

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2000**Open to Public  
Inspection**A** For the 2000 calendar year, OR tax year period beginning **JUL 1, 2000** and ending **JUN 30, 2001****B** Check if applicable:

- ☐ Change of address  
☐ Change of name  
☐ Initial return  
☐ Final return  
☐ Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization**CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES**

Number and street (or P O box if mail is not delivered to street address)

**2600 NORTH WYATT DRIVE**

City or town, state or country, and ZIP

**TUCSON, AZ 85712****D** Employer identification number**86-0667510****E** Telephone number**520-324-5437****F** Check ☐ if application pending**G** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no ) ☐ 527  
OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**J** Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

(H and I are not applicable to section 527 orgs.)

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No (If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Enter 4-digit group exemption no. (GEN) ▶**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	63,459.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	55,594.	
	d	Total (add lines 1a through 1c) (cash \$ 119,053. noncash \$ )	1d	119,053.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	10,739,865.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	121,151.	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a	72,396.	
Expenses	b	Less rental expenses	6b	63,656.	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	8,740.	
	7	Other investment income (describe ▶ )	7		
	8a	Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d				
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
Net Assets	b	Less direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	11	Other revenue (from Part VII, line 2002)	11	11,811.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,000,620.	
	13	Program services (from line 44, column (B))	13	9,425,033.	
	14	Management and general (from line 44, column (C))	14	1,115,341.	
	15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	10,540,374.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	460,246.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,654,787.		
20	Other changes in net assets or fund balances (attach explanation)	20	0.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,115,033.		

023001  
12-19-00

LHA For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Form 990 (2000)

FILED FEB 25 2002

3

# CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES

86-0667510

Page 2

## Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23 5,135,962.	5,135,962.		
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 285,706.	0.	285,706.	0.
26 Other salaries and wages	26 2,589,084.	2,271,084.	318,000.	
27 Pension plan contributions	27			
28 Other employee benefits	28 654,304.	516,900.	137,404.	
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 3,150.	2,490.	660.	
32 Legal fees	32			
33 Supplies	33 824,311.	651,206.	173,105.	
34 Telephone	34			
35 Postage and shipping	35 23,982.	18,946.	5,036.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 29,716.	23,476.	6,240.	
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 207,735.	164,111.	43,624.	
43 Other expenses (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e See Statement 3	43e 786,424.	640,858.	145,566.	
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 10,540,374.	9,425,033.	1,115,341.	0.

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A, (ii) the amount allocated to Program services \$ N/A, (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

## Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

**HEALTHCARE**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SEE STATEMENT A		
(Grants and allocations \$ _____)		9,425,033.
b _____		
(Grants and allocations \$ _____)		
c _____		
(Grants and allocations \$ _____)		
d _____		
(Grants and allocations \$ _____)		
e Other program services (attach schedule)		
(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		9,425,033.

