JOHNSON BLOCK & CO., INC 9701 BRADER WAY, SUITE #202 MIDDLETON, WI 53562

> UNITED CEREBRAL PALSY OF GREATER DANE COUNTY, INC. 2801 COHO STREET, STE 100, 100 MADISON, WI 53713

			** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From		OMB No. 1545-0047			
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e		2022			
Dep	Department of the Treasury							
Inter	rnal Re	venue Service	Go to www.irs.gov/Form990 for instructions and the latest	t information.	Inspection			
			lendar year, or tax year beginning and ending					
B	Check applica		ne of organization IITED CEREBRAL PALSY OF GREATER DANE	D Employer identificat	tion number			
	cha Nan	ne	DUNTY, INC.	39-1034054	1			
	cha Initi	al	ng business as mber and street (or P.O. box if mail is not delivered to street address) Room/sui		£			
	retu Fina	1 22	301 COHO STREET, STE 100 100	ite E Telephone number 6082734434	L			
	lretu tern ateo	hin-	y or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	5,935,577.			
Г		ended M7	ADISON, WI 53713	H(a) Is this a group retu				
			me and address of principal officer: JEFF BLATTNER	for subordinates?				
	pen		IE AS C ABOVE	H(b) Are all subordinates inclue				
I	Tax-e	exempt state	us: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) or 🧾 5	27 If "No," attach a list				
	Web		W.UCPDANE.ORG	H(c) Group exemption r	number			
			on: 🔀 Corporation 📄 Trust 🦳 Association 📄 Other 🛛 L Ye	ar of formation: 1956 M S	state of legal domicile: WI			
Ρ	art I		-					
a	1		scribe the organization's mission or most significant activities: PROVIDE S					
0 U		DEVEL	OPMENTAL DISABILITY/DELAYS AND THEIR FAM	ILIES IN SOUTHE	ERN			
Governance	2	Check th			S.			
200	3		of voting members of the governing body (Part VI, line 1a)		9			
			of independent voting members of the governing body (Part VI, line 1b)		9			
U D	5		nber of individuals employed in calendar year 2022 (Part V, line 2a)		468			
Activities &	6		nber of volunteers (estimate if necessary)		49			
Δc			elated business revenue from Part VIII, column (C), line 12		0.			
	-	o Net unrei	ated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year			
	8	Contribut	ions and grants (Part VIII, line 1h)	343,199.	812,314.			
ent	9		ions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)	5,916,846.	5,073,132.			
Revenue	10	-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	33,806.	34,013.			
å	11		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,791.	13,596.			
	12		enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,298,642.	5,933,055.			
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.			
	14		paid to or for members (Part IX, column (A), line 4)	0.	0.			
c,	15	Coloriaa	other companyation complexies herefits (Dert IV, column (A), lines 5.10)	5,167,988.	4,505,619.			
esu	16	a Professio	nal fundraising fees (Part IX, column (A), line 11e)	0.	0.			
Exnenses	<u></u> i	b Total fund	nal fundraising fees (Part IX, column (A), line 11e)					
ú	ⁱ 17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	654,293.	1,126,224.			
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,822,281.	5,631,843.			
	19	Revenue	less expenses. Subtract line 18 from line 12	476,361.	301,212.			
Sor	E			Beginning of Current Year	End of Year			
ssets	20		ets (Part X, line 16)	2,690,162.	3,265,956.			
Net Assets or	21		ilities (Part X, line 26)	435,046.	877,817.			
			s or fund balances. Subtract line 21 from line 20	2,255,116.	2,388,139.			
	art I		ture Block					
	-	-	jury, I declare that I have examined this return, including accompanying schedules and state		owledge and belief, it is			
true	e, corr	ect, and com	plete. Declaration of preparer (other than officer) is based on all information of which prepa	rer has any knowledge.				

Sign Here	Signature of officer JEFF BLATTNER, TREASURER Type or print name and title			Date					
Paid	Print/Type preparer's name BRETT HOFMEISTER	Preparer's signature	Date	Check PTIN if self-employed P01290591					
Preparer	Firm's name JOHNSON BLOCK & CO	O., INC		Firm's EIN 39-1628949					
Use Only	Firm's address 9701 BRADER WAY,	SUITE #202							
	MIDDLETON, WI 535	Phone no. 608 - 274 - 2002							
May the I	May the IRS discuss this return with the preparer shown above? See instructions								
232001 12-1	232001 12-13-22LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)								

2-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(2022)

	UNITED CEREBRAL PALSY OF GREATER DANE
	990 (2022) COUNTY, INC. 39-1034054 Page 2 t III Statement of Program Service Accomplishments
. a.	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO ENRICH THE QUALITY OF LIFE FOR PEOPLE WITH DISABILITIES AND THEIR
	FAMILIES IN THEIR HOMES, IN THE COMMUNITIES AND IN THEIR LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,723,868. including grants of \$) (Revenue \$1,921,417.)
	YOUTH RESOURCES PROVIDES SUPPORT AND SERVICES THAT PLAY A DIRECT ROLE
	IN ASSISTING FAMILIES WITH MAINTAINING INCLUSIVE CHILDCARE FOR CHILDREN
	WITH DISABILITIES OR PROVIDING AFTER SCHOOL AND SUMMER CARE FOR TEENS
	WITH DISABILITIES. RESPITE SERVICES PROVIDE CARE FOR CHILDREN,
	TEENAGERS, AND ADULTS WITH DEVELOPMENTAL DISABILITIES.
4b	(Code:) (Expenses \$ 2,887,099. including grants of \$) (Revenue \$ 3,151,715.)
	UCP ADMINISTERS TWO BIRTH TO THREE PROGRAMS. BIRTH TO THREE CONNECTIONS
	SERVICES DANE COUNTY (OUTSIDE OF THE MADISON SCHOOL DISTRICT) AND BIRTH
	TO THREE ROCK COUNTY SERVICES ALL OF ROCK COUNTY. THESE PROGRAMS
	PROVIDE INFORMATION AND EARLY INTERVENTION SERVICES FOR FAMILIES WITH
	YOUNG CHILDREN WITH DEVELOPMENTAL DISABILITIES OR DELAYS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 4,610,967.
	Form 990 (2022)
232002	12-13-22
	3

