Form 990) 2018

832055 10-29-18

	Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047								
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury	Attach to Form 990 or Form 990-EZ. Open to Public								
Internal Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organizatio		EBRAL PALSY ASSOCIATION OF	7					ntification number	
Part I Fundrais	CENTRAL AR	Complete if the organization answ	variad "M			line 1	86-011096		
	complete this par		vered * Y	es" or	1 Form 990, Part IV, I	line i	7. Form 990-EZ	filers are not	
	•	sed funds through any of the follow	•						
a Mail solicita					overnment grants				
	l email solicitation		al fundra		nment grants				
c Phone solic d X In-person so		g [X] Specia	anunura	using	events				
		or oral agreement with any individua	al (incluc	lina of	ficers directors trus	tees	or		
•		Part VII) or entity in connection with		•		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	X No	
		viduals or entities (fundraisers) purs	•		•	he fur			
compensated at le	•			U					
			(iii)	Did		(v)	Amount paid		
(i) Name and addres		(ii) Activity	fundr have c	aiser	(iv) Gross receipts	tò (o	or retained by)	(vi) Amount paid to (or retained by)	
or entity (fund	draiser)		or con contrib	trol of	from activity		fundraiser ted in col. (i)	organization	
CIRCLE K - 1130 W	WARNER RD		Yes	No					
TEMPE, AZ 85284	,	CANISTER FUND RAISING	Х		2,761,232.		262,317.	2,498,915.	
							·	· · ·	
Total					2,761,232.		262,317.	2,498,915.	
3 List all states in wh or licensing.	ich the organizatio	on is registered or licensed to solicit	t contrib	utions	or has been notified	l it is (exempt from re	gistration	
AZ , NV									
,									

832081 10-03-18

		e G (Form 990 or 990-EZ) 2018 CENTRAL AR				0110967 Page 2
Pa	irt I					
		of fundraising event contributions and gr				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			DESERT KLASSIC	CHAMPIONS IN LIFE	2	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	665,408.	149,934.	30,277.	845,619.
Å	•				,	
	2	Less: Contributions	662,427.	75,391.	15,497.	753,315.
	_		0.001	74 542	14 700	00.004
	3	Gross income (line 1 minus line 2)	2,981.	74,543.	14,780.	92,304.
	4	Cash prizes				
s	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
rect	7	Food and beverages				
ā	0	Entortainment				
	8 9	Entertainment Other direct expenses		74,543.	14,780.	92,304.
	10	Direct expense summary. Add lines 4 through	· ·		· · · ·	92,304.
		Net income summary. Subtract line 10 from I	()			0.
Pa	rt I	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.				
-			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
eve						
ш	1	Gross revenue				
Se	2	Cash prizes				
Expenses	_	Nanaaah avizaa				
Exp	3	Noncash prizes				
Direct	4	Rent/facility costs				
Δ						
	5	Other direct expenses	Yes %	Yes %		
	6	Volunteer labor	Yes %	Yes%	Yes %	
	0	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)		>	
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
D) IT "	No," explain:				
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax v	/ear?	Yes No
		Yes," explain:				
8320	32 10	-03-18			Schedule G (For	m 990 or 990-EZ) 2018

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 CENTRAL ARIZONA	86-0110967	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address 🕨		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$	•	
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address 🕨		
16	Gaming manager information:		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th		
	organization's own exempt activities during the tax year > \$	0	
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
8320	83 10-03-18 Schedule G (Form 990 or 990	-EZ) 2018

Schedule G	G (Form 990 or 990-EZ)	CENTRAL ARIZONA		86-0110967	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (continued)			
				Calcadula O (Farma 000	

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47		
(Fo	rm 990)	ľ	2010					
		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ZU	2018			
Denar	Department of the Treasury nternal Revenue Service							
	ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.							
Nam	e of the organizatior			identificatio	on nui	nber		
		CENTRAL ARIZONA	86-0	0110967				
Ра	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary s	pending account Personal services (such as maid, chauffer	ir, chet)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>		
~	la dia da subista da 16 au							
3		y, of the following the filing organization used to establish the compensation of the organization of the						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OEO/Fuer time Directory but available in Det III	on to					
	·	tion of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	ompensation consultant						
	E Form 990 of of	ther organizations	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
4	organization or a re							
•	-			4a		x		
		e payment or change-of-control payment? eive payment from, a supplemental nonqualified retirement plan?				x		
b		eive payment from, an equity-based compensation arrangement?				x		
С		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.		+0				
	I Tes to any of in							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n					
Ŭ	contingent on the re		41					
а	•			5a		x		
		ation?				x		
		r 5b, describe in Part III.						
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
Ŭ	contingent on the n							
а	-			6a		x		
		ation?				x		
~		r 6b, describe in Part III.						
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments						
•		es 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						
5				8		x		
9		d the organization also follow the rebuttable presumption procedure described in						
5		53.4958-6(c)?		9				
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	1 990)	2018		

832111 10-26-18

CENTRAL ARIZONA

Schedule J (Form 990) 2018

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.