**Part IV** Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	1,356,721.	45	2,039,184.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	47a 93,894.		
	b Less allowance for doubtful accounts	47b	108,922.	47c 93,894.
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b		48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other		56		
57 a Land, buildings, and equipment, basis	57a 2,133,314.			
b Less accumulated depreciation Stmt 4	57b 1,424,517.	803,669.	57c 708,797.	
58 Other assets (describe ► See Statement 5 )		782,623.	58 733,279.	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,051,935.	59 3,575,154.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,397,148.	60	1,460,121.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► )		65	
	66 Total liabilities (add lines 60 through 65)		1,397,148.	66 1,460,121.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,654,787.	67	2,115,033.
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21)		1,654,787.	73 2,115,033.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,051,935.	74 3,575,154.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-B	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
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Part I		Part II	
a	Total revenue, gains, and other support per audited financial statements	a	11000620.
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$	(1)	Donated services and use of facilities \$
(2)	Donated services and use of facilities \$	(2)	Prior year adjustments reported on line 20, Form 990 \$
(3)	Recoveries of prior year grants \$	(3)	Losses reported on line 20, Form 990 \$
(4)	Other (specify) \$	(4)	Other (specify) \$
	Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)
c	Line a minus line b	c	11000620.
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$	(1)	Investment expenses not included on line 6b, Form 990 \$
(2)	Other (specify) \$	(2)	Other (specify) \$
	Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)
e	Total revenue per line 12, Form 990 (line c plus line d)	e	11000620.
a	Total expenses and losses per audited financial statements	a	10540374.
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$	(1)	Donated services and use of facilities \$
(2)	Prior year adjustments reported on line 20, Form 990 \$	(2)	Prior year adjustments reported on line 20, Form 990 \$
(3)	Losses reported on line 20, Form 990 \$	(3)	Losses reported on line 20, Form 990 \$
(4)	Other (specify) \$	(4)	Other (specify) \$
	Add amounts on lines (1) through (4)		Add amounts on lines (1) through (4)
c	Line a minus line b	c	10540374.
d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$	(1)	Investment expenses not included on line 6b, Form 990 \$
(2)	Other (specify) \$	(2)	Other (specify) \$
	Add amounts on lines (1) and (2)		Add amounts on lines (1) and (2)
e	Total expenses per line 17, Form 990 (line c plus line d)	e	10540374.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes" attach schedule ☐ Yes ☒ No

Form 990 (2000)



**Part VII Analysis of Income-Producing Activities**Enter gross amounts unless otherwise  
indicated

93 Program service revenue

a **PATIENT SERVICE REVENUE**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary  
cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets  
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a **MISCELLANEOUS REVENUES**

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's  
▼ exempt purposes (other than by providing funds for such purposes)

93A SEE STATEMENT A

103A SEE STATEMENT A

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ Nocompleting schedules and statements, and to the best of my knowledge and belief it is true  
information of which preparer has any knowledge (Important. See General Instruction W.)

1/7/02 William T. Long, Treasurer

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information**

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

**2000**

Name of the organization **CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES**

Employer identification number  
**86 0667510**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<b>MARK WHEELER</b> 2600 W. WYATT; TUCSON, AZ 85712	PHYSICIAN 40	105,720.	10,724.	0.
<b>CHERYL KLINE</b> 2600 W. WYATT; TUCSON, AZ 85712	DIR OF I.S. 40	77,198.	2,433.	0.
<b>TERESA WYATT</b> 2600 W. WYATT; TUCSON, AZ 85712	DIR OF REHAB 40	66,378.	4,729.	0.
<b>JAINIE FOSTER-VALDEZ</b> 2600 W. WYATT; TUCSON, AZ 85712	PSYCHOLOGIST 40	63,901.	8,427.	0.
<b>ERNEST SCHLOSS</b> 2600 W. WYATT; TUCSON, AZ 85712	DIR RESEARCH 40	59,091.	8,904.	0.
Total number of other employees paid over \$50,000	3			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<b>UNIVERSITY MEDICAL CENTER</b> 1501 N. CAMPBELL; TUCSON, AZ 85724	HOSPITAL & ANCILLARY SRVCS	1,283,548.
<b>TUCSON MEDICAL CENTER</b> 5301 E. GRANT RD.; TUCSON, AZ 85712	HOSPITAL & ANCILLARY SRVCS	958,665.
<b>UNIVERSITY PHYSICIANS</b> 575 E. RIVER RD.; TUCSON, AZ 85704	PATIENT SRVCS	616,390.
<b>OLD PUEBLO ANESTHESIA</b> 5700 E. PIMA, SUITE E; TUCSON, AZ 85712	PATIENT SRVCS	88,516.
<b>CHILDREN'S ORTHO SPECIALISTS</b> 1605 E. RIVER ROAD, SUITE 101; TUCSON, AZ 85718	PATIENT SRVCS	72,657.
Total number of others receiving over \$50,000 for professional services	1	

**Part III Statements About Activities**

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions)	4a	X

See Stmt B

See Form 990 Part V

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5)
- 7 ☒ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)



**Part IV-A** Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting **N/A**  
Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a N/A
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each "disqualified person." Enter the sum of such amounts for each year (1999) (1998) (1997) (1996)				
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (1999) (1998) (1997) (1996)					
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) 27f N/A					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instructions.)					