UNITED CEREBRAL PALSY OF GREATER DANE Form 990 (2022) COUNTY, INC. Part IV Checklist of Required Schedules

If "Res", complete Schedule A It to organization required to complete Schedule A, Schedule of Contributors? See instructions It X ID the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer V "res," complete Schedule C, Part I It X ID the organization associant Schedule C, Part I It is the organization associant Schedule C, Part I It is the organization associant of O((4), SI (0)(5), or SO1(0)(6) organization that receives membership dues, assessments, or similar amounts as distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution ericity of through a related organization, related account liability, serve as a custodiant for amounts in distribution ericity of through a related organization, hold assets in donor-restricted endowments or investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part II It doe organization report an amount for investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part II It doe organization report an amount for investments - other securities in Part X, line 107 // "Yes," complete Schedule D, Part II It doe organization report an amount for investments - other securities in Part X, lin				Yes	No
2 Is the organization engage in direct picture picture of picture organization engage in direct picture of picture organization angage in kebping activities on behall of ori lopposition to candidates for public official <i>y trys</i> , <i>complete Schedule C</i> , <i>Parl i</i> 3 X 4 Section 501(b)(3) organizations. Did the organization engage in kebping activities, or have a section 501(b) election in direct or indirect picture of the organization matrix an exhibition of the organization as addired in <i>Park</i> . <i>Parl i Vrss</i> ; <i>complete Schedule C</i> , <i>Parl i</i> 4 X 5 Is the organization as addired in <i>Park</i> . <i>Parl i Vrss</i> ; <i>complete Schedule C</i> , <i>Parl i</i> 5 X 6 It the organization assession 501(b)(4), 501(b)(5), or 501(b)(6) or 501(b)(6) or 501(b)(6), or 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Did the argunization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officit? If Yes," complete Schedule C, Part II 3 X 4 Section 501(kg) organizations. Did the organization rangage in lobbying activities, on have a section 501(kg) elacitotics in affect during the tax year / If Yes," complete Schedule C, Part II 4 X 5 Did the organization astein any donn advised tinds or any samiller finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the provide advice on the distribution or investment of amounts in such funds or account and masser vegon space. Part II 6 X 9 Did the organization maintain and donor any samillar ding searmont to prove as a clusted and for amounts in bard funds or account lability, serve as a clusted and for amounts in provide advice on the distribution anionatic indice conservation. Jet for escreve or clustedial account lability, serve as a clusted and for a mount in Part X, line 21, for escreve or clustedial account lability, serve as a clusted and for a mount for funds or account clusted in Part X, line 10, Part IV 7 X 9 Did the organization report an amount for funds or account active set in donorrestricted advorments or in quale indownents for through a related organization, hold assets in donorrestricted advorments or in quale indownents for through a related organization. The data sectors for through a related organization report an amount for investments - program related in Part X, line 107, H*se, "complete Schedule D, P					
public office? If ''res' complete Schedule Q. Pert I 3 X 4 Section 501(P) election in effect 4 X 5 Is the organization complete Schedule Q. Pert I 4 X 6 Intergrantation as defined in Perce Nice 98 (P) If 'Yes' complete Schedule Q. Pert II 5 X 6 Did the organization maintan any doner advised funds or any similar hunds or accounts for which moore have the right to provide advise on the distribution or investment of amounts in such funds or accounts for 'Wes' complete Schedule Q. Part I 6 X 7 X Bit the organization receive or hold a conservation assement, including easements to preserve open space. 7 X 8 X Schedule D. Part II 8 X 9 Did the organization receive or hold a conservation assement, credit repair, or debt negotiation services? 9 X 10 Did the organization report or movide credit conselling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization report an amount for lead by part (y construction assemit to any of the folowing questions in Yes, 'then complete Schedule D, Part V, VI, VI, VI, VI, VI, VI, VI, VI, VI,	-		2	X	
4 Section 501(c)(3) organizations. Dot the organization engage in toobying 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(h) 501(c)(b) or 501(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(c)(3				37
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 50(10(3)) or 50(10(3)) or 50(10(3)) or 50(10(3)) 5 5 6 Did the organization martain any dome advised fundio or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such thad or accounts for which domors have the right to the organization or investment of amounts in such thad or accounts for which domors have the right to Schedule D, Part II 5 X 7 Z Did the organization martain any dome advised fundio or any similar funds or accounts for which domors have the right to Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? II 'Yes, * complete Schedule D, Part II 7 X 9 Did the organization indiced to Part X. 8 X 9 Did the organization indiced organization. Hold assets in donor-restricted endowments 9 X 10 Did the organization indiced to Part X. 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, * complete Schedule D, Part X. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets	_		3		X
5 is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amouts as defined in Rev. Proc. 98-187. If 'Yes,' complete Schedule C, Part II 5 X 6 Did the organization markin any doore advected links or any similar indus or accounts? If 'Yes,' complete Schedule D, Part II 8 X 7 X 8 5 X 8 X 9 Did the organization merker hold a conservation including easements to preserve open space. 7 X 9 Did the organization merker hold a conservation including easements or preserve open space. 7 X 9 Did the organization or more hold a conservation including easements hore diagonization service? 7 X 9 Did the organization merker to thoolg a network and any historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part IV 8 X 9 Did the organization merker to through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11 X 12 Did the organization report an amount for rit	4		_		v
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provide advice on the distribution or investment of amounts in such funds or accounts? // 'Yes," complete Schedule D, Part // 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic induresa, or historic structures? // 'Yes," complete Schedule D, Part // 7 X 8 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, iro provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization directly or through a related organization, hold assets in donor-restricted endowments 10 X 12 If the organization report an amount for lawstments - roogane related in Part X, line 10? // 'Yes,' complete Schedule D, Part V//// 11a X 13 X 10 X 11a X 14 W the organization report an amount for investments - roogane related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part X//// 11a X	~		5		
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 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes,' complete Schedule D, Part III 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? Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - other securities in Part X, line 12? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments - roorgam 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 VI 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 X Did the organization separate or consolidated financial statements for the tax year' in 'Yes,' complete Schedule D, Part X Did the organization separate or consolidated, independent audited financial statements for the tax year? 'Yes,' and if the organization answerd 'Wo' to line 12a, then complete Schedule D, Part X Did the organization and on the of the 'Ne' 'Se''''''''''''''''''''''''''''''	'		7		v
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 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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1e and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
	21				v
232003 12-13-22 Form 990 (2022)				000	

232003 12-13-22

 UNITED CEREBRAL PALSY OF GREATER DANE

 Form 990 (2022)
 COUNTY, INC.

