	~								
		T 000	Ex	cempt Organization	Bus	siness Income	Tax Retu		OMB No 1545-0687
	Form	990-T		(and proxy tax	cun	der section 6033(306	,06	
		ŠE)	For cale	ndar year 2017 or other tax year begin	20 <u>1 8</u>	2(0) 17			
	Depar	tment of the Treasury		► Go to www irs.gov/Form990				⊢	Open to Public Inspection for
	_	al Revenue Service	▶ Do	not enter SSN numbers on this form a		ay be made public if your orga me changed and see instruction			Open to Public Inspection for 501(c)(3) Organizations Only over identification number
	A [2	Check box if address changed		· · · ·		oyees' trust see instructions)			
				UNITED CEREBRAL PAL	}				
		empt under section	Drint	NEW YORK STATE INC	12_1	623856			
	X	501(C)Q3)	Print	Number, street, and room or suite no		ated business activity codes			
	\vdash	408(e) 220(e)	Туре	10 22002 0025		structions)			
	-	408A530(a)		40 RECTOR STREET, 1	-				
		529(a)	-	City or town, state or province, countr NEW YORK, NY 10006					
		ok value of all assets end of year	- Cro	L	1000)			l .	 ,
				up exemption number (See instruct			\	404(0)	trust Other trust
				ck organization type X 501		rporation 501(c ATTACHM		401(a)	trust Other trust
				rimary unrelated business activity					Yes X No
				corporation a subsidiary in an affil			controlled group?		[165 [170]
		"Yes," enter the na he books are in care		identifying number of the parent co	porati	Telephon	e number ▶ 21	2-947-	-5770
				or Business Income		(A) Income	(B) Exper		(C) Net
	1a	Gross receipts or		<u></u>	Ι -	V. 17	(=, =, poi		1
	b	Less returns and allowa		c Balance ▶	1c				
	2			ule A, line 7)	2		-		
	3	_		2 from line 1c	3				
	4a			ittach Schedule D)	4a				
	b			Part II, line 17) (attach Form 4797)	4b				
	С	Capital loss dedu	ction for t	rusts	4c		-		
	5			ps and S corporations (attach statement)	5				
	6	Rent income (Sch	edule C)		6				
	7	Unrelated debt-fir	nanced in	come (Schedule E)	7		<u> </u>		
,	8	Interest, annuities, roya	Ities and rer	nts from controlled organizations (Schedule F)	8				
•	9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
	10		-	ncome (Schedule I)	10	ļ <u>-</u>			<u> </u>
	11			dule J)	11	107.606			127 626
	12	•		tions, attach schedule)	12	137,636.	ATCH 2		137,636.
	13			ough 12		137,636.			137,636.
	Pai			Taken Elsewhere (See insti				±xcept r	or contributions,
				be directly connected with t			me)	7 1	T
	14 15	Compensation of	officers,	directors, and trustees (Schedule K)		RECE	IVED	. 14	
	16	Salaries and wage	tonanco					15	
	17		iteriarice					17	
	18	Onterest (attach so	chedule)						
	19	Liaves and license				<u> </u>	<u> </u>	19	<u> </u>
	20	haritable contrib	outions (S	See instructions for limitation rules)		OGDE	: TU : N	20	
				4562)		1 1			
				on Schedule A and elsewhere on re				22b	
?	23	1.A						23	
)	24			compensation plans					
	25			s					
4	26			Schedule I)					
-	27	Excess readership	costs (S	chedule J)				27_	
2	28	Other deductions	(attach s	chedule)				28	
, >	29			s 14 through 28					
, T	30			le income before net operating					137,636.
j	31	Net operating loss	s deducti	on (limited to the amount on line 30	0)			31	<u> </u>
0	32			e income before specific deduction		•		• • —	137,636.
)	33			ally \$1,000, but see line 33 instruc					1,000.
α	34	Unrelated busine	ess taxa	ble income. Subtract line 33 fr	om lii	ne 32 If line 33 is grea	iter than line 3	20	126 626
?		enter the smaller	of zero or	line 32		<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	136, 636.
V	ror i	-aperwork Reduct	ION ACT N	lotice, see instructions				_	Form 990-T (2017)