86-0110967

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-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(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) BRENDA HANSERD (i)	161,728.	0.	0.	6,500.	5,697.	173,925.	0.
CEO/CFO	0.	0.	0.	0.	0.	0.	٥.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(1)							
(ii)							
0							
(ii)							
(i)							
(ii) (i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(1)							
(ii)							
(i)							
(ii)							

Page 2

UNITED	CEREBRAL	PALSY	ASSOCIATION	OF
--------	----------	-------	-------------	----

CENTRAL ARIZONA

Schedule J (Form 990) 2018

Page 3

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) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

2018 **Open to Public** Inspection

Employer identification number

86-0110967

Name	of the	organizatio

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

Δ n UNITED CEREBRAL PALSY ASSOCIATION OF CENTRAL ARIZONA

Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermini	•	6	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (EVENT GOODS)	Х	122	42,449.	FMV				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions					
	for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29						0		
							Yes	No	
30a	a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?								
						30a		Х	
b	If "Yes," describe the arrangement in Part II.								
31							Х		
32a	a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?							X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	r for which column (a) is che	cked,				
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 201								

		UNITED CEREBRAL PALSY ASSOCIATION OF		
Schedule M	l (Form 990) 2018	CENTRAL ARIZONA	86-0110967	Page 2
Part II	Supplemental is reporting in Parl	I Information. Provide the information required by Part I, lines 30b, 32b, and 33, a t I, column (b), the number of contributions, the number of items received, or a combin dditional information.	nd whether the organiza	tion

Schedule M (Form 990) 2018

832142 10-18-18

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 8 Open to Public Inspection

Department of the Treasury Internal Revenue Service

UNITED CEREBRAL PALSY ASSOCIATION OF

Name of the organization CENTRAL ARIZONA

Employer identification number 86-0110967

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

SKILLS, AND ACTIVITIES OF DAILY LIVING.

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

THE MEMBERS OF THE CORPORATION SHALL CONSIST OF THE DIRECTORS OF THE

CORPORATION

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

FORM 990 IS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND A DRAFT IS PROVIDED

TO THE CHIEF EXECUTIVE OFFICER FOR REVIEW. UPON APPROVAL OF THE CHIEF

EXECUTIVE OFFICER. A COPY IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW

AND THEN PRESENTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR SHALL MAKE FULL DISCLOSURE OF ANY ACTUAL OR POTENTIAL