**Part V Private School Questionnaire**  
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here ☐ If the organization belongs to an affiliated group  
Check here ☐ If you checked "a" above and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - Not over \$500 000 Over \$500 000 but not over \$1 000 000 Over \$1 000 000 but not over \$1,500 000 Over \$1,500 000 but not over \$17 000 000 Over \$17 000 000	The lobbying nontaxable amount is - 20% of the amount on line 40 \$100 000 plus 15% of the excess over \$500 000 \$175 000 plus 10% of the excess over \$1 000,000 \$225 000 plus 5% of the excess over \$1 500 000 \$1 000 000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 9 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers  
b Paid staff or management (include compensation in expenses reported on lines e through h)  
c Media advertisements  
d Mailings to members, legislators, or the public  
e Publications, or published or broadcast statements  
f Grants to other organizations for lobbying purposes  
g Direct contact with legislators, their staffs, government officials, or a legislative body  
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means  
i Total lobbying expenditures (add lines e through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

N/A

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Supplementary Information for line 1d of Form 990 or  
line 1 of Form 990-EZ (see instructions)

OMB No. 1545-0047

**2000**

Name of organization **CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES**

Employer identification number  
**86-0667510**

Organization type (check one)-Section ☒ 501(c)( 3 ) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust

**A Section 501(c)(7), (8), or (10) organizations-**

Check this box if the organization had no charitable contributors who contributed more than \$1,000 during the year (But see General rule below) ☐

Enter here the total gifts received during the year for a religious, charitable, etc., purpose **\$**

**Note:** This form is generally not open to public inspection except for section 527 organizations.

**General Instructions**

**Purpose of Form**

Schedule B (Form 990 or 990-EZ) is used by organizations required to file Form 990, Return of Organization Exempt From Income Tax, or Form 990-EZ, Short Form Return of Organization Exempt From Income Tax, to provide the information regarding their contributors that is required for line 1d of Form 990 (or line 1 of Form 990-EZ).

Attach the Schedule B (Form 990 or 990-EZ) to Form 990 or 990-EZ. Attach Schedule B after Schedule A (Form 990 or 990-EZ), Organization Exempt Under Section 501(c)(3), if that return is required for the organization.

**Who Must File Schedule B (Form 990 or 990-EZ)**

All organizations must file Schedule B (Form 990 or 990-EZ) unless they certify that they do not meet the filing requirements of Schedule B (Form 990 or 990-EZ) by checking the box in item L of the heading of their Form 990 or Form 990-EZ.

See the instructions for item L in the Instructions for Form 990 and Form 990-EZ.

**Caution** Schedule B (Form 990 or 990-EZ) is not a substitute for the list of "contributors" required for Part IV-A, Support Schedule, of Schedule A (Form 990 or 990-EZ).

**Public Inspection**

Schedule B (Form 990 or 990-EZ) is

- Open to public inspection for a section 527 political organization
- Generally not open to public inspection for the other organizations that must file this form

If a non section 527 organization files a copy of Form 990, or Form 990-EZ, and attachments with any state, it should not include its Schedule B (Form 990 or 990-EZ) in the attachments for the state unless a schedule of contributors is specifically required by the state. States that do not require the information might make the schedule available for public inspection along with the rest of the Form 990 or Form 990-EZ.

See the Instructions for Form 990 and Form 990-EZ for phone help and the public inspection rules for those forms and their attachments, which include Schedule B (Form 990 or 990-EZ).

