

# Return of Organization Exempt From Income Tax

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

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

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CHICAGO</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>826 SOUTH ADDISON AVENUE</b> City or town, state or country, and ZIP + 4 <b>VILLA PARK, IL 60181</b>	<b>D Employer identification number</b>  <b>36-2258535</b>
		<b>F Name and address of principal officer:</b> <b>PAUL J. DULLE</b> <b>SAME AS C ABOVE</b>	<b>E Telephone number</b>  <b>630-705-1321</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G Gross receipts \$</b> <b>7,760,873.</b>	
<b>J Website:</b> ▶ <b>WWW.UCPNET.ORG</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1951</b> <b>M State of legal domicile:</b> <b>IL</b>	

Part I Summary				
	1	Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE ORGANIZATION IS TO ADVANCE THE INDEPENDENCE OF PEOPLE WITH DISABILITIES, ENRICH</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 43	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 43	
	5	Total number of employees (Part V, line 2a)	5 86	
	6	Total number of volunteers (estimate if necessary)	6 482	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	5,622,246. 5,015,687.
9		Program service revenue (Part VIII, line 2g)	1,702,723. 1,637,307.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,161. 64,115.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	313,501. 374,855.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,671,631. 7,091,964.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,098,944. 1,963,651.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,562,232. 2,617,512.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,000.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>490,426.</b>	
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,979,219. 2,924,997.
		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,640,395. 7,510,160.
19	Revenue less expenses. Subtract line 18 from line 12	31,236. -418,196.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	16,175,467. 15,647,927.	
	21	Total liabilities (Part X, line 26)	314,092. 462,214.	
	22	Net assets or fund balances. Subtract line 21 from line 20	15,861,375. 15,185,713.	

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
<b>Sign Here</b>	Signature of officer <b>PAUL J. DULLE</b> Type or print name and title	Date	
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>RSM MCGLADREY INC</b> <b>ONE SOUTH WACKER DRIVE, SUITE 800</b> <b>CHICAGO, IL 60606-3392</b>	EIN ▶	Phone no. ▶ <b>312-634-3400</b>

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

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:  
THE MISSION OF THE ORGANIZATION IS TO ADVANCE THE INDEPENDENCE OF  
PEOPLE WITH DISABILITIES, ENRICH THEIR LIVES, PROVIDE SUPPORT TO THEIR  
FAMILIES, AND ADVOCATE FOR THEIR INCLUSION IN EVERY FACET OF COMMUNITY  
LIFE.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes", describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes", describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 2,328,772. including grants of \$ 1,963,651.) (Revenue \$ 25,133.)  
THE ASSISTIVE TECHNOLOGY EXCHANGE PROGRAM (ATEN) DISTRIBUTES THOUSANDS  
OF REFURBISHED COMPUTERS DONATED BY CORPORATIONS AND INDIVIDUALS TO  
CHILDREN WITH DISABILITIES AND RECYCLES MORE THAN 350 TONS OF E-WASTE  
ANNUALLY. PROGRAM DISTRIBUTED 4,321 COMPLETE COMPUTER SYSTEMS (FREE)  
TO 310 PUBLIC SCHOOLS INCLUDING 102 COUNTIES IN ILLINOIS. THE  
EQUIPMENT DISTRIBUTED TO SCHOOLS VALUED AT \$1,963,651.

**4b** (Code: ) (Expenses \$ 1,398,215. including grants of \$ ) (Revenue \$ 962,794.)  
THE INFINITEC ASSISTIVE TECHNOLOGY COALITIONS, ACTIVE IN SCHOOL  
DISTRICTS ACROSS ILLINOIS AND KANSAS, PROMOTES OPPORTUNITIES FOR  
INCLUSION AND INDEPENDENCE FOR CHILDREN WITH DISABILITIES THROUGH  
ASSISTIVE TECHNOLOGY, INFORMATION AND TRAINING, EQUIPMENT SERVICE AND  
ACCESS TO SPECIALISTS. NEARLY 2,000 PARTICIPANTS WERE TRAINED IN  
FACE-TO-FACE SEMINARS THROUGHOUT THE STATE OF ILLINOIS. PROGRAM  
CONTAINS 125 ONLINE PRESENTATIONS.