Par	t III	Tax Computation							
35	Organi	izations Taxable as Corporations. See instructions for tax computation Controlle	ed group	1					
	member	ers (sections 1561 and 1563) check here							
а		your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or	rder)						
	(1) \$	(2) \$ (3) \$	•						
b	Enter or	organization's share of (1) Additional 5% tax (not more than \$11,750)\$							
-	(2) Add	litional 3% tax (not more than \$100,000)		1					
_		e tax on the amount on line 34.	•	35c	28	,694.			
36	Trusts		tax on						
		ount on line 34 from Tax rate schedule or Schedule D (Form 1041)	•	36					
37		tax See instructions		37					
38	-	tive minimum tax		38		,			
39	T	Non-Compliant Equity Income Conjuntations		30					
40	Total A	Add lines 37, 38 and 39 to line 35c or 36, whichever applies.	· · · · · · · · · · · · · · · · · · ·	40	28	,694.			
	t IV	Tax and Payments		1 70		<u> </u>			
		n tax credit (corporations attach Form 1118, trusts attach Form 1116)		1					
D	Other c	credits (see instructions)		1 1					
		al business credit Attach Form 3800 (see instructions)	-	1					
d	Credit for	for prior year minimum tax (attach Form 8801 or 8827)		ا م. ا					
е	Total cr	redits Add lines 41a through 41d	····················//2	41e		604			
42	Subtrac		-	42		,694.			
43		ixes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach		43		- 604			
44		ax. Add lines 42 and 43	48	44	28	<u>,694.</u>			
45 a	Paymen	nts A 2016 overpayment credited to 2017							
b	2017 es	stimated tax payments]					
		posited with Form 8868] }					
		n organizations Tax paid or withheld at source (see instructions) 45d] [
		withholding (see instructions)		1					
f	Credit fo	for small employer health insurance premiums (Attach Form 8941)		1					
a		credits and payments Form 2439		1					
J		orm 4136 Other Total ▶ 45g							
46		ayments Add lines 45a through 45g		46					
47		ted tax penalty (see instructions) Check if Form 2220 is attached		47					
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		48	28	,694.			
49		syment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		49					
50			funded >						
Par		Statements Regarding Certain Activities and Other Information (see		'					
51		time during the 2017 calendar year, did the organization have an interest in or a si			ithority Ye	s No			
•	•	financial account (bank, securities, or other) in a foreign country? If YES, the organ	-		· —				
		Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name			1				
	here ▶			iorcigii (Х			
	-				— <u> </u>	 			
52	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferd	or to, a tore	gn trust?.	· · · · ⊢				
		see instructions for other forms the organization may have to file							
<u>53</u>		the amount of tax-exempt interest received or accrued during the tax year > \$ Index penalties of payury, declare that Index xamined this return including accompanying schedules and statements,	and to the h	oct of my b	o o wlodoo and l	helio(it is			
0:	l tru	the correct and complete peclargion of prepare other than taxpayer) is based on all information of which preparer has any know		lest of my r	inowieuge and	Deller, It is			
Sigr		Alsundell verilialis to the U.C.	Ma	y the IRS	discuss this	retum			
Her		3/16/11	wi		eparer shown	below			
	<u> </u>	Ignature of officer Date Title	(se	e instructions	,,	— No⁻			
Paid		Print/Type preparer's name — Preparer's signature Date 5/9/201	Chec	k 🔲 ıf	PTIN				
		PAUL HAMMERSCHMIDT TOTAL STATE	sen-e	mployed	P013841				
Prep	Only	Firm's name ▶ BDO USA, LLP		IN ▶13-5381590					
	Firm's address ► 100 PARK AVENUE, NEW YORK, NY 10017-5001 Phone no 212-885-								

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Form 990-T (2017)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu				ontrolled Org			(000		•	
1 Name of controlled organization	2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)										
(2)										
(3)										
(4)			_				<u> </u>			<u> </u>
Nonexempt Controlled Organi	zations					,				
7 Taxable Income 8 Net unrelated (loss) (see instru				Total of specified payments made		10 Part of column 9 that is included in the controlling organization's gross income		11 Deductions directl connected with income column 10		
(1)						_				
(2)										
(3)										
(4)										
Totals	ncome of a Sec		i(c)(7),	 (9), or (17	▶) Orga	Enter I Part I,	columns 5 a nere and on line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ler here and on page 1, int I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly con (attach sch	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	thor Th	an Adverti	sing Ir	ocome (s	ee instru	uctions)		Enter here and on page Part I, line 9, column (B
Schedule 1 - Exploited Ext	Thipt Activity in	come, o	ulei III	Auveru	sing ii	icome (s	ee msuu	Luons	-	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exp dire- connect produc unrel business	ctly ed with tion of ated	from unrelat or business 2 minus col If a gain, co			6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				 						·
(2)	 			 				-		
(3)	 					-		 		· ·
(4)	 			-				 		
	Enter here and on page 1, Part I, line 10, col (A)	Enter hen page 1, line 10,	Part I,			<u>. </u>		<u> </u>	-	Enter here and on page 1, Part II, line 26
Totals				1						1
Schedule J - Advertising In				D-1-4 1	•					
Part I Income From Per	iodicals Report	ed on a	Consol	idated Bas	IS					
1 Name of penodical	2 Gross advertising	3 Di advertisii		4 Advert gain or (los 2 minus co	s) (col		ulation ome	6 Read	•	7 Excess readership costs (column 6 minus column 5 but
				a gain, cor cols 5 thro						not more than column 4)
	 				-9.7	***		ļ		
(1)	<u> </u>	_		4				 		_
(2)	 	_		4				<u> </u>		4
(3)	 			4						
(4)				1				ļ		
Totals (carry to Part II, line (5))										

Form 990-T (2017)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						`
Totals from Part I			,			
	Enter here and on page 1, Part I, line 11, cot (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form 990-T (2017)

4 . . .

13-1623856

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

QUALIFIED TRANSPORTATION AND PARKING FRINGE BENEFITS, AND ANY ON-PREMISES ATHLETIC FACILITIES UNDER SECTION 512(A)(7).

t *- *1 * *

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

TRANSPORTATION FRINGE BENEFITS (SECTION 512(A)(7)) FOR THE PERIOD BEGINNING 1/1/2018 THRU 6/30/2018

137,636.

PART I - LINE 12 - OTHER INCOME

137,636.