

Form

990**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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 + 4

TUCSON, AZ 85712**D** Employer identification number**86-0667510****E** Telephone number**520-324-5437****F** Accounting method☐ Cash☒ Accrual

Other (specify) ▶

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

H and **I** are not applicable to section 527 organizations**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 GEN ▶**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site ▶ **WWW.CHILDRENSCLINICS.ORG****J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**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.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,548,465.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a	71,545.			
b Indirect public support	1b				
c Government contributions (grants)	1c	62,927.			
d Total (add lines 1a through 1c) (cash \$ 134,472. noncash \$)	1d	134,472.			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	11,363,963.			
3 Membership dues and assessments	3				
4 Interest on savings and temporary cash investments	4				
5 Dividends and interest from securities	5	42,863.			
6 a Gross rents SEE STATEMENT 2	6a	7,167.			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	7,167.			
7 Other investment income (describe)	7				
8 a 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				
9 Special events and activities (attach schedule)	8d				
a Gross revenue (not including reported on line 12) of contributions	9a				
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
10 a 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 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	11,548,465.			
13 Program services (from line 44, column (B))	13	9,691,154.			
14 Management and general (from line 44, column (C))	14	1,474,477.			
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	11,165,631.			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	382,834.			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,115,033.			
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	2,497,867.			

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01-04-02

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

Form 990 (2001)

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			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc	25	336,097.	0.	336,097.
26	Other salaries and wages	26	3,164,249.	2,426,617.	737,632.
27	Pension plan contributions	27			
28	Other employee benefits	28	441,611.	306,239.	135,372.
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	42,195.	33,334.	8,861.
32	Legal fees	32			
33	Supplies	33	912,810.	851,948.	60,862.
34	Telephone	34			
35	Postage and shipping	35	27,552.	21,766.	5,786.
36	Occupancy	36			
37	Equipment rental and maintenance	37	24,806.	19,597.	5,209.
38	Printing and publications	38	6,596.	5,211.	1,385.
39	Travel	39	22,608.	17,860.	4,748.
40	Conferences, conventions, and meetings	40	22,920.	18,107.	4,813.
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42	200,868.	158,686.	42,182.
43	Other expenses not covered above (itemize)				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 3	43e	5,963,319.	5,831,789.	131,530.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	11,165,631.	9,691,154.	1,474,477.

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ☐

HEALTH CARE & MEDICAL SERVICES

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	TO PROVIDE A COMPREHENSIVE RANGE OF PEDIATRIC AND MEDICAL SUPPORT SERVICES TO CHILDREN WITH SPECIAL HEALTHCARE NEEDS IN SOUTHERN ARIZONA- SEE STATEMENT A	(Grants and allocations \$ _____)	9,691,154.
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)		9,691,154.

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
Assets	45 Cash - non-interest-bearing	2,039,184.	45	
	46 Savings and temporary cash investments		46	3,132,844.
	47 a Accounts receivable	47a 68,422.		
	b Less allowance for doubtful accounts	47b	93,894.	47c 68,422.
	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	Cost FMV	54	
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less accumulated depreciation	55b		55c
56 Investments - other		0.	56	0.
57 a Land, buildings, and equipment: basis	57a 2,415,135.			
b Less accumulated depreciation STMT 4	57b 1,675,282.	708,797.	57c	739,853.
58 Other assets (describe)		733,279.	58	0.
59 Total assets (add lines 45 through 58) (must equal line 74)		3,575,154.	59	3,941,119.
Liabilities	60 Accounts payable and accrued expenses	1,460,121.	60	1,443,252.
	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	0.
66 Total liabilities (add lines 60 through 65)		1,460,121.	66	1,443,252.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,115,033.	67	2,497,867.
	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, column (B) must equal line 21)	2,115,033.	73	2,497,867.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	3,575,154.	74	3,941,119.

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-A

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	12,038,465.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ 490,000.		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	490,000.
c	Line a minus line b	c	11,548,465.
d	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	11,548,465.

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	11,655,631.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities		
	\$ 490,000.		
(2)	Prior year adjustments reported on line 20, Form 990		
	\$ _____		
(3)	Losses reported on line 20, Form 990		
	\$ _____		
(4)	Other (specify)		
	\$ _____		
	Add amounts on lines (1) through (4)	b	490,000.
c	Line a minus line b	c	11,165,631.
d	Amounts included on line 17, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990		
	\$ _____		
(2)	Other (specify)		
	\$ _____		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	11,165,631.