 Part 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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> </u>
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			v
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			77
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
00	contributions? If "Yes," complete Schedule M	30		х
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		х
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?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	23	
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	¥ 12-13-22	Form	990	(2022)
	5			

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^{2022.04030} UNITED CEREBRAL PALSY OF 9006___1

UNITED CEREBRAL PALSY OF GREATER DANE

Form	990 (2022) COUNTY, INC.		39-1034	054	P	_{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	468			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	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	coun	ts (FBAR).			
				5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X
	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 orga	nization solicit			37
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		X
				7b		<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is requ	uired			37
	to file Form 8282?		I	7c		X
	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		t?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>
-	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 th	e	-		
				8		
9	Sponsoring organizations maintaining donor advised funds.			-		
a				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	مدا	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
a		446				
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10/11	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	• 	12d		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1			
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			104		
h	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				
0	Enter the amount of reserves on hand	13c				
14a				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>
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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		х
	If "Yes," complete Form 4720, Schedule O.		··-·			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities	; ;			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)

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UNITED CEREBRAL PALSY OF GREATER DANE

COUNTY,

INC.

Form 990 (2022)

2

39-1034054 Page 6

X

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

		1.4
Check if Schedule O contains a resp	conse or note to any line in this Part	VI

Sec	tion A. Governing Body and Management						
				. Г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>					
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent			9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other				
	officer, director, trustee, or key employee?			L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
					3		X
4	Did the organization make any significant changes to its governing documents since the prior Form				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		L	5		X
6	Did the organization have members or stockholders?			L	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	t one or				
	more members of the governing body?			-	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockh	olders, or				
	persons other than the governing body?			··· -	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•				
	The governing body?			-	8a	X	
b	Each committee with authority to act on behalf of the governing body?			-	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u> </u>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
				Г		Yes	No
	Did the organization have local chapters, branches, or affiliates?			····	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such c						
				····· ⊢	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the form	?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			·····	12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If					v	
	on Schedule O how this was done			··· F	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			-	14	Х	
15	Did the process for determining compensation of the following persons include a review and approv		ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization			··· -	15b	Х	
40	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				10-		v
	taxable entity during the year?			··· -	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				104		
Sec	exempt status with respect to such arrangements?			<u> </u>	16b]	
17 10		nd 00	OT (postion EOT)	<u></u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a	anu 99	0-1 (Section 501(J(J)S (July)	avallat	ле
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explained as a construction of the	n on S	schedule O)				

19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and financial
	statements available to the public during the tax year.	

7

GINGER SCHWAR	N - 608-273-4434		
	and telephone number of the person w	vho possesses the organization's bo	oks and records

2801	СОНО	STREET,	SUITE	100,	MADISON,	WI	53713	

2022.04030 UNITED CEREBRAL PALSY OF 9006___1

Form **990** (2022)

UNITED	CEREBRAL	PALSY	OF	GREATER	DANE
COUNTY,	INC.				

Form 990 (2	2022)	COUNTY,	INC.				39-1
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated
	Employees, an	d Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than

\$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per		not c	Pos heck	more	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	irecto	Highest compensated shart, shared since the semicondest semicondes	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) GINGER SCHWAHN	60.00			77				111 100	0	F 220
EXECUTIVE DIRECTOR (2) BETH BORCHARDT	40.00			X				111,120.	0.	5,332.
ACCOUNTING DIRECTOR	40.00			x				75,052.	0.	3,764.
(3) ANNA STERN	1.00			<u> </u>				15,052.	0.	5,704.
PRESIDENT	1.00	х		x				0.	0.	0.
(4) KRISTIN GEBHART	1.00									.
VICE PRESIDENT		x		x				0.	0.	0.
(5) JEFF BLATTNER	1.00									
TREASURER		х		х				0.	0.	0.
(6) BRIAN VANDERBLOEMEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) RYAN PULVERMACHER	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TOM LONG	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(9) SAMANTHA SCHACHT	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(10) MICHELLE RAWLINGS DIRECTOR	1.00	x						0.	0.	0.
(11) CHRIS L'HEUREUX	1.00	^						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
		-								
232007 12-13-22	1		I	1	I	L		1	1	Form 990 (2022)

232007 12-13-22

Form 990 (2022)

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2022.04030 UNITED CEREBRAL PALSY OF 9006 1

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E		D CEREBRAL	PA	LS	Y	OF	' G	RE	EATER DANE	39-10	121	054	Dec	ge 8
Form 990		Y, INC.		005	and	1 Hi	nhos	t C	ompensated Employee		554	0.54	Pag	je U
	(A) Name and title	(B) Average hours per week	(do box	not c , unle:	(C Pos heck i ss per	C) itior more rson i		one an	(D) Reportable compensation from	(continued) (E) Reportable compensatio from related	n	Est am	(F) imated ount of other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	I	fro orga and	ensation m the nization related nization	on d
1b Sub	ototal al from continuation sheets to l								186,172.		0.	9	,09	6. 0.
	al (add lines 1b and 1c)								186,172.		0.	9	,09	
	al number of individuals (including a pensation from the organization	-	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	;			1
3 Did	the organization list any former	officer, director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on	[Yes	No
line	1a? If "Yes," complete Schedule any individual listed on line 1a, is	J for such individual										3		х
	related organizations greater that											4	_	х
	any person listed on line 1a rece dered to the organization? <i>If</i> "γes											5		x
	B. Independent Contractors	s, complete Schedule	3 10	or st	ICH ļ	Jers	01 .				<u></u>	<u> </u>		
	nplete this table for your five high organization. Report compensati										ensat	ion fror	n	
		(A) usiness address		ONE					(B) Description of s		с	(C) ompen		
	al number of independent contra 0,000 of compensation from the		ot lin	niteo	d to	thos (ted	above) who received mo	ore than				
		-							-			Form 9	90 (20)22)

232008 12-13-22

UNITED CEREBRAL PALSY OF GREATER DANE COUNTY, INC.