**4c** (Code: ) (Expenses \$ 1,366,234. including grants of \$ ) (Revenue \$ 266,284.)  
THE ADULT DAY TRAINING PROGRAM HELPS PEOPLE WITH MULTIPLE AND  
SIGNIFICANT CHALLENGES CONNECT TO THE WORLD AROUND THEM THROUGH JOB  
TRAINING, SKILL - BUILDING FOR DAILY TASKS, SOCIAL AND RECREATIONAL  
OPPORTUNITIES, AND ACCESS TO ASSISTIVE TECHNOLOGY. PROGRAM PROVIDED  
82,475 UNITS OF SERVICES TO ALL ENROLLED CLIENTS.

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 1,635,666. including grants of \$ ) (Revenue \$ 383,096.)

**4e** Total program service expenses ► \$ 6,728,887. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 73		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 2		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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		
	<b>2a</b> 86		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders		
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
	<b>12b</b>		

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

**Section A. Governing Body and Management**

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

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

**Section B. Policies**

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **MEI HONG ZHANG - 630-705-1321**  
**826 SOUTH ADDISON AVENUE, VILLA PARK, IL 60181**

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PAUL J. DULLE CEO	35.00	X		X			210,176.	0.	25,623.	
EMILY L. BARR PRESIDENT	0.30	X		X			0.	0.	0.	
BERNETTA BRAUN-TENNANT DIRECTOR	0.30	X					0.	0.	0.	
PAT BRICKHOUSE DIRECTOR	0.30	X					0.	0.	0.	
JERRY J. BURGDOERFER DIRECTOR	0.30	X					0.	0.	0.	
KEVIN R. BURKE DIRECTOR	0.30	X					0.	0.	0.	
KEITH COOPER DIRECTOR	0.30	X					0.	0.	0.	
ELIZABETH COULSON DIRECTOR	0.30	X					0.	0.	0.	
SENATOR M. MAGGIE CROTTY DIRECTOR	0.30	X					0.	0.	0.	
MONA E. DAJANI DIRECTOR	0.30	X					0.	0.	0.	
PHYLLIS A. DIAMOND DIRECTOR	0.30	X					0.	0.	0.	
DANIEL D. DREW DIRECTOR	0.30	X					0.	0.	0.	
LAURA DURUDOGAN DIRECTOR	0.30	X					0.	0.	0.	
EVELYN ECHOLS DIRECTOR	0.30	X					0.	0.	0.	
DR. THOMAS E. EMMERING DIRECTOR	0.30	X					0.	0.	0.	
JANICE L. FIELDS DIRECTOR	0.30	X					0.	0.	0.	
JOHN C. FITZPATRICK DIRECTOR	0.30	X					0.	0.	0.	

**UNITED CEREBRAL PALSY ASSOCIATION OF  
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**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL T. FLAVIN DIRECTOR	0.30	X					0.	0.	0.	
JAMES V. GARVEY VICE PRESIDENT	0.30	X		X			0.	0.	0.	
STEVEN S. GILSON DIRECTOR	0.30	X					0.	0.	0.	
ALAN GOLDBERG DIRECTOR	0.30	X					0.	0.	0.	
JORDAN GOODMAN DIRECTOR	0.30	X					0.	0.	0.	
MARTIN HEILMANN TREASURER	0.30	X		X			0.	0.	0.	
TOM HEIMSOTH DIRECTOR	0.30	X					0.	0.	0.	
ROGER T. HUGHES DIRECTOR	0.30	X					0.	0.	0.	
LESTER Z. KORYCZAN DIRECTOR	0.30	X					0.	0.	0.	
DEBORAH LAHEY SECRETARY	0.30	X		X			0.	0.	0.	
<b>1b Total</b>							<b>658,058.</b>	<b>0.</b>	<b>74,969.</b>	

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **4**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD OF ILLINOIS P.O. BOX 1186, CHICAGO, IL 60690-1186	HEALTH INSURANCE PROVIDER	271,328.
PACKAGING SYSTEMS OF INDIANA 3532 CROUCH STREET, LAFAYETTE, IN 47905	PACKAGING MATERIALS	146,846.
DYNAVOX SYSTEM, LLC P.O. BOX 643661, PITTSBURGH, PA 15264-3661	ASSISTIVE TECH. EQUIPMENT	137,241.
DISKINSON GROUP, LLC 205 WEST WACKER DR, CHICAGO, IL 60606	MARKETING CONSULTATION	133,649.
WEST BEND MUTUAL INSURANCE BIN 432, MILWAUKEE, WI 53288	BUSINESS INSURANCE PROVIDER	125,057.