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

**CHILDREN'S CLINICS FOR
REHABILITATIVE SERVICES**

86-0667510

Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.	81b	X
b	Did the organization file Form 1120-POL for this year?		
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed ARIZONA		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 98		

91 The books are in care of CHERYL LIPPERT Telephone no 520-324-3217

Located at 2600 N. WYATT DR., TUCSON, AZ ZIP + 4 85712

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A

and enter the amount of tax-exempt interest received or accrued during the tax year 0.

**CHILDREN'S CLINICS FOR
REHABILITATIVE SERVICES**

86-0667510

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PATIENT SERVICES					11,363,963.
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			14	42,863.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	7,167.	
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					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		50,030.	11,363,963.
105 Total (add line 104, columns (B), (D), and (E))					11,413,993.

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 (See Specific Instructions on page 32)

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	TO PROVIDE A RANGE OF SERVICES FOR CHRONICALLY ILL OR DISABLED CHILDREN AND THEIR FAMILIES- SEE STATEMENT A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(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 (See Specific Instructions on page 33)

- (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 ☒ No

completing schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge

7/5/03

WILLIAM 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-(See separate instructions.)

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

OMB No 1545-0047

2001

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 page 1 of the 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
<u>MARK WHEELER</u>	PHYSICIAN			
<u>2600 N. WYATT, TUCSON, AZ</u>	40	124,800.	11,472.	
<u>ALLAN HONDA</u>	IS DIRECTOR			
<u>2600 N. WYATT, TUCSON, AZ</u>	40	77,981.	5,394.	
<u>ERNIE SCHLOSS</u>	R&E DIRECTOR			
<u>2600 N. WYATT, TUCSON, AZ</u>	40	74,537.	10,191.	
<u>TERRI WYATT</u>	REHAB DIRECTOR			
<u>2600 N. WYATT, TUCSON, AZ</u>	40	70,142.	5,669.	
<u>JAINIE FOSTER-VALDEZ</u>	PSYCHOLOGIST			
<u>2600 N. WYATT, TUCSON, AZ</u>	40	65,302.	9,604.	
Total number of other employees paid over \$50,000 ▶	5			

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

(See page 2 of the 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
<u>UNIVERSITY MEDICAL CENTER</u>		
<u>1501 N. CAMPBELL AVE, TUCSON, AZ 85724</u>	HOSPITAL AND ANCILLARY SERVICE	1224368.
<u>TUCSON MEDICAL CENTER</u>		
<u>5301 E. GRANT RD., TUCSON, AZ 85712</u>	HOSPITAL AND ANCILLARY SERVICE	828,324.
<u>UNIVERSITY PHYSICIANS, INC.</u>		
<u>575 E. RIVER RD., TUCSON, AZ 85704</u>	PATIENT SERVICES	866,200.
<u>CHILDREN'S ORTHO SPECIALISTS</u>		
<u>1605 E. RIVER RD. STE. 101, TUCSON, AZ 85718</u>	PATIENT SERVICES	95,014.
<u>OLD PUEBLO ANESTHESIA</u>		
<u>5700 E. PIMA, STE. E, TUCSON, AZ 85712</u>	PATIENT SERVICES	94,433.
Total number of others receiving over \$50,000 for professional services ▶	2	

CHILDREN'S CLINICS FOR

Schedule A (Form 990 or 990-EZ) 2001 **REHABILITATIVE SERVICES**

86-0667510 Page 2

Part III Statements About Activities (See page 2 of the instructions)

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 \$ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions) SEE STATEMENT 6

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990

e Transfer of any part of its income or assets?

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

4 Do you have a section 403(b) annuity plan for your employees?

Note 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.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)

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 6 of the instructions)

Schedule A (Form 990 or 990-EZ) 2001

CHILDREN'S CLINICS FOR

Schedule A (Form 990 or 990-EZ) 2001 **REHABILITATIVE SERVICES**

86-0667510 Page 3

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) 2000	(b) 1999	(c) 1998	(d) 1997	(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 related 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 Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2000) _____ (1999) _____ (1998) _____ (1997) _____		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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: (2000) _____ (1999) _____ (1998) _____ (1997) _____			
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 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

Schedule A (Form 990 or 990-EZ) 2001

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked "a" 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)		
38 Total lobbying expenditures (add lines 36 and 37)		
39 Other exempt purpose expenditures		
40 Total exempt purpose expenditures (add lines 38 and 39)		
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		
Not over \$500 000	20% of the amount on line 40	
Over \$500 000 but not over \$1 000 000	\$100 000 plus 15% of the excess over \$500 000	
Over \$1 000 000 but not over \$1 500 000	\$175 000 plus 10% of the excess over \$1 000 000	
Over \$1 500 000 but not over \$17 000 000	\$225 000 plus 5% of the excess over \$1 500 000	
Over \$17 000 000	\$1 000 000	
42 Grassroots nontaxable amount (enter 25% of line 41)		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		