Form				•				39-1034	054	Page 9
Pa	t V	/111	Statement of Revenue							
			Check if Schedule O contains a respo	nse c	r note to any lin					
						(A)	(B)	(C)	(C))
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue from tax	
								business revenue	sections 5	
<i>6</i> 0	-1	~	Federated campaigns 1a		11,798.					
ant; Ints					11,750.	-			l l	
je G			Membership dues 1b		7,553.	-			l l	
ts,			Fundraising events 1c		7,555.	-				
lar İlar			Related organizations 11						l l	
js,			Government grants (contributions) 1e		762,572.					
r io		f	All other contributions, gifts, grants, and						l l	
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above 1f		30,391.					
d t		g	Noncash contributions included in lines 1a-1f	6						
an		h	Total. Add lines 1a-1f	<u></u>		812,314.				
					Business Code					
Ð	2	а	SERVICE REVENUE	ſ	624100	4,352,718.	4,352,718.			
Program Service Revenue		b	GOVERNMENT CONTRACTS	— i	624100	580,709.	580,709. 139,705.			
Ser		c	INSURANCE/MA	_	624100	139,705.	139,705.			
E a		d	,,,	-						
gra Re		e		-						
2r			All other program convice revenue	-						
-			All other program service revenue			5,073,132.				
	-		Total. Add lines 2a-2f			5,075,152.				
	3		Investment income (including dividends, in			24 012			24	012
			other similar amounts)			34,013.			54,	013.
	4		Income from investment of tax-exempt bor		oceeds					
	5		Royalties						 	
			(i) Real		(ii) Personal					
	6	а	Gross rents 6a						l l	
		b	Less: rental expenses 6b							
		с	Rental income or (loss) 6c							
		d	Net rental income or (loss)							
	7		Gross amount from sales of (i) Securiti	ies	(ii) Other					
			assets other than inventory 7a							
		b	Less: cost or other basis							
e		~	and sales expenses 7b							
evenue		~	Gain or (loss)			-				
			. ,							
Other R	~		Net gain or (loss)	·····						
the	8	а	Gross income from fundraising events (not						l i	
0			including \$ 7,553. of							
			contributions reported on line 1c). See		1 - 1 1 0				1	
			Part IV, line 18	8a	16,118.				1	
			Less: direct expenses	8b	2,522.					
		С	Net income or (loss) from fundraising even	its _		13,596.			13,	596.
	9	а	Gross income from gaming activities. See						1	
			Part IV, line 19	9a					1	
		b	Less: direct expenses	9b						
			Net income or (loss) from gaming activities	s						
	10		Gross sales of inventory, less returns							
				10a					l i	
		b	Less: cost of goods sold	10b					1	
			Net income or (loss) from sales of inventor							
-+		<u> </u>		1	Business Code					
sn	44	~		ŀ						
leoi	11									
Miscellaneous Revenue		b								
Sev		С								
Mis			All other revenue							
_		е	Total. Add lines 11a-11d						4 -	600
	12		Total revenue. See instructions			5,933,055.	þ,073,132.	0.		609.
232009	9 12-	-13-:	22						Form 99	90 (2022)

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UNITED CEREBRAL PALSY OF GREATER DANE Form 990 (2022) COUNTY, INC. Part IX Statement of Functional Expenses

	rt IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	(1)		(0)	<u> </u>
	not include amounts reported on lines 6b, 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 domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	195,268.	189,266.	3,001.	3,001.
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	3,605,922.	3,227,029.	366,598.	12,295.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	399,158.	363,287.	35,540.	<u> </u>
10	Payroll taxes	305,271.	276,589.	27,203.	1,479.
11	Fees for services (nonemployees):				
а	Management	4 550	4 4 4 5	107	
b	Legal	1,579.	1,447.	127.	<u>5.</u> 55.
	Accounting	14,892.	13,093.	1,744.	55.
	Lobbying				
	Professional fundraising services. See Part IV, line 17	0 652		0 652	
f	Investment management fees	8,653.		8,653.	
g		590,316.	86,531.	501,483.	2,302.
40	column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion	550,510.	00,551.	JU1,40J.	2,302.
12 13	Office expenses	28,031.	24,230.	3,658.	143.
14	Information technology	52,820.	48,315.	4,224.	281.
15	Royalties	,			
16	Occupancy	192,173.	177,216.	14,311.	646.
17	Travel	126,637.	120,096.	6,485.	56.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,380.	1,245.	135.	
20	Interest				
21	Payments to affiliates	7,350.	2,047.	5,278.	25.
22	Depreciation, depletion, and amortization	6,592.		6,574.	18.
23	Insurance	51,956.	39,873.	11,985.	98.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	30,501.	28,984.	1,445.	72.
b	STAFF RECRUITMENT	13,205.	11,657.	1,545.	3.
с	MEMBERSHIP AND SUBSCRIP	139.	62.	77.	
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,631,843.	4,610,967.	1,000,066.	20,810.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

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Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

UNITED CEREBRAL PALSY OF GREATER DANE COUNTY, INC.