**Contributors Required To Be Listed On Part I**

"Contributor" includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations.

**General rule** Unless the organization is covered by one of the special rules below, it must list on Part I every contributor who during the year, gave the organization directly or indirectly, money, securities, or any other type of property totaling \$5,000 or more for the year. Also complete Part II for a noncash contribution. In determining the \$5,000 amount, total all of the contributor's gifts of \$1,000 or more for the year.

**Section 501(c)(3) organizations** For an organization described in section 501(c)(3) that meets the 33 1/3% support test of the Regulations under sections 509(a)(1)/170(b)(1)(A)(vi) (whether or not the organization is otherwise described in section 170(b)(1)(A))-

List in Part I only those contributors whose contribution of \$5,000 or more is greater than 2% of the amount reported on line 1d of Form 990 (or line 1 of Form 990-EZ) (Regulations section 1.6033-2(a)(2)(iii)(a)).

**Example** A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on line 1d of its Form 990. The organization is only required to list in Parts I and II of its Schedule B (Form 990 or 990-EZ) each person who contributed more than the

greater of \$5,000 or \$14,000 (2% of \$700,000). Thus, a contributor who gave a total of \$11,000 would not be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization exceeded \$5,000, it did not exceed \$14,000.

**Section 501(c)(7), (8), or (10) organizations** For noncharitable contributions to one of these organizations, list in Part I contributors who gave \$5,000 or more as described in the General rule discussed above.

If a section 501(c)(7), (8), or (10) organization received contributions or bequests for use exclusively for religious, charitable, etc., purposes (sections 170(c)(4), 2055(a)(3), or 2522(a)(3))-

List in Part I each contributor whose contributions total more than \$1,000 during the year that were for a religious, charitable, etc., purpose. To determine the \$1,000, aggregate all of a contributor's gifts for the year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that received any charitable contributions and listed any charitable contributors on Part I must also complete Part III.

If section 501(c)(7), (8), or (10) organization received charitable gifts, but is not required to list any charitable contributors on Part I, check the box on line A at the top of Schedule B (Form 990 or 990-EZ) and enter the amount of charitable contributions received in the space provided. The organization need not complete and attach Part III.

**Specific Instructions**

**Note** You may duplicate Parts I, II, and III if more copies are needed. Number each page of each Part.

**Part I** In column (a), identify the first contributor listed as no. 1 and the second contributor as no. 2, etc. Number consecutively. Show the contributor's name, address, aggregate contributions for the year, and the type of contribution (e.g., whether an individual, payroll, or noncash contribution). Report payroll contributions by listing the employer's name, address, and total amount given (unless an employee gave enough to be listed individually).

**Part II** In column (a), show the number that corresponds to the contributor's number in Part I. Describe the noncash contribution fully. Report on property with readily determinable market value (i.e., market quotations for securities) by listing its fair market value (FMV). For marketable securities registered and listed on a recognized securities exchange, measure market value by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When market value cannot be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution that is subject to an outstanding debt, subtract the debt from the property's fair market value.

**Part III** Section 501(c)(7), (8), or (10) organizations that received contributions or bequests for use exclusively for religious, charitable, etc., purposes, must complete Parts I through III for those persons whose gifts totaled more than \$1,000 during the year. Show also, in the heading of Part III, total gifts that were \$1,000 or less and were for a religious, charitable, etc., purpose. Complete this information only on the first Part III page.

If an amount is set aside for a religious, charitable, etc., purpose, show in column (d) how the amount is held (e.g., whether it is mingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.