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **6**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

**UNITED CEREBRAL PALSY ASSOCIATION OF  
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<b>Part VIII Statement of Revenue</b>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	173,903.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,303,751.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	2,538,033.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		2,054,515.				
	<b>h Total.</b> Add lines 1a-1f .....		5015687.				
	<b>Program Service Revenue</b>	<b>2 a FEES FOR SERVICES</b>	Business Code	624100	1637307.	1637307.	
		<b>b</b> .....					
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			1637307.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		84,905.			84,905.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	275534.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....	275534.				
	<b>d</b> Net rental income or (loss) .....		275,534.			275,534.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	485778.				
		(ii) Other	1,800.				
		<b>b</b> Less: cost or other basis and sales expenses .....	506310.	2,058.			
		<b>c</b> Gain or (loss) .....	-20532.	-258.			
	<b>d</b> Net gain or (loss) .....		-20,790.			-20,790.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 173,903. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>	150530.				
		<b>b</b> Less: direct expenses .....	150530.				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>	39,100.				
<b>b</b> Less: direct expenses .....		10,011.					
<b>c</b> Net income or (loss) from gaming activities .....			29,089.	29,089.			
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		Business Code					
<b>11 a OTHER</b>		900099	70,232.			70,232.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		70,232.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....		7091964.	1666396.	0.	409,881.		

**UNITED CEREBRAL PALSY ASSOCIATION OF  
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**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,944,080.	1,944,080.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	19,571.	19,571.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	422,359.	300,917.	121,442.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,711,509.	1,533,541.	39,409.	138,559.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	89,720.	74,876.	8,186.	6,658.
9 Other employee benefits .....	227,433.	196,702.	25,817.	4,914.
10 Payroll taxes .....	166,491.	145,080.	11,719.	9,692.
11 Fees for services (non-employees):				
a Management .....	67,985.		17,152.	50,833.
b Legal .....	64,911.	61,911.		3,000.
c Accounting .....	28,080.		25,980.	2,100.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17	4,000.			4,000.
f Investment management fees .....				
g Other .....	713,481.	684,222.	16,381.	12,878.
12 Advertising and promotion .....	50.	50.		
13 Office expenses .....	168,358.	147,508.	5,280.	15,570.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	481,720.	448,903.	1,266.	31,551.
17 Travel .....	68,297.	62,667.	1,105.	4,525.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	30,489.	27,721.	226.	2,542.
20 Interest .....				
21 Payments to affiliates .....	45,996.	45,996.		
22 Depreciation, depletion, and amortization .....	768,258.	725,924.	12,394.	29,940.
23 Insurance .....	128,129.	125,480.		2,649.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....				
a <b>DIRECT PROGRAM EXPENSES</b> .....	322,250.	156,823.	1,289.	164,138.
b <b>MISCELLANEOUS EXPENSE</b> .....	27,441.	21,099.	2,983.	3,359.
c <b>DUES AND SUBSCRIPTIONS</b> .....	7,562.	4,624.	197.	2,741.
d <b>AWARD EXPENSES</b> .....	1,990.	1,192.	21.	777.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	7,510,160.	6,728,887.	290,847.	490,426.
26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	20,445.	<b>1</b>	20,594.	
	<b>2</b> Savings and temporary cash investments .....	3,556,810.	<b>2</b>	3,410,129.	
	<b>3</b> Pledges and grants receivable, net .....	100,000.	<b>3</b>	50,000.	
	<b>4</b> Accounts receivable, net .....	481,318.	<b>4</b>	552,364.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	124,233.
	<b>9</b> Prepaid expenses and deferred charges .....	36,055.		<b>9</b>	97,341.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	<b>10a</b> 17,679,345.			
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	<b>10b</b> 7,150,600.	11,085,780.	<b>10c</b>	10,528,745.
	<b>11</b> Investments - publicly traded securities .....	431,956.	<b>11</b>		513,241.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....			<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	463,103.	<b>15</b>		351,280.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		16,175,467.	<b>16</b>	15,647,927.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	218,045.	<b>17</b>	440,538.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	96,047.	<b>19</b>	21,676.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....		<b>25</b>		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		314,092.	<b>26</b>	462,214.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	14,958,404.	<b>27</b>	14,337,713.	
	<b>28</b> Temporarily restricted net assets .....	754,971.	<b>28</b>	700,000.	
	<b>29</b> Permanently restricted net assets .....	148,000.	<b>29</b>	148,000.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....		15,861,375.	<b>33</b>	15,185,713.	
<b>34</b> Total liabilities and net assets/fund balances .....		16,175,467.	<b>34</b>	15,647,927.	