Pai	τX	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,009,067.	1	931,515
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		L		3	
	4	Accounts receivable, net			617,468.	4	1,266,319
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial	ontributor, or 35%			
		controlled entity or family member of any of th	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				57,796.	9	97,989
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		32,781.			
	b	Less: accumulated depreciation	. 10b	22,836.	16,537.	10c	9,945
	11	Investments - publicly traded securities			958,302.	11	9,945 816,638
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lin	e 11 .			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		30,992.	15	143,550	
	16	Total assets. Add lines 1 through 15 (must e			2,690,162.	16	3,265,956
	17	Accounts payable and accrued expenses		435,046.	17	761,047	
0	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet		21			
	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
lide		controlled entity or family member of any of th				22	
Ľ	23	Secured mortgages and notes payable to unr		F		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,		Г			
		parties, and other liabilities not included on lir					
		of Schedule D			0.	25	116,770.
	26	Total liabilities. Add lines 17 through 25			435,046.	26	877,817
		Organizations that follow FASB ASC 958, c					
sec		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			2,250,116.	27	2,383,139
Bal	28	Net assets with donor restrictions			5,000.	28	5,000
nd		Organizations that do not follow FASB ASC					
μ		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,255,116.	32	2,388,139
-	33	Total liabilities and net assets/fund balances			2,690,162.	33	3,265,956.

Form 990 (2022)

232011 12-13-22

Form	990 (2022) COUNTY, INC.	39-10	34054	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,933		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,631		
3	Revenue less expenses. Subtract line 2 from line 1	3	301		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,255		
5	Net unrealized gains (losses) on investments	5	-168	,18	39.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,388	,13	39.
Pa	rt 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 on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	x	

Form 990 (2022)

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(Form 99	of the Treasury	Co	omplete if the organ 494 At	rity Status an hization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	(c)(3) orga ritable tru rm 990-E	anization (st. Z.	or a section		OMB No. 1545-0047
Name of	the organizati			L PALSY OF G				Employer	identification number
		COUN	TY, INC.						9-1034054
Part I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The orgar	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1	A church, cor	nvention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	A school des	cribed in sect i	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state	e:							
5	An organizati	on operated fo	or the benefit of a col	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	-		omplete Part II.)						
8				(1)(A)(vi). (Complete Part	,				
9	-	-		in section 170(b)(1)(A)(i		-		-	-
		or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10	university:		II	there 00 1 /00/ of its surge				:	
10				than 33 1/3% of its supp t to certain exceptions; a					
				(less section 511 tax) fro					-
			mplete Part III.)			soos acqui		Janization a	
11				vely to test for public sat	etv See	section 50)9(a)(4).		
12	•	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
	•	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a	-	•	• •	upervised, or controlled				-	giving
	the support	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
	control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c	_ Type III fur	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
	_ its supporte	ed organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d	_ Type III no	n-functionally	integrated. A supp	oorting organization oper	ated in co	nnection w	ith its suppo	ted organiz	zation(s)
		-		ation generally must sati	•		-	l an attentiv	/eness
_				nplete Part IV, Sections					
e		-		written determination from			Туре I, Туре	II, Type III	
		•		nally integrated supportir					
	er the number (wide the followi	• •	n about the supporte	d organization(a)					
	(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	organization	I		(described on lines 1-10 above (see instructions))	in your governi Yes	No	support (see in	nstructions)	support (see instructions)
									<u> </u>
Total									

UNITED CEREBRAL PALSY OF GREATER DANE

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2022 CO

UNTY, INC. Schedule A (Form 990) 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	215,709.	68,478.	46,654.	343,199.	812,314.	1486354.
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	215,709.	68,478.	46,654.	343,199.	812,314.	1486354.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						100,228.
6	Public support. Subtract line 5 from line 4.						1386126.
	ction B. Total Support	1			ł	L	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	215,709.	68,478.	46,654.	343,199.	812,314.	1486354.
8	Gross income from interest,			-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,236.	27,669.	28,539.	33,806.	34,013.	152,263.
9	Net income from unrelated business					-	-
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						1638617.
	Gross receipts from related activities,	etc. (see instructio	uns)			12 25	,499,013.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax v	/ear as a section 5		
	organization, check this box and stor						
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	84.59 %
	Public support percentage from 2021		•			15	72.78 %
	33 1/3% support test - 2022. If the o					ore, check this bo	
	stop here. The organization qualifies					, 	V
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li				
	and stop here. The organization qual			P			
17a	10% -facts-and-circumstances test		•				
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-		
b	10% -facts-and-circumstances test	-		• • • •	-		
	more, and if the organization meets th						
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				,
			, •				(Form 990) 2022

UNITED	CEREBRAL	PALSY	OF	GREATER	DANE
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COUNTY, INC.

39-1034054 Page 3

Schedule A	(Form 990)) 2022	COUNTY,	INC.		
Part III	Support	t Schedule for	r Organizatio	ons Described	in Section	509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5						<u> </u>
/a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	0			•		·
	check this box and stop here	- 0					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						ine 17 is not
	more than 33 1/3%, check this box ar	-	•		•••		
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	u box on line 14, 19	a, or 19b, check t	his box and see ins		L
23202	3 12-09-22					Scheo	dule A (Form 990) 2022

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UNITED CEREBRAL PALSY OF GREATER DANE

39-1034054 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990) 2022 COUNTY , INC. Part IV Supporting Organizations

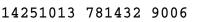
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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232024 12-09-22



Schedule A (Form 990) 2022

UNITED CEREBRAL PALSY OF GREATER DANE

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Sche	dule A (Form 990) 2022 COUNTY, INC.	39-103405	54 P	age 5
Par	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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of more supported organizations have the power to regularly appoint or elect at least a majority of the organization's c	officers,		
	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 sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amon			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<i>g ille</i> 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	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			L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	
•	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			L
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	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			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
a ⊾	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
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. Describe in Part VI how you supported a governmental er	tıty (see instructio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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		<u> </u>
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

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3b Schedule A (Form 990) 2022

3a

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	UNITED CEREBRAL PALSY O	F GRE	ATER DANE	
	dule A (Form 990) 2022 COUNTY , INC .			39-1034054 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