Name of organization

CHILDREN'S CLINICS FOR REHABILITATIVE  
SERVICES

Employer identification number

86-0667510

**Part I Contributors**

(a) No	(b) Name, address and ZIP code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>31,114.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ <u>11,000.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ <u>55,594.</u>	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ _____	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>5</u>		\$ _____	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>6</u>		\$ _____	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

# Power of Attorney and Declaration of Representative

► See the separate instructions

OMB No. 1545-0150

For IRS Use Only

Received by

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Function \_\_\_\_\_

Date \_\_\_\_\_

## Part I Power of Attorney (Please type or print)

### 1 Taxpayer information (Taxpayer(s) must sign and date this form on page 2, line 9)

Taxpayer name(s) and address CHILDREN'S CLINIC FOR REHABILITATIVE SERVICES 2600 NORTH WYATT DRIVE TUCSON, AZ 85712	Social security number(s) _____ Daytime telephone number (520) 324-5437	Employer identification number 86-0667510 Plan number (if applicable)
-----------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------------------------------------------------------------

hereby appoint(s) the following representative(s) as attorney(s)-in-fact

### 2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II)

Name and address ORSON HOLT 501 NORTH 44TH STREET, SUITE 300 PHOENIX, AZ 85008	CAF No 8006-44941R Telephone No (602) 286-2000 Fax No (602) 286-2199 Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/>
Name and address DEAN BAKKE 501 NORTH 44TH STREET, SUITE 300 PHOENIX, AZ 85008	CAF No 7800-14495R Telephone No (602) 286-2000 Fax No (602) 286-2199 Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/>
Name and address	CAF No _____ Telephone No _____ Fax No _____ Check if new Address <input type="checkbox"/> Telephone No <input type="checkbox"/>

to represent the taxpayer(s) before the Internal Revenue Service for the following tax matters

### 3 Tax matters

Type of Tax (Income, Employment, Excise, etc.)	Tax Form Number (1040, 941, 720, etc.)	Year(s) or Period(s)
INCOME TAX	990	06/30/2001

**4 Specific use not recorded on Centralized Authorization File (CAF)** If the power of attorney is for a specific use not recorded on CAF, check this box (See instruction for Line 4 — Specific uses not recorded on CAF.) ☐

**5 Acts authorized** The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks (see line 6 below), the power to substitute another representative unless specifically added below, or the power to sign certain returns (see instruction for Line 5 — Acts authorized)

List any specific additions or deletions to the acts otherwise authorized in this power of attorney Limited to representation before IRS and to delegate authority or to substitute another representative, but not authority to execute waivers, consents, or closing agreements

**Note** In general, an unenrolled preparer of tax returns cannot sign any document for a taxpayer. See Revenue Procedure 81-38, printed as Pub. 470, for more information.

**Note** The tax matters partner of a partnership is not permitted to authorize representatives to perform certain acts. See the instructions for more information.

**6 Receipt of refund checks** If you want to authorize a representative named on line 2 to receive, **BUT NOT TO ENDORSE OR CASH**, refund checks, initial here \_\_\_\_\_ and list the name of that representative below

Name of representative to receive refund check(s) ►

- 7 Notices and communications** Original notices and other written communications will be sent to you and a copy to the first representative listed on line 2 unless you check one or more of the boxes below
- a If you want the first representative listed on line 2 to receive the original, and yourself a copy, of such notices or communications, check this box ☒
- b If you also want the second representative listed to receive a copy of such notices and communications, check this box ☐
- c If you do not want any notices or communications sent to your representative(s), check this box ☐
- 8 Retention/revocation of prior power(s) of attorney** The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Internal Revenue Service for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐  
**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT**
- 9 Signature of taxpayer(s)** If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested, otherwise, see the instructions. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer
- IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Wm J. Long Signature 2/7/02 Date TREASURER Title (if applicable)

William J. Long Print Name

\_\_\_\_\_  
Signature Date Title (if applicable)