**Part XI Financial Statements and Reporting**

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



**UNITED CEREBRAL PALSY ASSOCIATION OF**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,587,934.	6,205,787.	5,094,607.	5,622,246.	5,015,687.	27,526,261.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 - 3 .....	5,587,934.	6,205,787.	5,094,607.	5,622,246.	5,015,687.	27,526,261.
<b>5</b> 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) .....						
<b>6 Public Support.</b> Subtract line 5 from line 4.						27,526,261.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 .....	5,587,934.	6,205,787.	5,094,607.	5,622,246.	5,015,687.	27,526,261.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	67,054.	139,393.	198,828.	464,079.	360,439.	1,229,793.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	3,178.	3,866.	10,101.	27,700.	70,232.	115,077.
<b>11 Total support.</b> Add lines 7 through 10						28,871,131.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	10,682,884.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	95.34	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	<b>15</b>	96.93	%
<b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2008**

Name of the organization

UNITED CEREBRAL PALSY ASSOCIATION OF  
GREATER CHICAGO

Employer identification number

36-2258535

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

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

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

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

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

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

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

<b>Name of organization</b> UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CHICAGO	<b>Employer identification number</b> 36-2258535
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ILLINOIS DEPARTMENT OF HUMAN SERVICES 100 SOUTH GRAND AVENUE EAST SPRINGFIELD, IL 62762	\$ 891,079.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ILLINOIS STATE BOARD OF EDUCATION 100 NORTH FIRST STREET SPRINGFIELD, IL 62777	\$ 375,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE ESTATE OF MORTON J. HAUSLINGER 222 SOUTH RIVERSIDE PLAZA, SUITE 2100 CHICAGO, IL 60606	\$ 124,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

**Name of the organization** UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CHICAGO  
**Employer identification number** 36-2258535

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year .....		
<b>2</b> Aggregate contributions to (during year) .....		
<b>3</b> Aggregate grants from (during year) .....		
<b>4</b> Aggregate value at end of year .....		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements .....	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements .....	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) .....	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06 .....	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....

Yes  No

**6** Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

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

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

- 1a** If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b** If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a** Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b** Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_









UNITED CEREBRAL PALSY ASSOCIATION OF

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))	
		DINNER/DANCE (event type)	GREAT CHEF EVENT (event type)	2 (total number)		
Revenue	1	Gross receipts	198,065.	76,061.	50,307.	324,433.
	2	Less: Charitable contributions	160,950.	12,953.	0.	173,903.
	3	Gross revenue (line 1 minus line 2)	37,115.	63,108.	50,307.	150,530.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	68,197.		2,931.	71,128.
	7	Other direct expenses	44,110.	30,026.	5,266.	79,402.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 150,530.)
	9	Net income summary. Combine lines 3 and 8 in column (d)				0.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		1	Gross revenue			39,100.
Direct Expenses	2	Cash prizes			8,000.	8,000.
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses			2,011.	2,011.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				( 10,011.)	
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				29,089.	

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>IL</u>		
a Is the organization licensed to operate gaming activities in each of these states? .....	X	
b If "No," Explain: .....		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....		X
b If "Yes," Explain: .....		
11 Does the organization operate gaming activities with nonmembers? .....		X
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? .....		X

**UNITED CEREBRAL PALSY ASSOCIATION OF  
GREATER CHICAGO**

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility .....	<b>13a</b>	%
<b>b</b> An outside facility .....	<b>13b</b>	100.00 %

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► CHRISTINE ANDRIANO

Address ► 547 W. JACKSON BLVD, SUITE 225 - CHICAGO, IL 60661

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....

	Yes	No
13a		
13b		
14		
15a		X
15b		
16		
17a		X

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.

**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► CHRISTINE ANDRIANO

Gaming manager compensation ► \$ 0.  
\*\*

Description of services provided ► ONE RAFFLE GAME WAS CONDUCTED IN FY 2008/2009. THEREFORE, THE GAMING ACTIVITY WAS A VERY SMALL COMPONENT OF CHRISTINE'S JOB. SHE PRINTED THE RAFFLE

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? .....