UNITED CEREBRAL PALSY OF GREATER DANE

39-1034034 Page /	1034054 _F	Page 7
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Sche Par	dule A (Form 990) 2022 COUNTY, INC. t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizatione / /·		9-1034054 Page 7
		alls) Supporting Orga	nizations (continu	<i>ied)</i>	Current Year
	on D - Distributions			-	Current Year
_ <u>1</u> _2	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity	a purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	os of supported organizations	<u></u>	2	
4	Amounts paid to acquire exempt-use assets	s of supported organizations	>	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	wide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
•	(provide details in Part VI). See instructions.	le organization le responence		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	IS	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Cabadula A	(5	UNITED COUNTY,	CEREBRAL	PALSY	OF	GREATER	DANE	39-1034054 Page 8
Part VI	(Form 990) 2022 Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I Section D, lines 5, 6, and 8 (See instructions.)	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	ide the explanation 1c, 5a, 6, 9a, 9b, 9 art IV, Section E,	9c, 11a, 11b lines 1c, 2a,), and 1 , 2b, 3a	11c; Part IV, Seo a, and 3b; Part \	ction B, lines 1 /, line 1; Part \	^r 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
232028 12-09-2	22			0.1				Schedule A (Form 990) 202
				21				

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

UNITED CEREBRAL PALSY OF GREATER DANE

OMB No. 1545-0047

2022

Employer identification number

3	9 -	-1	0	3	4	0	5	4
-	-	_	-	-	_	-	-	

	-		
Organization	type	(check o	ne):

COUNTY,

Filers of:	Section:
Form 990 or 990-EZ	$\fbox{3}$ 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.

INC.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the p

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

Name of or			Employer identification number
	D CEREBRAL PALSY OF GREATER DANE		39-1034054
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	55 1034034
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
1		\$762,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d)
	Name, auuress, anu ∠ir + 4	\$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

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24 2022.04030 UNITED CEREBRAL PALSY OF 9006___1

Schedule B (Form 990) (2022)

Page **2**

	rganization D CEREBRAL PALSY OF GREATER DANE	E	mployer identification num
	Y, INC.		39-1034054
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Schedule I	B (Form 990) (2022)			Page 4					
Name of o	rganization		Employer i	dentification number					
UNITE	D CEREBRAL PALSY OF GREA	ATER DANE							
	Y, INC.			034054					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more	than \$1,000 for the year					
	completing Part III, enter the total of exclusively religious, of	haritable, etc., contributions of \$1,000 or le	ss for the year. (Enter this info. once.) \$						
(a) Na	Use duplicate copies of Part III if additional s	space is needed.							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held					
Part I				•					
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZI P + 4	Relationship of transferor to tr	ansferee					
			· ·						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held					
Part I		(0) 000 01 gitt	(u) 2000 paon or m	sin gint le nela					
-		(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
	,, _,								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held					
Part I	(-)	(0) 000 01 g							
		(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tr	ansferee					
(-) N -									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of he	ow gift is held					
Part I				<u> </u>					
			— ———						
		(e) Transfer of gift	I						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to tr	ansferee					
				_					
223454 11-15	5-22		Sch	edule B (Form 990) (2022)					

SC	SCHEDULE D Supplemental Financial Statements									
	n 990)	Complete if the org	anization answered "Yes" on Form 990,	2022						
Depart	ment of the Treasury		0, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.	Open to Public						
Interna	Revenue Service		90 for instructions and the latest information.							
Nam	e of the organization	on UNITED CEREBRAL PA COUNTY, INC.	LSY OF GREATER DANE	Employer identification number 39-1034054						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the									
		n answered "Yes" on Form 990, Part IV, li								
			(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at er	nd of year								
2	Aggregate value of	f contributions to (during year)								
3	Aggregate value of	f grants from (during year)								
4		t end of year								
5	-		writing that the assets held in donor advised fu							
6			s exclusive legal control?							
6	U U		advisors in writing that grant funds can be used or donor advisor, or for any other purpose confe	•						
	impermissible priva									
Pa			rganization answered "Yes" on Form 990, Part I							
1	Purpose(s) of cons	servation easements held by the organizat	ion (check all that apply).							
	Preservation	n of land for public use (for example, recre	ation or education) Preservation of a his	storically important land area						
	Protection o	f natural habitat	Preservation of a ce	ertified historic structure						
	Preservation	n of open space								
2		c c .	ified conservation contribution in the form of a d							
	day of the tax year			Held at the End of the Tax Year						
a L										
b C	•		ructure included in (a)							
		vation easements included in (c) acquired		. 20						
				2d						
3			eleased, extinguished, or terminated by the orga							
	year									
4		where property subject to conservation ea								
5	-		eriodic monitoring, inspection, handling of							
•		orcement of the conservation easements								
6	Starr and voluntee	r nours devoted to monitoring, inspecting	, handling of violations, and enforcing conserva	tion easements during the year						
7	Amount of expens	 ses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year						
•	, and and or experie			satisfies adding the year						
8	Does each conserv	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4)((B)(i)						
	and section 170(h))(4)(B)(ii)?		Yes 📃 No						
9	In Part XIII, describ	be how the organization reports conservat	ion easements in its revenue and expense state	ement and						
			note to the organization's financial statements	that describes the						
Dai		ounting for conservation easements.	f Art, Historical Treasures, or Other	Similar Assets						
1 4		f the organization answered "Yes" on Forr		Similar Assets.						
			58, not to report in its revenue statement and b	alance sheet works						
	•		blic exhibition, education, or research in further							
			ancial statements that describes these items.							
b	If the organization	elected, as permitted under FASB ASC 9	58, to report in its revenue statement and balan	ice sheet works of						
	art, historical treas	sures, or other similar assets held for publi	c exhibition, education, or research in furtheran	nce of public service,						
	-	ing amounts relating to these items:								
~	• •		accurace or other similar assorts for financial asis							
2		received or held works of art, historical trouunts required to be reported under FASB /	easures, or other similar assets for financial gair	i, provide						
а	-			\$						
		eduction Act Notice, see the Instruction		Schedule D (Form 990) 2022						
	1 09-01-22									
			27							