\_\_\_\_\_  
Print Name

**Part II Declaration of Representative**

Under penalties of perjury, I declare that

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service,
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others,
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified there, and
- I am one of the following
  - a Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
  - b Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
  - c Enrolled Agent — enrolled as an agent under the requirements of Treasury Department Circular No. 230
  - d Officer — a bona fide officer of the taxpayer's organization
  - e Full-Time Employee — a full-time employee of the taxpayer
  - f Family Member — a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
  - g Enrolled Actuary — enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10 3(d)(1) of Treasury Department Circular No. 230)
  - h Unenrolled Return Preparer — an unenrolled return preparer under section 10 7(c)(viii) of Treasury Department Circular No. 230

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED

Designation — Insert above letter (a - h)	Jurisdiction (state) or Enrollment Card No	Signature	Date
B	CALIFORNIA	<u>Don P. L.</u>	<u>2/5/02</u>
B	ARIZONA	<u>Alan C. [Signature]</u>	<u>2/5/02</u>



Form 990	Rental Income	Statement	1
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Kind and Location of Property	Activity Number	Gross Rental Income
Rental Income, Non-Debt. Financed Property	2	72,396.
Total to Form 990, Part I, line 6a		72,396.

Form 990	Rental Expenses	Statement	2
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Description	Activity Number	Amount	Total
Rental Expense, Non-Debt. Financed Property		63,656.	
- SubTotal -	2		63,656.
Total to Form 990, Part I, line 6b			63,656.

Form 990	Other Expenses	Statement	3
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
UTILITIES	97,388.	76,937.	20,451.	
REPAIRS & MAINTENANCE	41,271.	32,604.	8,667.	
BOOKS & PERIODICALS	5,891.	4,654.	1,237.	
LABORATORY FEES	80,895.	80,895.	0.	
MEDICAL DIRECTION	83,373.	65,865.	17,508.	
OUTSIDE SERVICES	265,114.	212,037.	53,077.	
INSURANCE	32,918.	26,005.	6,913.	
ENVIRONMENTAL SERVICES	61,193.	48,342.	12,851.	
PERSONNEL SERVICES	3,151.	2,489.	662.	
SECURITY SERVICES	2,775.	2,192.	583.	
PLANT ENGINEERING	11,271.	8,904.	2,367.	
COMMUNITY EDUCATION	1,412.	1,115.	297.	
LICENSES, ASSESSMENTS	33,120.	26,165.	6,955.	
RECRUITMENT	9,680.	7,647.	2,033.	
AUDITING	26,000.	20,540.	5,460.	
DUES	3,679.	2,906.	773.	

## CHILDREN'S CLINICS FOR REHABILITATIVE SE

86-0667510

INFORMATION SERVICES	18,138.	14,329.	3,809.
SPECIAL FUNCTIONS	4,161.	3,287.	874.
MISCELLANEOUS	4,994.	3,945.	1,049.
Total to Fm 990, ln 43	786,424.	640,858.	145,566.

Form 990	Depreciation of Assets Not Held for Investment	Statement	4
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Description	Cost or Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	1,909,111.	1,379,175.	529,936.
LEASEHOLD IMPROVEMENTS	224,203.	45,342.	178,861.
Total to Form 990, Part IV, ln 57	2,133,314.	1,424,517.	708,797.

Form 990	Other Assets	Statement	5
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Description	Amount
PROPERTY REPLACEMENT	500,000.
RESEARCH AND EDUCATION	233,279.
Total to Form 990, Part IV, line 58, Column B	733,279.