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 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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) (See page 12 of the instructions)

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 c 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 c 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

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
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Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) **Purchases of assets from a noncharitable exempt organization**

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☐ Yes ☒ No

b. If "Yes," complete the following schedule

N/A

[illegible]

FORM 990 PAGE 2

990

[illegible]

STATEMENT A

CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES

86-0667510

FYE 6/30/02

**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 medically complex, chronically ill or physically disabled children and their families. Our pediatric primary care program for children with special health care needs and pediatric endocrinology services have continued to grow 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 01/02 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 programs and outreach services to our patient population and collaborate with other community organizations and agencies that serve children with special health care needs. For example, this year we have done extensive outreach to the local behavioral health agency in an effort to streamline the referral process for developmental and mental health services for our patients.

In the educational arena, we made a special commitment to raise awareness about the national 2010 Public Health Goals for our vulnerable population and sponsored a major educational conference for physicians, allied health professionals, school personnel and public/private agency staff in our region. As part of our 10th anniversary year, we held a community health fair that attracted over 400 attendees. 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. 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. Except for a nominal registration fee for the major medical educational conference, all of these outreach and education services were provided at no cost to patients or other participants.

STATEMENT A (continued)
CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES
86-0667510
FYE 6/30/02

Appendix A

**UNDUPLICATED PATIENT COUNT (CONTACT WITH CLINIC DURING FYE
6/30/02)**

5 014 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 6/30/02

Medical/Dental Clinic Visits	13,584
Rehab Service Visits	6,842
Lab Tests	8,518
X-Ray Procedures	1,530
Pharmacy Prescriptions	11,674

Statement A - Cont

STATEMENT B

CCRS TAX PREP FY 2001-2002

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.	University Physicians
Donald Speer, M.D.	University Physicians
Lawrence Housman, M.D.	Tucson Orthopaedic Institute
Dan Klemmedson, M.D., D.D.S.	Associates in Oral & Maxillofacial Surgery

Statement B

FOOTNOTES

STATEMENT 1

TAXPAYER HEREBY ELECTS NOT TO CLAIM THE ADDITIONAL 30%
DEPRECIATION ALLOWANCE PURSUANT TO INTERNAL REVENUE CODE
SECTION 168(K)(2)(C)(III) FOR THE TAX YEAR ENDING 6/30/02.

FORM 990	RENTAL INCOME	STATEMENT	2
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
RENTAL INCOME- NON DEBT FINANCED PROPERTY	2	7,167.	
TOTAL TO FORM 990, PART I, LINE 6A		7,167.	

FORM 990	OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
UTILITIES	108,026.	85,341.	22,685.		
OUTSIDE SERVICES	292,757.	241,089.	51,668.		
INSURANCE	43,139.	34,080.	9,059.		
ENVIRONMENTAL SERVICES	60,285.	47,625.	12,660.		
PERSONNEL SERVICES	3,180.	2,512.	668.		
SECURITY SERVICES	2,775.	2,192.	583.		
PLANT ENGINEERING	17,470.	13,801.	3,669.		
COMMUNITY EDUCATION, MARKETING	39,192.	30,962.	8,230.		
LICENSES AND ASSESSMENTS	38,124.	30,118.	8,006.		
RECRUITMENT	15,975.	12,620.	3,355.		
DUES	3,885.	3,069.	816.		
INFORMATION SERVICES	39,181.	30,953.	8,228.		
SPECIAL FUNCTIONS	4,857.	3,837.	1,020.		
MISCELLANEOUS	4,207.	3,324.	883.		
PROFESSIONAL SERVICES TO PATIENTS	5,127,431.	5,127,431.			
LABORATORY FEES	91,278.	91,278.			
MEDICAL DIRECTION	71,557.	71,557.			
TOTAL TO FM 990, LN 43	5,963,319.	5,831,789.	131,530.		