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		CEREBRAL PA	ALSY OF GRE	EATER DANE					_
	dule D (Form 990) 2022 COUNTY ,		· · · · · · · · · · · · · · · · · · ·				34054		ge 2
Par	t III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Similar	^r Assets	continu	ied)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that make	significant ι	ise of its			
а	Public exhibition	d	I oan or exc	nange program					
b	Scholarly research	e							
c	Preservation for future generations	•							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	mot ouroo	e in Part	XIII		
5	During the year, did the organization solicit or	-	•	-		se in r art	7.III.		
5	to be sold to raise funds rather than to be ma		•				Yes		No
Par	t IV Escrow and Custodial Arrang								NU
	reported an amount on Form 990, Par		ete il the organization	Tanswered Tes d	111 0111 330	, raitiv,	in e 3, 0i		
10	Is the organization an agent, trustee, custodia		ian for contributions	or other accets no	tincluded				
Ia									Na
	on Form 990, Part X?					L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the foll	lowing table:				Amount		
	5						Amount		
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete in						6.55		<u> </u>
	-	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four <u>y</u>	years b	ack
1a	Beginning of year balance	27,820.	23,545.	21,964.		19,147.		19,5	52.
b	Contributions								
с	Net investment earnings, gains, and losses	-2,461.	4,530.	1,794.		3,024.		- 2	207.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	260.	255.	213.		207.		1	.98.
	End of year balance	25,099.	27,820.	23,545.		21,964.		19,1	47.
2	Provide the estimated percentage of the curre	ent vear end balance	•) held as:		,			
	Board designated or quasi-endowment	· 100	%						
h	Permanent endowment	%							
	· · · · · · · · · · · · · · · · · · ·	/0 %							
U	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-							
20	Are there endowment funds not in the posses		tion that are hold an	d administered for	ho				
Ja	•	ssion of the organiza	lion that are new an	u autilitistereu ior				Yes	No
	organization by:							X	
	(i) Unrelated organizations								Х
	(ii) Related organizations						3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization						3b		
	Describe in Part XIII the intended uses of the tVI Land. Buildings. and Equipme	organization's endov	wment funds.						
Fai			Devt IV line 11e O		(line 10				
	Complete if the organization answered								
	Description of property	(a) Cost or of basis (investm	• • • •		Accumulate epreciation	d	(d) Book	value	
1a	Land		-						
	Buildings								
	Leasehold improvements		2	2,781.	22,83	36	٥	,94	5
	Equipment			<u>2,701•</u>	44,0.		9	,) 4	<u>J.</u>
	Other			<u> </u>			0	0.4	5
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part)	<u>X, column (B), line 1(</u>	Dc.)				,94	
						Schedule	D (Form	990) 2	2022

UNITED	CEREBRAL	PALSY	OF	GREATER	DANE
COUNTY	TNC.				

Schedule D (Form 990) 2022 COUNTY , INC	•	39	-1034054 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
<u>(D)</u>			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1c Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
		(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
<u>(7)</u>			
(8)(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1)	· · · ·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITI	ES		116,770.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			116,770.
2. Liability for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial statements th	nat reports the

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

Schedule D (Form 990) 2022

232053 09-01-22

	UNITED CEREBRAL PALSY OF G	REATER			
Sche	dule D (Form 990) 2022 COUNTY , INC .			39-3	1034054 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	5,758,735.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-168,189.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-168,189.
3	Subtract line 2e from line 1			3	5,926,924.
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	8,653.		
b	Other (Describe in Part XIII.)	4b	-2,522.		
С	Add lines 4a and 4b			4c	6,131.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,933,055.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		n Expenses per H	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	5,625,712.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		2,522.		
е	Add lines 2a through 2d			2e	2,522.
3	Subtract line 2e from line 1			3	5,623,190.
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		8,653.	-	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	8,653.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,631,843.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

TO ADVANCE THEIR CHARITABLE EXEMPT PURPOSE AND TO BENEFIT THE COMMUNITY.

PART X, LINE 2:

UCP IS EXEMPT FROM FEDERAL AND STATE INCOME TAX PURSUANT TO THE PROVISIONS

OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

UCP MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR

TAX RETURN PURPOSES WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE

SUSTAINED. UCP DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX

POSITIONS, AND, ACCORDINGLY, IT DID NOT RECOGNIZE ANY LIABILITY FOR

UNRECOGNIZED TAX BENEFITS. FOR THE CURRENT YEAR, THERE WERE NO INTEREST OR

30

PENALTIES RECORDED OR INCLUDED IN THE FINANCIAL STATEMENTS.

232054 09-01-22

UNITED CEREBRAL PALSY OF GREATER DANE Schedule D (Form 990) 2022 COUNTY, INC. Part XIII Supplemental Information (continued)	39-1034054 Page 5
THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION TAX RETURNS	ARE SUBJECT TO
EXAMINATION BY THE INTERNAL REVENUE SERVICE, GENERALLY FOR	THREE YEARS
AFTER THEY ARE FILED. WITH FEW EXCEPTIONS, THE ORGANIZATION	IS NO LONGER
SUBJECT TO SUCH EXAMINATIONS FOR YEARS BEFORE 2019.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NETTED WITH REVENUE FOR 990	-2,522.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES NETTED WITH REVENUE FOR 990	2,522.
	Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047				
(Form 990)		e organization answered "Yes" or organization entered more than \$1				r 19, or if the	2022				
Department of the Treasury Internal Revenue Service		Attach to Form 990				_	Open to Public Inspection				
Name of the organization		o www.irs.gov/Form990 for instru CEREBRAL PALSY OF					identification number				
5	Name of the organization UNITED CEREBRAL PALSY OF GREATER DANE Employer identification number COUNTY, INC. 39-1034054										
	complete this part	Complete if the organization answ t.	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not				
 a Mail solicitat b Internet and c Phone solicitat d In-person solicitat 2 a Did the organization key employees list b If "Yes," list the 1000000000000000000000000000000000000	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events										
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)				
			Yes	No							
Total											
	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is exempt from	n registration				