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**\*\* SEE SCHEDULE O FOR COMPLETE LINE 16 DESCRIPTION**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization **UNITED CEREBRAL PALSY ASSOCIATION OF  
GREATER CHICAGO** Employer identification number  
**36-2258535**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

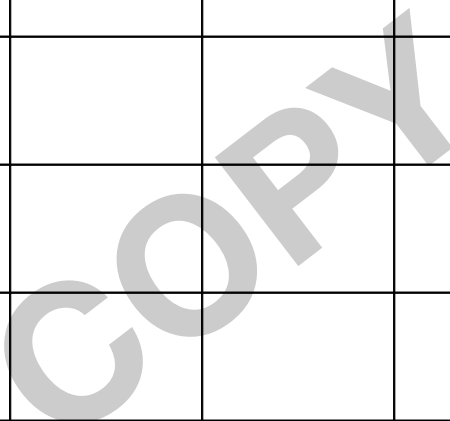
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations ..... ▶
- 3** Enter total number of other organizations ..... ▶

UNITED CEREBRAL PALSY ASSOCIATION OF  
GREATER CHICAGO

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DURABLE MEDICAL EQUIPMENT	54	0.	19,571.	COMPARABLE SALES	REUSABLE MEDICAL EQUIPMENT



**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE GRANTS UCP PROVIDED TO ALL PUBLIC SCHOOLS  
 IN THE STATE OF ILLINOIS WERE THE REFURBISHED COMPUTERS ALONG WITH THE  
 SPECIAL SOFTWARE THAT KIDS WITH DISABILITIES COULD USE. UCP'S ATEN PROGRAM  
 PERSONNEL COMMUNICATED PERIODICALLY WITH SCHOOLS AND THEIR SPECIAL  
 EDUCATORS TO SEE HOW THE EQUIPMENT WAS WORKING OR IF THEY NEEDED TO BE  
 REPLACED WITH BETTER OR NEW EQUIPMENT. UCP ACCEPTED ALL APPLICATIONS FROM  
 SCHOOLS IN ILLINOIS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CHICAGO**

Employer identification number  
**36-2258535**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change of control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAUL J. DULLE	(i)	210,176.	0.	0.	10,064.	15,559.	235,799.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MARGARET A. CHILDS	(i)	132,776.	0.	0.	6,396.	11,509.	150,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization **UNITED CEREBRAL PALSY ASSOCIATION OF  
GREATER CHICAGO**

Employer Identification number  
**36-2258535**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES LANCASTER DIRECTOR	0.30	X					0.	0.	0.	
BETTY LEVINSON DIRECTOR	0.30	X					0.	0.	0.	
KAREN MALONEY DIRECTOR	0.30	X					0.	0.	0.	
STEVEN V. NAPOLITANO DIRECTOR	0.30	X					0.	0.	0.	
DENISE OBERMAN DIRECTOR	0.30	X					0.	0.	0.	
DAVID PEPPER CHAIRMAN	0.30	X					0.	0.	0.	
JOSEPH PERRINO DIRECTOR	0.30	X					0.	0.	0.	
PATRICE A. RIEBEL DIRECTOR	0.30	X					0.	0.	0.	
SHIRLEY W. RYAN DIRECTOR	0.30	X					0.	0.	0.	
HERSCHEL L. SEDER DIRECTOR	0.30	X					0.	0.	0.	
HOWARD L. STONE DIRECTOR	0.30	X					0.	0.	0.	
MICHAEL L. THOMPSON DIRECTOR	0.30	X					0.	0.	0.	
JAMES D. UPCHURCH DIRECTOR	0.30	X					0.	0.	0.	
PHILIP R. UTIGARD VICE CHAIRMAN	0.30	X					0.	0.	0.	
KATHLEEN B. WALGREEN DIRECTOR	0.30	X					0.	0.	0.	
DR. THOMAS J. WODNIAK DIRECTOR	0.30	X					0.	0.	0.	
PAUL BEHRMAN DIRECTOR	0.30	X					0.	0.	0.	
MATT MULVIHILL DIRECTOR	0.30	X					0.	0.	0.	
DAVE GIORDANO DIRECTOR	0.30	X					0.	0.	0.	
MARGARET A. CHILDS EXECUTIVE V.P.	40.00			X			132,776.	0.	17,905.	

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

Schedule J-2 (Form 990) 2008



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CHICAGO** Employer identification number **36-2258535**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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 ▶ ( <u>E-WASTE INCLU</u> )	X	85,039	1,969,730	COMPUTER BLUE BOOK
26 Other ▶ ( <u>DURABLE MEDIC</u> )	X	406	44,198	COMPARABLE SALES
27 Other ▶ ( <u>HOLIDAY DRIVE</u> )	X	0	40,587	COMPARABLE SALES
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a 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 did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): COLUMN B FOR LINES 25 AND 26 REPORTS

THE NUMBER OF ITEMS RECEIVED BY THE ORGANIZATION. THE NUMBER OF

CONTRIBUTORS AND THE NUMBER ITEMS RECEIVED IN THE HOLIDAY DRIVE ON LINE

27 IS NUMEROUS. IN ADDITION, THE ITEMS ARE IMMEDIATELY GIVEN TO THE

CHILDREN. AS SUCH, THE ORGANIZATION IS UNABLE TO PROVIDE AN ACCURATE

NUMBER OF THE ITEMS RECEIVED OR THE NUMBER OF CONTRIBUTORS.