Form 990

Part V - List of Officers, Directors,  
Trustees and Key Employees

Statement 6

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
JUDITH KEAGY 2600 N. WYATT TUCSON, AZ 85712	EXECUTIVE DIRECTOR 40	94,118.	8,758.	0.
TIM BENJAMIN 2600 N. WYATT TUCSON, AZ 85712	DIR BUS OPERATIONS 40	77,423.	9,279.	0.
EDITH JORDAN 2600 N. WYATT TUCSON, AZ 85712	DIR CLNCL OPERATIONS 40	78,242.	7,962.	0.
PAT EDMONSON 2600 N. WYATT TUCSON, AZ 85712	RECORDING SECRETARY 40	35,923.	3,929.	0.
PALMER EVANS - TMC 2600 W. WYATT TUCSON, AZ 85712	VICE PRESIDENT 0.	0.	0.	0.
TRACY NUCKOLLS 2600 N. WYATT TUCSON, AZ 85712	VOTING MEMBER 0.	0.	0.	0.
BRUCE NORTON - UMC 2600 W. WYATT TUCSON, AZ 85712	CFO 0.	0.	0.	0.
CLINTON E. HAMILTON 2600 W. WYATT TUCSON, AZ 85712	VOTING MEMBER 0.	0.	0.	0.
FAYEZ GHISHAN, M.D. 2600 W. WYATT TUCSON, AZ 85712	VOTING MEMBER 0.	0.	0.	0.
LAWRENCE HOUSMAN, M.D. 2600 W. WYATT TUCSON, AZ 85712	VOTING MEMBER 0.	0.	0.	0.
HARMON HARRISON 2600 W. WYATT TUCSON, AZ 85712	VOTING MEMBER 0.	0.	0.	0.

CHILDREN'S CLINICS FOR REHABILITATIVE SE

86-0667510

DONALD SPEER, M.D. 2600 W. WYATT TUCSON, AZ 85712	PRESIDENT	0.	0.	0.	0.
DAN KLEMMEDSON, M.D., D.D.S. 2600 W. WYATT TUCSON, AZ 85712	VOTING MEMBER	0.	0.	0.	0.
WILLIAM LONG 2600 W. WYATT TUCSON, AZ 85712	TREASURER	0.	0.	0.	0.
WALTER STEVENS 2600 W. WYATT TUCSON, AZ 85712	NONVOTING MBR	0.	0.	0.	0.

Totals Included on Form 990, Part V

285,706.	29,928.	0.
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**CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES**  
**86-0667510**  
**FYE 6/30/01**

**STATEMENT A**

**Part III Statement of Program Service Accomplishments  
& Part VIII: Relationship of Activities to the Accomplishment of Exempt Purposes**

The Children's Clinics for Rehabilitative Services, in keeping with its tax-exempt purposes, has continued to provide a range of services for chronically ill or disabled children and their families. Our pediatric primary care program for children with special health care needs and pediatric endocrinology services have grown over the last year, and we continue to provide a wide variety of pediatric specialty clinics and services.

The volume of visits to our Medical/Dental Specialty Clinics, Rehab Services and Ancillary Services during Fiscal Year 00/0 are also shown on Appendix A (attached). The mix of clinic-based services is shown on Appendix B (attached).

In addition to these services, we provided Social Services, Special Education, Psychology, Child Life and Advocacy Services to our patients. We continue to provide a variety of special program and outreach services to our patient population and collaborate with other community organizations and agencies that serve children with special health care needs.

We maintain a Parent Resource Library on site, in collaboration with Pilot Parents, for the use of parents and others who want to know more about their children's medical conditions and available resources. We have hosted in-service and continuing education meetings in our facility and have made the facility available to other community and advocacy groups. We have continued to maintain educational affiliations in a number of clinical areas enabling medical and allied health students to rotate through our facility for portions of their clinical education experience. These outreach and education services are provided at no cost to patients or other participants.

**CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES****86-0667510****FYE: 6/30/01****STATEMENT A (cont.)****Appendix A****UNDUPLICATED PATIENT COUNT (CONTACT WITH CLINIC DURING FYE  
6/30/01)****3,827 Patients****GEOGRAPHIC SERVICE AREA**

Primary Service Area includes zip codes for all of Pima, Santa Cruz, Cochise, Graham, and Greenlee Counties, as well as Southern and Central Pima County and the southern tip of Gila County (Winkelman/Hayden Area). Some referral patients come from outside this primary service area for selected specialty services.