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

Schedule G (Form 990) 2022

232081 10-27-22

		UNITED	CEREBRAL PAL	SY OF GREATEF	R DANE	
		e G (Form 990) 2022 COUNTY ,				1034054 Page 2
Pa	rt I	3				
		of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			FAMILY		NONE	(add col. (a) through
			FROLIC	TURKEY TROT	(t - t - L	col. (c))
e			(event type)	(event type)	(total number)	
Revenue			16 264	E 200		21 652
Be	1	Gross receipts	16,264.	5,389.		21,653.
	•		146.	5,389.		5 5 2 5
	2	Less: Contributions	140.	5,309.		5,535.
	3	Gross income (line 1 minus line 2)	16,118.			16,118.
	3		10,110.			10,110.
	4	Cash prizes				
	4					
	5	Noncash prizes				
ŝ	J					
SUS	6	Rent/facility costs	260.			260.
Direct Expenses	Ũ					
벙	7	Food and beverages				
Dire		o				
	8	Entertainment	1,164.			1,164.
	9	Other direct expenses	0.00	41.		873.
	10	Direct expense summary. Add lines 4 through				2,297.
		Net income summary. Subtract line 10 from li				13,821.
nue		\$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
Revenue	1	Gross revenue				
6	2	Cash prizes				
xpenses						
ĝ	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	_					
	5	Other direct expenses				
	~	Voluntaar Johan	Yes%		Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net gaming income summary. Subtract line r				
9	Ent	ter the state(s) in which the organization condu	icts gaming activities.			
		he organization licensed to conduct gaming a				Yes No
		No," explain:				
-						
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	/ear?	Yes No
		Yes," explain:				
					•	
23208	32 10	-27-22			Sche	dule G (Form 990) 202

Sch	edule G (Form 990) 2022	UNITED COUNTY,	-		OF GREATE	-	39-1	034054	Page 3
	Does the organization conduct ga							Yes	
	Is the organization a grantor, bene	ficiary or truste	e of a trust, or a	member of a	partnership or oth	er entity formed			
13	to administer charitable gaming? Indicate the percentage of gaming							Yes	└── No
	The organization's facility	•						13a	%
	An outside facility							13b	%
	Enter the name and address of the								
	Name				-				
	Address								
1 5a	Does the organization have a cont	ract with a third	d party from who	om the organiz	ation receives gar	ning revenue?		Yes	🗌 No
	If "Yes," enter the amount of gami of gaming revenue retained by the If "Yes," enter name and address of	third party	\$		\$	and the ar	nount		
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employee	•	Independe	nt contractor				
17	Mandatory distributions:								
а	Is the organization required under retain the state gaming license?				m the gaming proc			Yes	🗌 No
b	Enter the amount of distributions r organization's own exempt activiti	-		listributed to a	other exempt orgai	nizations or spent	in the		
Pa	rt IV Supplemental Inform 15b, 15c, 16, and 17b, as	mation. Prov	ide the explanati); and Par	t III, lines 9,	9b, 10b,
									0001 0005
2320	33 10-27-22			34			Schedi	ule G (Form	990) 2022

Schedule G (Form 990) Part IV Supplemental Infor	UNITED COUNTY	CEREBRAL		GREATER	39-1034054	Page 4
	(con	tinued)				
232084 04-01-22					Schedule G (F	orm 990)

232084 04-01-22

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. UNITED CEREBRAL PALSY OF GREATER DANE



39-1034054

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

INC.

WISCONSIN.

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

COUNTY,

THE 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR PRIOR TO SUBMITTING TO THE

AGENCY'S TREASURER. UPON TREASURER REVIEW, THE FORM IS SUBMITTED TO THE

BOARD OF DIRECTOR'S FINANCE COMMITTEE FOR APPROVAL. ONCE APPROVED. THE 990

FORM IS FILED.

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

ANNUALLY BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT WHICH AFFIRMS

THAT NO CONFLICT EXISTS OR DETAILS POTENTIAL CONFLICT.

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

THE BOARD COMPENSATION COMMITTEE (CHAIR OF FINANCE AND CHAIR OF PERSONNEL

COMMITTEES) REVIEW RECENT COMPENSATION SURVEYS AND 990 FORMS OF SIMILAR

ORGANIZATIONS TO DETERMINE EXECUTIVE DIRECTOR COMPENSATION.

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

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

496,085.

Schedule O (Form 990) 2022

0.

Schedule O (Form 990) 2022 Name of the organization UNITED CEREBRAL PALSY OF GREATER DANE COUNTY, INC.	Page Employer identification numbe 39-1034054
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	496,085.
PAYROLL PROCESSING:	
PROGRAM SERVICE EXPENSES	28,350.
MANAGEMENT AND GENERAL EXPENSES	2,659.
FUNDRAISING EXPENSES	2,069.
TOTAL EXPENSES	33,078.
PROGRAM SUPPORT:	
PROGRAM SERVICE EXPENSES	10,883.
MANAGEMENT AND GENERAL EXPENSES	309.
FUNDRAISING EXPENSES	233.
TOTAL EXPENSES	11,425.
TRANSLATION:	
PROGRAM SERVICE EXPENSES	47,298.
MANAGEMENT AND GENERAL EXPENSES	2,430.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	49,728.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	590,316.
32212 10-28-22	Schedule O (Form 990) 20

(Rev. January 2022)

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.

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.

Type or print	UNITED CEREBRAL PALSY OF GREATER DANE				Taxpayer identification number (TIN)	
File by the	COUNTY, INC.				39-1034054	
due date fo filing your return. See	e for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions	tions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53713					
Enter the	e Return Code for the return that this application is for (file	e application for each return)			0 1	
Application		Return	Application			Return
Is For		Code	Is For			Code
Form 990 or Form 990-EZ		01	Form 1041-A			08
Form 4720 (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
Form 990-T (corporation) GINGER SCHWAHN		07				
Telephone No. ► 608-273-4434 Fax No. ► • If the organization does not have an office or place of business in the United States, check this box ► • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ► • If this is for part of the group, check this box ► If this is for the whole group, check this box • If request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: • X calendar year 2022 or , and ending • If the tax year entered in line 1 is for less than 12 months, check reason: Initial return • Change in accounting period Fax No. ►						
	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
						0
estimated tax payments made. Include any prior year overpayment allowed as a credit.				3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	-		3c	\$	0.
	ing EFTPS (Electronic Federal Tax Payment System). See : If you are going to make an electronic funds withdrawal ons.				Ŧ	
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)						

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