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

UNITED CEREBRAL PALSY ASSOCIATION OF  
GREATER CHICAGO

Employer identification number  
36-2258535

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

THEIR LIVES, PROVIDE SUPPORT TO THEIR FAMILIES, AND ADVOCATE FOR THEIR  
INCLUSION IN EVERY FACET OF COMMUNITY LIFE.

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

CHILDREN AND FAMILY SERVICES

EXPENSES \$ 1292594. INCLUDING GRANTS OF \$ 0. REVENUE \$ 330183.

EMPLOYMENT AND TRAINING PROGRAMS

EXPENSES \$ 208493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 38689.

INFORMATION AND PUBLIC EDUCATION.

EXPENSES \$ 59306. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

TRAINING AND EDUCATIONAL SUPPORT PROGRAM

EXPENSES \$ 29277. INCLUDING GRANTS OF \$ 0. REVENUE \$ 14224.

PAYMENTS TO AFFILIATES.

EXPENSES \$ 45996. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 10: THE BOARD OF DIRECTORS DELEGATED  
THE RESPONSIBILITY TO REVIEW AND APPROVE ALL FEDERAL AND STATE TAX FILINGS  
PRIOR TO SUBMISSION TO THE AUDIT AND FINANCE COMMITTEE. A COPY OF THE FORM  
990 IS PROVIDED TO ALL MEMBERS OF AUDIT AND FINANCE COMMITTEE. THE 990 IS  
AVAILABLE FOR REVIEW BY THE ENTIRE GOVERNING BODY AND IS DONE AT THEIR

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

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DISCRETION.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING IS DONE ON A REGULAR BASIS VIA INDIVIDUAL CONVERSATIONS PRIOR TO TAKING ACTIONS DURING MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS CONSISTS OF OBTAINING COMPENSATION DATA FOR LIKE POSITIONS FROM SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE OF THE BOARD PROVIDES CONTEMPORANEOUS APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN OR VERBAL REQUEST. ANNUAL REPORTS ARE AVAILABLE AT WWW.UCPNET.ORG AND CONTAIN A SUMMARY OF FINANCIAL POSITION.

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

ONE RAFFLE GAME WAS CONDUCTED IN FY

2008/2009. THEREFORE, THE GAMING ACTIVITY WAS A VERY SMALL

COMPONENT OF CHRISTINE'S JOB. SHE PRINTED THE RAFFLE

TICKETS, COLLECTED THE PAYMENTS, AND GATHERED THE RAFFLE STUBS FOR THE OFFICIAL DRAWING.

FORM 990, PART IV, LINE 12 AND PART XI, LINE 2B:

ALTHOUGH THE ORGANIZATION DOES NOT RECEIVE STAND ALONE GAAP FINANCIAL STATEMENTS, IT DOES RECEIVE ON AN ANNUAL BASIS FROM INDEPENDENT

AUDITORS CONSOLIDATED ENTITY GAAP FINANCIAL STATEMENTS FOR IT AND ITS AFFILIATES.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

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Inspection

Name of the organization

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Employer identification number

36-2258535

COPY

**Related Organizations and Unrelated Partnerships**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
▶ **See separate instructions.**

**Name of the organization** UNITED CEREBRAL PALSY ASSOCIATION OF GREATER CHICAGO  
**Employer identification number** 36-2258535

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
RAMP UP LLC - 36-2258535 547 W. JACKSON BLVD. STE 225, CHICAGO, IL 60661	BUILD RAMPS FOR PEOPLE WITH DISABILITIES	ILLINOIS	0.	23,139.	N/A

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
RAMP UP - 30-0029937 547 W. JACKSON BLVD. STE 225, CHICAGO, IL 60661	BUILD RAMPS FOR PEOPLE WITH DISABILITIES	ILLINOIS	501(C)(3)	7	N/A

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							Yes	No		Yes	No

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

UNITED CEREBRAL PALSY ASSOCIATION OF

**Part V Transactions With Related Organizations**

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....	X	
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