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	2,184,625.	1,613,263.	571,362.
LEASEHOLD IMPROVEMENTS	230,510.	62,019.	168,491.
TOTAL TO FORM 990, PART IV, LN 57	2,415,135.	1,675,282.	739,853.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JUDITH C. KEAGY, MHA 2600 N. WYATT DRIVE TUCSON, AZ 85712	EXEC. DIRECTOR/SECRETARY 40	119,995.	9,542.	0.
EDITH JORDAN, RN, MBA 2600 N. WYATT DRIVE TUCSON, AZ 85712	DIR. CLIN. OPERATIONS 40	80,527.	9,143.	0.
TIM BENJAMIN 2600 N. WYATT DRIVE TUCSON, AZ 85712	DIR. BUSINESS OPERATIONS 40	74,818.	8,963.	0.
CHERYL LIPPERT 2600 N. WYATT DRIVE TUCSON, AZ 85712	CONTROLLER/ PROJ. MGR 40	60,757.	9,704.	0.
WILLIAM LONG 8921 E. SIERRA ST. TUCSON, AZ 85710	TREASURER 0	0.	0.	0.
WALTER STEVENS 2600 N. WYATT DRIVE TUCSON, AZ 85704	NON VOTING MEMBER 0	0.	0.	0.
RODRIGO VILLAR, M.D. 2600 N. WYATT DRIVE TUCSON, AZ 85712	NON VOTING MEMBER 0	0.	0.	0.

CHILDREN'S CLINICS FOR REHABILITATIVE SE

86-0667510

TRACY NUCKOLLS 5301 E. GRANT ROAD TUCSON, AZ 85712	VOTING MEMBER 0	0.	0.	0.
FRANCISCO VALENCIA, M.D. 3395 N. CAMPBELL TUCSON, AZ 85719	VOTING MEMBER 0	0.	0.	0.
KEVIN BURNS P.O. BOX 245128 TUCSON, AZ 85724-5128	VOTING MEMBER 0	0.	0.	0.
JUDY DYE P.O. BOX 245128 TUCSON, AZ 85724-5128	VICE PRESIDENT 0	0.	0.	0.
PALMER EVANS, M.D. 301 E. GRANT ROAD TUCSON, AZ 85712	PRESIDENT 0	0.	0.	0.
FAYEZ GHISHAN, M.D. P.O. BOX 245073 TUCSON, AZ 85724-5073	VOTING MEMBER 0	0.	0.	0.
CLINTON E. HAMILTON 5512 E. BELLEVUE TUCSON, AZ 85712	VOTING MEMBER 0	0.	0.	0.
HARMON HARRISON, M.D. 7301 N. SAN PASQUALE AVE. TUCSON, AZ 85704	VOTING MEMBER 0	0.	0.	0.
LAWRENCE HOUSMAN, M.D. 2424 N. WYATT DR., SUITE 260 TUCSON, AZ 85712	VOTING MEMBER 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		336,097.	37,352.	0.

SCHEDULE A	STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC., PART III, LINE 2	STATEMENT	6
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SEE STATEMENT B.

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	Name of Exempt Organization CHILDREN'S CLINICS FOR REHABILITATIVE SERVICES	Employer identification number 86-0667510
	Number, street, and room or suite no. If a P O box, see instructions 2600 NORTH WYATT DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions TUCSON, AZ 85712	

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 18, 2003**
to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☐ calendar year _____ or
► ☒ tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

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

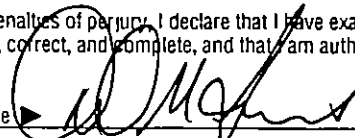
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- 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 \$ **N/A**

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 **CPA** Date **11/11/02**

LHA For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

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

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

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041 A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• 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 is for

4 I request an additional 3 month extension of time until MAY 15, 2003
 5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002
 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a 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 \$ _____
 b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____
 c **Balance Due** Subtract line 8b from line 8a. 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 \$ N/A

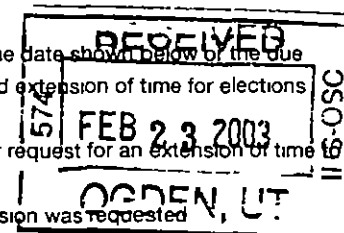
Signature and Verification

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 [Signature] Title CPA Date 1/31/03

Notice to Applicant - To Be Completed by the IRS

☐ We have approved this application. Please attach this form to the organization's return.
☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
☐ Other _____



EXTENSION APPROVED

MAR 03 2003

LINDA WEISKOPF, FIELD DIRECTOR,
SUBMISSION PROCESSING, OGDEN

Director _____ By _____
 Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name BEACH, FLEISCHMAN & CO., P.C., CPAS
	Number and street (include suite, room, or apt. no.) Or a P.O. box number POST OFFICE BOX 64130
	City or town, province or state, and country (including postal or ZIP code) TUCSON, ARIZONA 85728-4130