CONFLICTS OF INTEREST, IN THE MANNER AND AT THE TIMES AS THE BOARD MAY

PRESCRIBE

NO CONTRACT OR OTHER TRANSACTION BETWEEN THE ASSOCIATION AND ITS DIRECTORS

OR OFFICERS OR BETWEEN THE ASSOCIATION AND ANY OTHER CORPORATION, FIRM

ASSOCIATION, OR ENTITY IN WHICH ITS DIRECTORS OR OFFICERS ARE MEMBERS

DIRECTORS, OR OFFICERS OR ARE FINANCIALLY INTERESTED SHALL BE EITHER VOID

OR VOIDABLE BECAUSE OF THE RELATIONSHIP OR INTEREST OR BECAUSE THE DIRECTOR

OR OFFICER IS PRESENT AT THE MEETING OF THE BOARD OR OF THE COMMITTEE OF

THE BOARD THAT AUTHORIZES, APPROVES, OR RATIFIES SUCH CONTRACT OR

TRANSACTION OR BECAUSE HIS OR THEIR VOTES ARE COUNTED FOR SUCH PURPOSE. IF

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

11520131 143399 201130

39

i and of the organization	O CEREBRAL PALSY ASSOCIATION OF AL ARIZONA	Employer identification number 86-0110967
	A ANIZONA	00 0110907
EITHER OF THE FOLLOWING AP	PLY:	
(A) THE FACT OF SUCH RELAT	IONSHIP OR INTEREST IS DISCLOSED OR KNOWN TO THE	
BOARD OR TO THE COMMITTEE	THEREOF WHICH AUTHORIZES, APPROVES, OR RATIFIES	
THE CONTRACT OR TRANSACTIO	N BY A VOTE OR CONSENT SUFFICIENT FOR THE PURPOSE	
WITHOUT COUNTING THE VOTES	OR CONSENTS OF THE INTERESTED DIRECTORS.	
(B) THE CONTRACT OR TRANSA	CTION IS FAIR AND REASONABLE TO THE ASSOCIATION	
AT THE TIME THE CONTRACT O	R TRANSACTION IS AUTHORIZED, APPROVED, OR	
RATIFIED IN THE LIGHT OF C	IRCUMSTANCES KNOWN TO THOSE ENTITLED TO VOTE ON	
THE MATTER AT THAT TIME.		
COMMON OR INTERESTED DIREC	FORS OR OFFICERS MAY BE COUNTED IN DETERMINING	
THE PRESENCE OF A QUORUM A	F A MEETING OF THE BOARD OR COMMITTEE WHICH	
AUTHORIZES, APPROVES, OR R	ATIFIES THE CONTRACT OR TRANSACTION.	
THE BOARD SIGNS A CONFLICT	OF INTEREST ATTESTATION FORM ANNUALLY.	
FORM 990, PART VI, SECTION	B, LINE 15:	
THE REVIEW PROCESS FOR THE	CHIEF EXECUTIVE OFFICER COMPENSATION IS LED BY	
THE BOARD CHAIR. THE COMPE	NSATION RANGE IS ESTABLISHED BY COMPARING CHIEF	
EXECUTIVE OFFICER COMPENSA	TION FOR SIMILAR SIZE ORGANIZATIONS. EDUCATION	
AND YEARS OF EXPERIENCE AR	E ALSO TAKEN INTO ACCOUNT IN CONDUCTING THE	
COMPENSATION REVIEW. PERFO	RMANCE REVIEWS ARE CONDUCTED ANNUALLY. THE NEXT	

PERFORMANCE REVIEW FOR THE CHIEF EXECUTIVE OFFICER IS SCHEDULED FOR JANUARY

2020.

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

Schedule O (Form 990 or 990-EZ) (2018)

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

Page 2

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Enter filer's identifying pumber

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter mer sidentifying number				
Type or print	Name of exempt organization or other filer, see instru UNITED CEREBRAL PALSY ASSOCIATION OF		Employer identification number (EIN			er (EIN) or		
Ella haraba	CENTRAL ARIZONA			86-0110967				
File by the due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions.				Social security number (SSN)			
instructions.	City, town or post office, state, and ZIP code. For a for PHOENIX, AZ 85027	oreign addi	ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				0 1	
Applicati	on	Return	Application	plication			Return	
Is For		Code	ls For				Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)				07	
Form 990	-BL	02	Form 1041-A				08	
Form 472	0 (individual)	03	Form 4720 (other than individual)				09	
Form 990	-PF	04	Form 5227				10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 990	-T (trust other than above)	06	Form 8870				12	
	PATTI PHILLIPS							
• The bo	ooks are in the care of 🕨 1802 WEST PARKSIDE LA	NE – PHC	DENIX, AZ 85027					
Teleph	one No. 🕨 (602) 313-8885		Fax No. 🕨					
• If the c	organization does not have an office or place of business	s in the Uni	ited States, check this box			►		
• If this i	s for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN)	If this is fo	r the whole g	roup, ch	eck this	
box 🕨 [\square . If it is for part of the group, check this box $ig>$] and atta	ch a list with the names and EINs o	of all memb	ers the exten	sion is fo	or.	
1 Ire	request an automatic 6-month extension of time until MAY 15, 2020			, to file the exempt organization return for				
the	the organization named above. The extension is for the organization's return for:							
▶[▶ calendar year or							
▶[► X tax year beginning _JUL 1, 2018 , and ending _JUN 30, 2019 .							
2 lfth	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n			
	_ Change in accounting period							
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less					
any	any nonrefundable credits. See instructions. 3a \$					0.		
b If th	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
esti	mated tax payments made. Include any prior year overp	payment allowed as a credit.		3b	\$		0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by					
usir	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	Ins.	3c	\$		0.	
Caution: instructio	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 8	3453-EO an	d Form 8879	-EO for p	payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 8	868 (Rev	v. 1-2019)	

823841 12-19-18