**CLINICAL STATISTICAL PROFILE FOR FYE 6/30/01**

Medical/ Dental Clinic Visits	12,146
Rehab Service Visits	6,569
Lab Tests	5,518
X-Ray Procedures	1,264
Pharmacy Prescriptions	11,764

**ON-SITE OUTPATIENT SERVICES PROVIDED DIRECTLY BY  
CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES**

Clinic Specialty	Clinic Type	Staffing
<b>PHYSICIAN/DENTIST-STAFFED CLINICS:</b>		
Primary Care Clinic	On-going Primary Care	Pediatrician
Pediatric Intake Clinic	Intake/Evaluation (general)	Pediatrician
Genetics Intake Clinic	Intake/Evaluation (complex)	Geneticist
Pediatrics Case Management Clinic	Care Coordination (complex)	Pediatrician
Pediatric Endocrinology	Pediatric Medical Specialties	Includes all multidisciplinary physician/dentist-staffed specialty clinics
Pediatric Gastroenterology		
Pediatric Rheumatology		
Genetics		Physicians or dentists
Metabolic		Nurses
Pediatric Cardiology		Patient/Family Svcs.
Sickle Cell Team*		Nutritionists
Pediatric Neurology		Rehabilitation Staff
Orthopaedics	Pediatric Surgical	
Scoliosis		
Upper Extremity		
Ophthalmology		
ENT		
Plastic Surgery		
Neurosurgery		
Myelomeningocele Team*	Combined Medical/Surgical	
Neuromuscular Team*		
Orofacial Team*		
Birthmark		
Neurofibromatosis Team*		
Cerebral Palsy Team*		
Orthodontics	Pediatric Dental	
Dental		
Oral Maxillofacial Team*		
<b>NON-PHYSICIAN CLINICS:</b>		
Psychology		Includes all non-physician staffed clinics
Bowel/Management		Patient/Family Svcs
Nutrition		Nurses
Feeding		Registered Dietician
Wheelchair		Rehabilitation Staff
Wound Care		

**OTHER SERVICES:**

Rehab Services  
 Physical Therapy  
 Occupational Therapy  
 Audiology  
 Speech and Language Pathology  
 Patient and Family Services  
 Social Services  
 Special Education Services  
 Psychology  
 Child Life Services  
 Clinic Ancillary Services  
 Pharmacy  
 Radiology  
 Laboratory

\*Multispecialty clinics staffed by more than one specialist physician/dentist  
 To obtain further information on eligibility to CCIS, please call 324-3071

Rev January 2000

STATEMENT A (CONTINUED)

CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES

86-0667510

FYE 6/30/01

**STATEMENT B**

In keeping with its tax-exempt purpose, CCRS contracts with a variety of physician practices in order to provide professional medical services to the chronically-ill or disabled children whom it serves. The following *noncompensated members of the board of directors engaged in arm's length transactions with CCRS in the normal course of business and at the prevailing rates for providing these services.* These physicians are associated with the following physician groups:

Fayez Ghishan, M D  
Donald Speer, M D  
Lawrence Housman, M D  
Dan Klemmedson, M D ,D D S

University Physicians  
University Physicians  
Tucson Orthopedic Institute  
Associates in Oral & Maxillofacial Surgery



Form **8868**

(December 2000)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
  - If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
- Note:** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time** — Only submit original (no copies needed)**Note:** Form 990-T corporations requesting an automatic 6-month extension — check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES</b>	Employer identification number <b>86-0667510</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>2600 NORTH WYATT DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TUCSON, AZ 85712</b>	

Check type of return to be filed (file a separate application for each return)

- |                                              |                                                                  |                                    |
|----------------------------------------------|------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- 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 it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 15, 2002, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year 20 \_\_\_\_ or
- ▶ ☒ tax year beginning JULY 1, 2000, and ending JUNE 30, 2001

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ 0
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_
- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ 0.00

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ TAXPAYER'S AUTH. REP Date ▶ 11/14/01

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)